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## ADDENDUM NO. 2 TO RFP 9600-87: Anesthesia Services

**Date:** Thursday, September 21, 2023  
**To:** All participants submitting Proposals for RFP # 9600-87  
**From:** Freddy Vigilmartinez, Management Analyst, NMC Contracts Division  
**Subject:** Addendum No. 2 to RFP #9600-87

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**This addendum includes the final set of questions and answers to date regarding  
RFP 9600-87: Anesthesia Services**

**Vendor Questions for RFP 9600-87 Anesthesia Services**

**1. How many rooms require anesthesia coverage?**

A: (5) main operating rooms, two (2) endoscopy suites and one (1) interventional radiology (IR) suite. **2 L&D OR's**

**2. How many days per week do those rooms require anesthesia coverage?**

A: The current schedule is as follows: 3 Scheduled Rooms M-F (8 hours) 7:00am – 3:00pm "Primetime Hours"; 4th Room M-F (PRN) utilized >72% during Primetime Hours  
2 Rooms Sat-Sun-County Holidays (12 hours) **L&D OR 24 hours.**

**3. What time do those rooms (which require anesthesia) close?**

A: The current schedule is as follows: 3 Scheduled Rooms M-F (8 hours) 7A-3P "Primetime Hours"; 4th Room M-F (PRN) utilized >72% during Primetime Hours  
2 Rooms Sat-Sun-County Holidays (12 hours).

**4. Is this care-team structure or MD only?**

A: Proposals must include staffing options, including Physician and CRNA combinations, to effectively manage surgery volume; reduce costs; increase staff and operating room productivity; and continuously improve quality of care.

**5. Can CRNAs administer labor epidurals without medical supervision?**

A: Yes.

**6. How many levels of in-house call? Do MDs or CRNAs take in-house call?**

A: Trauma is 24/7 in-house call and must be covered by an MD in accordance with ACS guidelines for a Level II Trauma Center. Labