



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 WEH90033

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

S U B M I T T E D

Stryker Medical  
 Mike Gilliams  
 526 Diamond Drive  
 Hurricane, WV 25526

S U B M I T T E D

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

DATE PRINTED 08/20/2008	TERMS OF SALE net 30	SHIP VIA fob truck destination	FOB origin	FREIGHT TERMS freight + insurance prepaid
BID OPENING DATE: 09/18/2008		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	33	EA		410-03 HILL-ROM VERSA CARE OR EQUAL.	\$6,212.76	\$205,021.08
0002	28	EA		410-03 HILL-ROM CARE ASSIST EX BED OR EQUAL.	\$5,300.40	\$148,411.20
0003				410-03 HILL-ROM R EQUAL.	\$8,524.88	\$8,524.88
0004				3 FEE FOR 2008 SEP 17 P 11:02 PURCHASING DIVISION STATE OF WV (SEE AT CANCEL RIGHT TO CANCEL	\$0	\$0

RECEIVED  
 2008 SEP 17 P 11:02  
 PURCHASING DIVISION  
 STATE OF WV

OF PURCHASING RESERVES THE  
 ACT IMMEDIATELY UPON WRITTEN

SIGNATURE: *Michael J. [Signature]* TELEPHONE: 304-634-2667 DATE: 9-16-08  
 FEIN: WV Territory Mar  
 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS  
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



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RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

Stryker Medical  
 Michael Guilliams  
 526 Diamond Dr.  
 Hurricane, WV 25526

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

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<p>NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>INQUIRIES:            WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 9/2/2008. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO</p> <p>ROBERTA WAGNER            DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115            E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Michael Guilliams* TELEPHONE: 304-634-2667 DATE: 9-16-08  
 TITLE: WV Territory Mgr FEIN: ADDRESS CHANGES TO BE NOTED ABOVE

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<p>PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATION IN ACCORDANCE WITH SECTION 148-1-4 (F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A CORPORATION NONRESIDENT VENDOR</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *[Signature]* TELEPHONE 304-634-2667 DATE 9-16-08  
 TITLE WV Territory Manager FEIN ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ INSERT NAME AND ADDRESS IN SPACE ABOVE I AM AN 'VENDOR'



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VENDOR

*Stryker Medical  
 Michael Guilliams  
 526 Diamond Dr  
 Hurricane, WV 25526*

SHIP TO

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 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
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<p>WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID;</p> <p>OR</p> <p>( ) BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX &amp; REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Michael Guilliams* TELEPHONE 304-634-2667 DATE 9-16-08

TITLE *WV Territory Manager* ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO REG. INSERT NAME AND ADDRESS IN SPACE ABOVE I AM AN 'VENDOR'



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HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL

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<p>AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: <u>Stryker Medical</u></p> <p>DATE: <u>9-16-08</u></p> <p>SIGNED: <u>[Signature]</u></p> <p>TITLE: <u>WV Territory Mgr</u></p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION (S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE [Signature] TELEPHONE 304-634-2667 DATE 9-16-08  
 TITLE WV Territory Mgr ADDRESS CHANGES TO BE NOTED ABOVE



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ADDRESS CORRESPONDENCE TO ATTENTION OF  
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TYPE NAME/ADDRESS HERE

*Stryker Medical  
 Michael Williams  
 526 Diamond Dr  
 Hurricane, WV 25526*

SHIP TO

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<p>ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            BUILDING 15            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: ----- RW/FILE 22 -----</p> <p>RFQ NO.: ----- WEH90033 -----</p> <p>BID OPENING DATE: ----- 9/18/2008 -----</p> <p>BID OPENING TIME: ----- 1:30 PM -----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:            ----- 304-562-8526 -----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Mark Territory* TELEPHONE 304-634-2667 DATE 9-16-08

TITLE *WV Territory Mgr* ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELLED 'VENDOR'



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CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Michael Guilliams -----						
***** THIS IS THE END OF RFQ WEH90033 ***** TOTAL:						\$ 361,957.16

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Michael Guilliams* TELEPHONE 304-634-2167 DATE 9-16-08

TITLE WV Territory Mgr ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, PLEASE PRINT NAME AND ADDRESS IN SPACE ABOVE LABELLED 'VENDOR'



**REQUEST FOR QUOTATION**  
**STATE OF WEST VIRGINIA**  
**Department of Health and Human Resources**  
**Welch Community Hospital**  
**RFQ #WEH90033**

**GENERAL INFORMATION**

**Purpose:**

The Acquisition and Contract Administration Section of the Purchasing Division "State" for the Department of Health and Human Resources, Bureau for Behavioral Health Facilities, Welch Community Hospital, "Agency" is seeking monetary quotations for:

- 1.) Thirty-three (33) Medical/Surgical - 30 beds, ICU - 3 beds.
- 2.) Twenty-eight (28) Long Term Care - 23 beds, OB - 5 beds.
- 3.) One (1) O.B. Birthing Bed.

This quotation is to include all charges including shipping and handling for delivery of materials to Welch Community Hospital.

**Project:**

The mission or purpose of this project is to obtain hospital beds for Welch Community Hospital: 33 beds for the Medical/Surgical/ICU, 28 beds for the Long Term Care Unit and OB, and 1 Obstetrical Birthing Bed for Welch Community Hospital.

**OPERATING ENVIRONMENT**

**Location**

Agency is located at Welch Community Hospital, 454 McDowell Street, Welch WV 24801

**Background:**

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2007 fiscal year:

Emergency Room Patients – 10,441

Observation Visits – 542

Clinic Patients – 25,524

Surgeries – 343

Deliveries – 78

Laboratory Tests – 771,015

WEH – Service Support/Radiology Equipment

Radiology – 15,063  
 CAT Scans – 2,529  
 Ultrasound – 1,869  
 Mammography – 633  
 Respiratory Tests – 21,402  
 Electrocardiograms – 4,231  
 Admissions – 974  
     Long Term Card ADC (48 Patients per day) – 94%  
     Overall ADC (60 Patients per day) – 66%  
 Total Patient Days (17,514 Long Term Care and 4,496 Acute Care Days) – 22010

Outpatient Services Provided Are:

Primary Care and Family Practice in a Certified Rural Health Setting  
 Pediatric Clinic  
 Newborn Care  
 Internal Medicine  
 Surgery  
 Emergency Room Services  
 Radiology Services Including:  
     Diagnostic  
     CAT Scan  
     Ultrasound  
     Mammography  
     MRI  
     EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services  
     Laboratory Services

## PROCUREMENT SPECIFICATIONS

### Specifications:

- 1.) **Hill-Rom Versa Care or Equal.**  
Quantity 33
  - A.) Bed must have a battery backup system. In the event of a power failure, all bed articulations must have the ability to be operated by activating the battery button and pressing the desired function.
  - B.) CPR must be manual, pull and hold operation. The bed should utilize a one-action dampened release. By pulling and holding the handle, the bed instantly overrides electrical systems and automatically places the bed in a flat position.
  - C.) CPR handle must be located between the head and foot side-rails.
  - D.) Bed must be able to obtain chair position without having to use Trend/Rev Trend, thus raising the height of the bed.
  - E.) Bed must be equipped with electric Trendelenburg and Reverse Trendelenburg positioning system.

- F.) Line-of site head elevation gauge must be located at side of bed and be functional at all times. A head-leveling gauge should be located within the caregiver's line of site. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position.
- G.) Bed must be equipped with an indicator light to notify the caregiver when the bed is not in the lowest position.
- H.) The bed's nurse call must be equipped with a super capacitor, allowing a call to be placed when AC power is interrupted and the nurse call power back up recharges when bed is plugged in.
- I.) Bed must offer a patient egress point between the foot rail and footboard when all four side rails are up.
- J.) Bed must have positive grip handles in both head and footboards to assist in transport.
- K.) The bed's headboard must stay stationary and not raise or lower during the high/low travel of the bed.
- L.) The bed shall be designed to receive a pendant control that can be placed in the inside and outside of the foot end rails.
- M.) The bed must be capable of accepting embedded side rail communications including nurse call, entertainment controls (radio/TV/volume) and lighting controls.
- N.) Vendor will provide bed units from manufacturers who have no less than 10 years experience with placing side rail communications within the bed frame.
- O.) Night Light shall have an on/off switch and must be located under both sides of the bed.
- P.) Brake and steer pedals must be located on all four corners.
- Q.) Side rails must be a drop down, one-handed release.
- R.) In brake mode, all four casters must lock when the braking mechanism is activated and prevent the caster from rolling and/or turning sideways to ensure positive locking of the bed.
- S.) The bed shall be equipped with a built in scale (up to 550 lbs) to permit accurate weighting to within +/- 1% of the patient's weight, even when the head or foot is elevated.
- T.) The bed's electronics will be isolated from the frame requiring no drag chain. The isolated frame should withstand defibrillation without a drag chain.
- U.) The bed will feature LED indicator lights for indication of brake status, bed not down, bed power, bed not grounded, and bed exit alarm.
- V.) The bed shall provide a platform for current and future upgrades or modules including communications systems and bed information systems.
- W.) The bed must provide a perimeter based light beam activated Obstruction Detection System. The obstruction detection system should allow the bed to reverse its downward motion when the light beam is broken. Head and foot drive shaft must be able to disengage when powered down movement is obstructed.
- X.) The bed must offer a button-controlled ability to retract or extend the footboard a minimum of 12".
- Y.) The bed must offer optional bed exit system with the ability to adjust at the bed side, the following:

1. 3 modes of monitoring.
2. 3 levels of volume

- Z.) The bed exit system must be able to be set from both sides of the bed.
- AA.) The bed must have lock out controls for certain functions. For patient safety, the facility must have the ability to lock out knee, head and bed up/down functions with an easy, accessible control.
- BB.) Auto contour must be on the patient controls only. No auto contour feature on the caregiver controls.
- CC.) The bed must have the ability to activate low chair position by the touch of one button. The bed must possess the ability to deactivate low chair position by the touch of one button.
- DD.) The bed must offer circuit boards with color-coded cables for easy replacement
- EE.) Bed must not contain any nursing controls in the footboard.
- FF.) Bed must have plastic head and footboards and must be a seamless one-piece design.
- GG.) Bed must be able to obtain a low height measurement of 18" from floor to the top of an 8" mattress.
- HH.) Mattress must be secured to frame to prevent sliding. The patient must have an egress point even when all four side rails are in the up position. Footboard and foot rails must also have integrated patient grip handles to assist the patient during egress/ingress.
- II.) The bed must be equipped with 8" sleep surface options for both pressure reduction and pressure relief. The bed will be equipped with a pressure reduction mattress that is an all foam, modular, layered mattress designed to reduce pressure. A treatment surface should provide an "air-cushioned" primary surface with an air cushion foot surface.
- JJ.) The bed's treatment surface must be equipped with a heel suspension mode that permits additional pressure relief to the heel section.

**2.) Hill-Rom Care Assist EX Bed or equal.**

Quantity 28

- A.) Bed must have an integrated battery backup system. In the event of a power failure, all nursing and patient controls may be operated by using battery backup.
- B.) CPR must be manual, pull and dampened operation. The bed must utilize a one-action dampened release, by pulling the handle, the bed instantly overrides electrical systems and automatically places the bed in a flat position
- C.) Bed must be equipped with electric Trendelenburg and Reverse Trendelenburg positioning system.
- D.) Line-of site head elevation gauge must be located at side of bed and be functional at all times. A head-leveling gauge should be located within the caregiver's line of site. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position. This gauge shows the degrees of inclination and indicates when the head of the bed is in a level position.
- E.) Bed must be equipped with an indicator light to notify the caregiver when the bed is not in the lowest position.

- F.) The bed's nurse call must be equipped with a super capacitor, allowing a call to be placed when AC power is interrupted and the nurse call power back up recharges when bed is plugged in.
- G.) Bed must offer a patient egress point between the foot rail and footboard when all four side rails are up.
- H.) Bed must have positive grip handles in both head and footboards to assist in transport.
- I.) Patient controls must be located on pendant offering easy bed control accessibility to patient in any position.
- J.) The bed must be capable of accepting embedded side rail communications including nurse call, entertainment controls (radio/TV/volume) and lighting controls.
- K.) Vendor will provide bed units from manufacturers who have no less than 10 years experience with placing side rail communications within the bed frame.
- L.) In brake mode, all four casters must lock when the braking mechanism is activated and prevent the caster from rolling and/or turning sideways to ensure positive locking of the bed.
- M.) Brakes must come standard with an audible brake not set alarm.
- N.) In steer mode, one caster must lock parallel to the bed for positive tracking
- O.) Headboard of bed must be stationary during high/low travel to protect equipment and medical head walls.
- P.) Motors shall be covered by steel dust covers.
- Q.) Bed electronics must be protected from electro-static discharge without use of a drag chain.
- R.) Bust must offer Shearless pivot where the head section moves away from the seat section when the head is raised to help minimize sliding towards the foot end of the bed for the patient.
- S.) The bed must have the ability to achieve Dining Chair position by the touch of one button. The bed must possess the ability to deactivate Dining Chair position by the touch of one button.
- T.) Side rails must be a one-handed release and drop straight out away from the patient.
- U.) All nursing controls must be located on the head end side rail.
- V.) Bed must come standard with a built in bed extender
- W.) Bed must come standard with electric head, knee, and foot articulation to eliminate need for nurse to move the frame positions manually.
- X.) The bed shall be equipped with a built in scale (up to 550 lbs) to permit accurate weighting to within +/- 1% of the patient's weight, even when the head or foot is elevated.

3.) **Hill-Rom Affinity IV or equal.**  
Quantity 1

- A.) The bed must offer a battery backup system as a standard feature. In the event of an emergency situation, bed articulations such as hi-low, foot, head motors and nurse call must have the ability to be operated by activating the battery button and pressing the desire function.

- B.) In the event of an emergency situation. The bed must utilize a one-action dampened release. By pulling and holding the handle, the bed automatically places the bed in an instant head down and in a flat position.
- C.) The bed must function as the head section is lowered, the seat section gradually tilts up from 0 degrees to 15 degrees.
- D.) Upper Mattress must have V-Cut design to allow for better perineum access.
- E.) The bed must offer DC motors for a quiet patient environment and durable maintainability.
- F.) The bed must offer a one step function to securely lock all 4 brakes.
- G.) The bed must have the capability to go into trend-like positioning from any bed height. One lever, gas assisted feature for up to 8 degree positioning.
- J.) The bed must have the easy one step, release latch.
- K.) The bed must offer a one step function to position supports in any direction. Each support can be independently positioned.
- L.) For caregiver safety, the bed must offer the choice to stow the foot section under the bed or offer a light weight foot section to be placed near the bed during procedures.

#### 4.) **Cost Evaluation:**

Award will be based on the overall lowest Grand Total.

It is preferred that each responder use the Cost Proposal Sheet provided.

#### 5.) **Delivery, Installation, and In-service Training**

- A.) Delivery shall be within ninety (90) days after receipt of the approved purchase order. Vendor must furnish, deliver, setup and install the hospital beds and provide instructional training on the equipment usage and features.
- B.) Within fifteen (15) days of the vendor's receipt of the approved purchase order, the selected vendor must contact the Director of Nursing at Welch Community Hospital for coordination of vendor's delivery, installation and healthcare providers' in-service training.
- C.) Vendor will be responsible for the removal and disposal of delivery material and/or packing debris.
- D.) Vendor will make available, to healthcare provider, in-service training for each specific bed type upon delivery.

#### 6.) **Payment**

The Vendor shall submit invoices, in arrears, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery, installation and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

## Cost Sheet

Item #	Description	Quantity	Price Each Unit	Total Quantity Price
1.)	Medical/Surgical/ICU Hill-Rom Versa Care or Equal	33	\$ <u>6212.76</u>	\$ <u>205,021.08</u>
2.)	Long Term Care Hill-Rom Care Assist EX Bed or equal	28	\$ <u>5300.40</u>	\$ <u>148,411.20</u>
3.)	Obstetrical Birthing Bed Hill-Rom Affinity IV or equal	1	\$ <u>8524.88</u>	\$ <u>8524.88</u>
4.)	Delivery Fee/Installation Fee/In-service Training		\$ <u>0</u>	\$ <u>0</u>
<b>Grand Total</b>				\$ <u>361,957.16</u>

Award will be made to vendor based on lowest **grand total** amount.

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**VENDOR OWING A DEBT TO THE STATE:**

*West Virginia Code* §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:**

*West Virginia Code* §21-1D-5 provides that: Any solicitation for a public improvement construction contract shall require each vendor that submits a bid for the work to submit at the same time an affidavit that the vendor has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. A public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

**ANTITRUST:**

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid

**LICENSING:**

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

**CONFIDENTIALITY:**

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit [www.state.wv.us/admin/purchase/privacy](http://www.state.wv.us/admin/purchase/privacy) for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and is in compliance with the requirements as stated

Vendor's Name: Stayer Medical

Authorized Signature: [Signature] Date: 9-16-09





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
WEH90033

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

**PROPOSAL**

Stryker Medical  
 Mike Gilliams  
 526 Diamond Drive  
 Hurricane, WV 25526

**SHIP TO**

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/03/2008	net 30	truck destination	origin	freight & insurance prepaid
BID OPENING DATE:	09/18/2008	BID OPENING TIME	01:30 PM	

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. QUESTIONS AND ANSWERS ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID. EXHIBIT 10  REQUISITION NO.: WEH90033  ADDENDUM ACKNOWLEDGEMENT  I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.  ADDENDUM NO. S: NO. 1 ..... ✓ NO. 2 ..... ✓ NO. 3 ..... NO. 4 ..... NO. 5 .....  I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.  VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS	
SIGNATURE <i>Mike Gilliams</i>	TELEPHONE 304-634-2667
TITLE WV Territory Mgr	DATE 9-16-08
ADDRESS CHANGES TO BE NOTED ABOVE	



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 WEH90033

PAGE  
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

TO: DOD/DC

SHIP TO


HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET  
 WELCH, WV  
 24801


304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
09/03/2008				

BID OPENING DATE: 09/18/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>AND ANY STATE PERSONNEL IS NOT BINDING ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">             SIGNATURE            Stryker Medical            COMPANY            9-16-08            DATE         </p> <p>REV. 11/96</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE   
 TITLE Mark J. Smith  
 PEIN

TELEPHONE 304-634-2667 DATE 9-16-08

ADDRESS CHANGES TO BE NOTED ABOVE

Welch Community Hospital  
WEH90033  
Addendum #1

Q-1) Please let me know if you are taking refurbished beds on this bid.

A-1) **No. Vendor is to supply the facility with new beds.**



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 WEH90033

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

VENDOR

Stryker Medical  
 Mike Gilliams  
 526 Diamond Drive  
 Hurricane, WV 25526

SHIP TO

HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL  
 454 MCDOWELL STREET  
 WELCH, WV  
 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/10/2008	<i>net 30</i>	<i>truck destination</i>	<i>origin</i>	<i>freight + insurance</i>
BID OPENING DATE:	09/18/2008	BID OPENING TIME	01:30PM	<i>prepaid</i>

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2 1. PLEASE NOTE THAT THIS FORM SUPERCEDES THE ORIGINAL. PLEASE INSERT THE ATTACHED RVP FORM IN PLACE OF THE TEAM RVP INFORMATION WITHIN THE RFQ. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.  EXHIBIT 10  REQUISITION NO.: WEH90033  ADDENDUM ACKNOWLEDGEMENT  I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.  ADDENDUM NO. S: NO. 1 <input checked="" type="checkbox"/> NO. 2 <input checked="" type="checkbox"/> NO. 3 <input type="checkbox"/> NO. 4 <input type="checkbox"/> NO. 5 <input type="checkbox"/>  I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Mike Gilliams</i>	TELEPHONE 304-634-2667	DATE 9-16-08
TITLE WV Territory Mgr	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 WEH90033

PAGE  
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES  
 WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET


WELCH, WV

24801

304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/10/2008				

BID OPENING DATE: 09/18/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">             SIGNATURE            Stryker Medical            COMPANY            9-16-08            DATE         </p> <p>REV. 11/96</p> <p style="text-align: center;">END OF ADDENDUM NO. 2</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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# State of West Virginia **VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with West Virginia Code, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable

1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**  
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Stryker Medical                      Signed: [Signature]  
Date: 9-16-08                                      Title: WR Territory Mgr

\*Check any combination of preference consideration(s) in either "A" or "B", or both "A" and "B" which you are entitled to receive. You may request up to the maximum of 5% preference for both "A" and "B".

## **Stryker Medical**

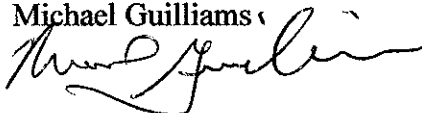
**Michael Guilliams, WV Territory Mgr**  
**800-669-4968 x 8744 voicemail**  
**304-634-2667 cell**  
**304-562-8526 fax**  
[michael.guilliams@stryker.com](mailto:michael.guilliams@stryker.com)

To: State of West Virginia Dept of Administration Purchasing Division

In reference to RFQ: WEH90033, Stryker Medical meets and/or exceeds all procurement specifications detailed in numbers 1 – 6. Attached are separate quotations, spec sheets, and portfolios of each product listed in RFQ as well as a head to head comparison between the Stryker product and bed listed under specification. (Example: Stryker S3 vs. Hill-Rom VersaCare) Also, attached are Stryker Medical regional bed customers and US News and World Report top hospitals who are Stryker bed customers. If any further bed comparison is needed, please contact me at any of above numbers and I will provide any signed documentation or presentation that will prove Stryker meets and/or exceeds the spec presented on RFQ: WEH90033.

Thank You,

Michael Guilliams



# Stryker Medical Quotation



## Account Manager Information

Account Manager  
 Phone : 304-634-2667  
 Fax : 304-562-8526  
 Voice Mail Ext. : 800-669-4968 x8744  
 E-Mail : michael.guilliams@stryker.com

## Customer Information

Stryker Medical Division - 2008  
 Welch Community Hospital  
 454 McDowell Street  
 Welch, WV 24801

## Quotation Date

9/16/2008  
 S3 CUSTOM  
 3002S3CUSTOM

STANDARD UNIT INCLUDES :	QUANTITY	UNIT PRICE	EXT UNIT PRICE
One-Touch 30 Degree HOB Angle and Lock	33	\$3,406.48	\$112,413.84
Foot End Digital Trend and Fowler Angle Display			
Centrally Located Brake Pedal			
4 Wheel Steel Brake with Swivel Lock System			
6 Inch Casters			
500 lb. Weight Capacity			
One-Hand, Intermediate Siderails			
Retractable Frame			
Open Architecture - Flat Litter Deck			
Fowler Angle Gauge			
4 IV Pole and Traction Equipment Sockets			
4 Foley Bag Hooks			
Steer Control			
Integrated Pump Holder			
Foot Prop Rod			
Downward Motion Interrupt			
CPR Release and Removable Headboard			
Dual Pedestal Lift Design			
3 Sided Bed Motion Controls			
One-Button Cardiac Chair Position			
Foot End Lock-out Controls	wTrend/Reverse Trend Controls		
Neutral Accent Panels	wNight Light		
Straight power cord			
Neutral - Sand White			
1 year parts, labor & travel			

QTY	DESCRIPTION	PART NO.	UNIT PRICE	EXT PRICE
33	Standard Length 115V, Battery Back-Up	3006-999-350	\$775.00	\$25,575.00
33	iBed Awareness (Includes Scale, Bed Exit, Zone Control)	3006-500-115	\$1,136.00	\$37,488.00
33	Chaperone Bed Exit High Tone Siren	3002-999-046	N/C	\$0.00
33	1 Stryker Pendant Port	3002-999-065	\$152.52	\$5,033.16
33	Siderail Outside Gatch Fowler - (Must select one of the	3006-999-080	\$50.84	\$1,677.72
33	Siderail Communication Package with Outside Gatch Fowler	3006-999-006	\$304.42	\$10,045.86
33	REM 2000 35 x 84 Nylon with FB	2700-500-020	\$387.50	\$12,787.50
	Requested Customization Charge (if applicable)	N/A	\$0.00	\$0.00
	Subtotal		\$6,212.76	\$205,021.08
	Sales Tax			0.000%
	<b>TOTAL PRICE</b>			<b>\$205,021.08</b>

\*Note: Fire Barrier proves compliance with California Technical Bulletin 129 and NFPA Life Safety Code 101

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan. Proposals are effective 30 days from submittal.



# Stryker Medical Quotation



## Account Manager Information

Mike Guilliams  
Account Manager

Phone : 304-634-2667  
Fax : 304-562-8526  
Voice Mail Ext. : 800-669-4968 x8744  
E-Mail : michael.guilliams@stryker.com

## Customer Information

Stryker Medical Division - 2008  
Welch Community Hospital

454 McDowell Street  
Welch, WV 24801

## Quotation Date

9/16/2008  
GoBed II EX  
FL28EX

STANDARD UNIT INCLUDES :	QUANTITY	UNIT PRICE	EXT UNIT PRICE
14.5"-29" (36-74 cm) bed height	28	\$4,206.72	\$117,788.16
Retractable fifth-wheel steering with hood			
Retractable bed frame			
Trend /reverse Trend.			
Four independent electric motors			
Trend. Display on footboard			
Centrally-located steer and four-wheel brake mechanism			
Four foley bag hooks			
Eight IV pole/traction equipment sockets			
Dampened one-hand release siderails			
Roller Bumpers			
Manual back up for head and knee control			
Integrated pump holder			
Nurse controls on footboard and siderails			
Fixed patient controls on siderails			
Degree indicator for head elevation			
Auto contour			
Siderail communication (includes nurse call, TV, radio)			
One-button cardiac chair			
Patient restraint locations			
Electronic function lockout controls			
Chaperone™ Bed Exit Alarm and Scales			
Night Light			
CPR Release			
Foot Prop Rod			
With nurse call and sidecom			
Steel litter top			
Single Packaging			
STD: 1 YR Parts/Labor/Travel			

QTY	DESCRIPTION	PART NO.	UNIT PRICE	EXT PRICE
28	Zone Control	OP250002	\$161.84	\$4,531.52
28	Docker Cables needed (please submit paperwork)			\$0.00
28	Pillow Speaker w/nurse call, TV/vol/lights (Gen III 4-Func)	FA64137	\$85.12	\$2,383.36
28	Stryker pendant port	OL280023L	\$127.12	\$3,559.36
28	Emergency crank handle	FOHMAU	\$19.60	\$548.80
28	Bed extender (includes cushion)	FA64172	\$318.08	\$8,906.24
28	REM 2000 35 x 84 Penn-nyla with FB	2700-500-025	\$381.92	\$10,693.76

Requested Customization Charge (if applicable)

N/A

0

\$0.00

Subtotal	\$5,300.40	\$148,411.20
Sales Tax		0.000%
<b>TOTAL PRICE</b>		<b>\$148,411.20</b>

\*Note: Fire Barrier proves compliance with California Technical Bulletin 129 and NFPA Life Safety Code 101

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan. Proposals are effective 30 days from submittal.

# Stryker Medical Quotation



## Account Manager Information

Mike Guilliams  
Account Manager

Phone : 304-634-2667  
Fax : 304-562-8526  
Voice Mail Ext. : 800-669-4968 x8744  
E-Mail : michael.guilliams@stryker.com

## Customer Information

Stryker Medical Division - 2008  
Welch Community Hospital

454 McDowell Street  
Welch, WV 24801

## Quotation Date

9/16/2008  
LD304 (4701)  
4701-000-000

STANDARD UNIT INCLUDES :	QUANTITY	UNIT PRICE	EXT UNIT PRICE
Low bed height (17.5")	1	\$8,047.76	\$8,047.76
33" patient surface width w/four motor functions (head/bed/Trend/foot)			
Glideaway (6-way) adjustable footrests			
One-step breakdown, self-standing Lock-Rite™ foot section			
5" ultra comfort head and seat mattress			
Seamless, Perineal, straight-edge mattress			
3" foot mattress			
4-wheel ring brake system			
Locking caster steering			
Single-button powered Trendelenburg			
Low shear/high comfort backrest elevation			
3-position, minimal transfer gap siderails			
In-rail motion controls w/lock-out			
Manual back-up and CPR release			
Self-storing handgrips			
Night light (under bed)			
Maple wood headboard			
UL listed			
Fluid basin			
In-rail controls (std. config.)			
6" Omni-Surface™ casters			
3-stage permanent IV pole			
No siderail communication			
No headwall option			
No docker cables			
6" casters			
No Skoocher™			
Enhanced Comfort			
2 years parts, labor & travel			

QTY	DESCRIPTION	PART NO.	UNIT PRICE	EXT PRICE
1	Attached Calf Supports	4701-840-290	\$407.68	\$407.68
1	Mattress w/Flame Barrier*	4701-000-010	\$69.44	\$69.44
	<i>Requested Customization Charge (if applicable)</i>	<i>N/A</i>	<i>0</i>	<i>\$0.00</i>
	<b>Subtotal</b>		<b>\$8,524.88</b>	<b>\$8,524.88</b>
	<b>Sales Tax</b>			<b>0.000%</b>
	<b>TOTAL PRICE</b>			<b>\$8,524.88</b>

\*Note: Fire Barrier proves compliance with California Technical Bulletin 129 and NFPA Life Safety Code 101

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan. Proposals are effective 30 days from submittal.

## **Stryker Medical**

### **Stryker Medical Regional Hospital BED Customers**

- CAMC General Division (sole source)
- CAMC Memorial Division (sole source)
- CAMC Women and Childrens (sole source)
- Thomas Memorial (sole source)
- Cabell Huntington/Marshall University
- St. Mary's Medical Center
- King's Daughters Medical Center
- Highlands Regional Medical Center
- Southern Ohio Medical Center
- Three Rivers Medical Center
- VAH Beckley
- VAH Clarksburg
- Fairmont General
- Princeton Community
- Plateau Medical Center

References at these accounts are available upon request.

Mike Guilliams  
Stryker Medical  
304-634-2667

**stryker**

Medical


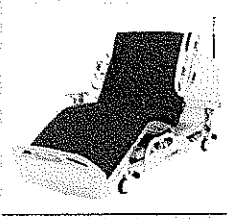
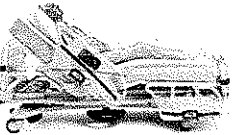

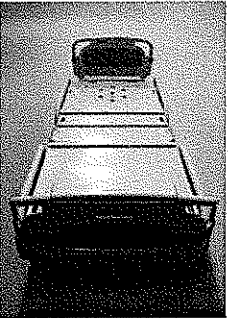
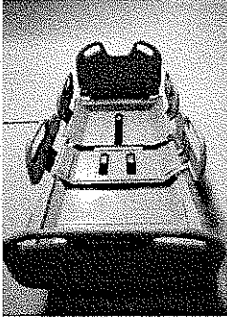




## “America’s Best Hospitals”

### U.S. News and World Report - July 2007


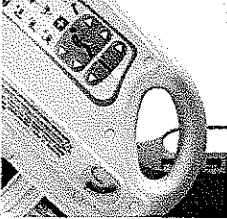
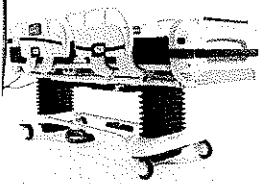
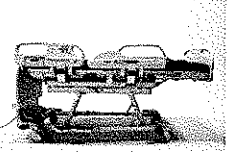


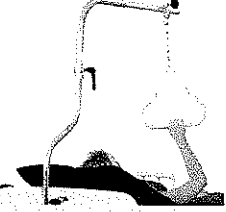
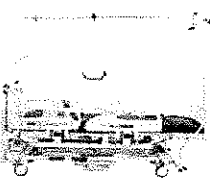

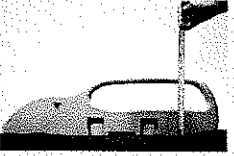
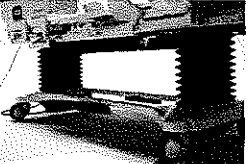
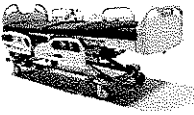
\* Stryker Bed Customers  
Highlighted in BLUE!

1. Johns Hopkins Hospital
2. Mayo Clinic
3. UCLA Medical Center
4. **Cleveland Clinic**
5. Massachusetts General Hospital
6. **New York – Presbyterian University Hospital**
7. Duke University Medical Center (all but main campus)
8. **University of California – San Francisco Medical Center**
9. Barnes-Jewish Hospital/Washington University (all but main campus)
10. Brigham and Women’s Hospital
11. University of Washington Medical Center
12. **Hospital of the University of Pennsylvania**
13. University of Pittsburgh Medical Center
14. University of Michigan Hospitals and Health Centers
15. **Stanford Hospital and Clinics**
16. **Yale-New Haven Hospital**
17. Cedars-Sinai Medical Center
18. **University of Chicago Medical Center**

# S3 Advantage

Features	S3	VersaCare
<p><b>Precision Siderails</b></p>	 <ul style="list-style-type: none"> <li>• Patient egress is made simple by positioning the patient in the seat section, eliminating the need to boost the m to the head-end.</li> <li>• Intermediate positions on both head and foot siderails give the patient sturdy support and can reduce caregiver back strain.</li> </ul>	 <ul style="list-style-type: none"> <li>• The patient is only fully supported on one side with the siderail, while the other hand is loosely braces on the sleep surface.</li> </ul>
<p><b>Retractability</b></p>	 <ul style="list-style-type: none"> <li>• Reduces falls associated with patients reaching over siderails.</li> <li>• Patients have ready access to their belongs; helps reduce the number of nurse calls</li> <li>• Lowers the shear force and interface pressures on the sacral area</li> <li>• Lessens the need for reposition the patient back to the head-end of the bed.</li> </ul>	 <ul style="list-style-type: none"> <li>• Pushes patient away from belongings on bedside table potentially increasing fall risk.</li> <li>• May increase patient dependency on nursing staff to help retrieve items located on bedside table.</li> <li>• Downward force in bed may increase the shear force and pressure on the sacral area</li> </ul>
<p><b>Open Architecture</b></p>	 <ul style="list-style-type: none"> <li>• Allows Care Giver to choose the sleep surface technology that is most appropriate for the patient condition.</li> <li>• Full Functionality of scales and bed exit are guaranteed regardless of the sleep surface used.</li> <li>• Gives hospitals the freedom to purchase surfaces from multiple sources.</li> </ul>	 <ul style="list-style-type: none"> <li>• Caregivers are limited in their options when choosing a therapeutic surface.</li> <li>• Bed functionality is only guaranteed with surfaces manufactured for Hill-Rom.</li> <li>• Limits hospital's ability to utilize technologies</li> <li>• Shape of litter deck prevents bed from accommodating surfaces from other vendors.</li> </ul>
<p><b>Bed Extender</b></p>	 <ul style="list-style-type: none"> <li>• Bed in normal position – 84"</li> <li>• Bed in extended position 94"</li> </ul>	 <ul style="list-style-type: none"> <li>• Bed in normal position – 75 in</li> <li>• Bed fully extended - 86 in.</li> </ul>
<p><b>Nursing Controls</b></p>	 <ul style="list-style-type: none"> <li>• Controls are located at both foot-end and siderails for easy access.</li> <li>• Controls are easily accessible without putting the caregiver in a compromising position.</li> <li>• Controls are intuitive even for first time users.</li> </ul>	 <ul style="list-style-type: none"> <li>• Nursing controls are only located at the siderail, which can be blocked by the bedside stand, visitors, etc.</li> <li>• May increase strain on the caregiver since bending and squatting is required to access patient controls.</li> <li>• Controls are less intuitive as they require a key function to operate</li> </ul>

# S3 Advantage

Features	S3	VersaCare
<p><b>30° Fowler Lock</b></p>	 <ul style="list-style-type: none"> <li>• One touch 30° fowler lock brings the patient to 30° and locks them there. The patient if able to move the fowler to angles greater than 30° for comfort but stops motion when the fowler returns to 30°.</li> </ul>	 <ul style="list-style-type: none"> <li>• Fowler angle is determined by a ball bearing inside a plastic sleeve. Each ball had a variance of roughly 10°.</li> </ul>
<p><b>Dual Pedestal Lift System</b></p>	 <ul style="list-style-type: none"> <li>• Dual Pedestal design provides a safer environment for guests and caregivers by eliminating possible pinch points.</li> <li>• Helps to lift patient straight up allowing for easy assisted egress</li> <li>• All sealed mechanisms allow for safe easy cleaning</li> </ul>	 <ul style="list-style-type: none"> <li>• Inherent in lift system are multiple pinch or crush points.</li> <li>• May be difficult to clean.</li> </ul>
<p><b>Centrally Located Brakes</b></p>	 <ul style="list-style-type: none"> <li>• Centrally located brakes allow the caregiver access to the brake regardless of siderail position or bed height.</li> </ul>	 <ul style="list-style-type: none"> <li>• Brakes located on the corner casters of the bed are difficult to access in low height.</li> </ul>
<p><b>Traction</b></p>	 <ul style="list-style-type: none"> <li>• Beds accommodate nearly all existing traction systems on the market, eliminating the expense of additional brackets or frames</li> <li>• Traction or patient helper moves with the frame and patient</li> </ul>	 <ul style="list-style-type: none"> <li>• Additional equipment may have to be purchased to accommodate existing traction system.</li> <li>• As the bed is raise or lowered the traction height stays consistent, moving the patient closer to the overhead trapeze which minimized the effectiveness of the trapeze bar</li> </ul>
<p><b>Siderail Coverage</b></p>	 <ul style="list-style-type: none"> <li>• Siderail height from the top of the litter deck is 15"</li> <li>• Allows for better siderail coverage when sleep surface overlays are used.</li> </ul>	 <ul style="list-style-type: none"> <li>• Siderail height from the top of the mattress to the top of siderail at head end is 8.5"</li> <li>• May not provide adequate siderail coverage when using sleep surface overlays.</li> </ul>
<p><b>Downward Motion Stop</b></p>	 <ul style="list-style-type: none"> <li>• Motion interrupt requires slight physical contact with an object to stop downward motion.</li> <li>• Mechanical operation is more dependable and reliable than laser-based system</li> </ul>	 <ul style="list-style-type: none"> <li>• Laser-based system stops motion only when an obstacle is along the perimeter of the product base.</li> <li>• Once an obstacle passes the perimeter of the laser system motion will continue.</li> </ul>

## Go Bed II vs. CareAssist

Features	GoBed II	CareAssist	Benefit
<b>Low height</b>	14.5"	15.75"	Provides a safe, low height for patient ingress and egress
<b>Weight capacity</b>	500 lbs	500 lbs.	Accommodates the majority of patient weights
<b>Patient surface</b>	35" x 84" 35" x 94" with bed extender	36" x 80" Standard 36" x 84" with bed extender	Ability to accommodate virtually all patient heights
<b>Chaperone w/ Zone Control</b>	Yes Optional	(Patient Positioning Monitor)Optional	Load cell technology allows the patient to be evaluated based on their center of gravity, resulting in fewer false alarms.
<b>Scales</b>	Yes Optional	Yes	Scale is located at the foot end of the bed where accurate, repeatable weights can be taken in any patient position. The patient may be left undisturbed, potentially enhancing their stay at the hospital.
<b>Brakes</b>	Centrally-located brake system	Brake functionality located at head and foot end	Provides easier access to brake/steer mechanism.
<b>Fifth-wheel steering</b>	Yes	Optional	Enhanced mobility reduces the caregiver's pushing effort, resulting in less back strain.
<b>Integrated pump holder</b>	Yes	No	Integrated pump holder aids in clearing the obstacles at the foot-end of the bed resulting in a safer environment for the caregiver and patient.
<b>110V Outlet</b>	Yes	Yes	An auxiliary outlet provides caregivers with an additional means of cord management, resulting in a safer environment for the caregiver and patient.
<b>Footboard and siderail caregiver controls</b>	Yes	Siderail only	Dually located caregiver controls allow flexibility in accessing at different points during the day.
<b>Open architecture</b>	Yes	No	Various mattress options allow hospitals to advance with technology while providing the customer with the ability to negotiate amongst mattress suppliers The functionality of the CareAssist is not guaranteed with other surfaces.
<b>Cardiac chair</b>	One-touch activation	One-touch activation	Places patient into cardiac chair position with ease and without any caregiver strain
<b>Retractable bed frame</b>	Yes	No	Retractable bed frames ensure patients remain close to the bed side stand and their belongings, potentially reducing patient falls, as well as the need for the caregiver to return to the room to help retrieve the patient's belongings.

# Stryker LD304



## VS. Hill-Rom Affinity 4

Medical

Feature	LD304	Affinity 4	Stryker Benefit	BackSmart™ Application
<b>Foot Section</b>	Lock-Rite® foot section	Standard lift off foot section or optional Stow and Go™ foot section.	The only foot section on the market that gives caregivers a visual cue when it is locked in place.	Lock-Rite® foot section has been proven in clinical study to reduce the risk of a lower back disorder by 63% when compared to competitive product*
<b>Foot Rests</b>	6-way adjustability	4-way adjustability	Foot rests go up and down, adduct and abduct, and also have length adjustability for different size moms and easier leg flexion.	Helps caregivers protect their backs and shoulders by allowing the foot rests to push the legs back to the appropriate flexed position as opposed to relying on their own bodies.
<b>Skoocher™</b>	Optional	Not Available	Pushes mom to the edge of the bed with the touch of a button.	Skoocher™ helps nurses with the "hook and pull" to get mom to the edge of the bed. When used with the length adjustable foot rests, allows the bed to flex mom's legs back without caregiver strain.
<b>Calf Supports</b>	Optional	Optional	Easy to use locking mechanism.	Used with the length adjustability, the calf supports are rated to hold a leg of up to a 500lb mom.
<b>Trendelenberg</b>	Electric	Manual	Puts mom into 8 degrees of Trendelenberg with the touch of a button.	Eliminates the need to manually pull the bed out of Trendelenberg, to help prevent nurse back strain.
<b>Siderails</b>	3 Position	2 Position	With siderails in the intermediate position, mom can be placed directly on the seat section of the bed while giving her a handle.	Helping to reduce the need to boost mom in bed and potentially straining a nurse back.
<b>Low Height</b>	17.5 inches	18 inches	Lowest labor and delivery bed on the market allowing for easier ingress and egress	Greater range of bed height allows for more versatile heights for patient transfers and for moving the bed at proper heights.
<b>High Height</b>	37 inches	34 inches	Highest labor and delivery bed on the market for the doctors that like to do standing deliveries or repair work.	Greater range of bed height allows for more versatile heights for patient transfers and for moving the bed at proper heights.

\*Published by The Joint Commission, E. Ruck and A. R. B. Research, International Association of Healthcare Accreditation and Certification, and the Board of Engineers of the International Board of Engineers Incidents. For a complete list of references, please visit our website at www.stryker.com. © 2014 Stryker Corporation. All rights reserved. LD304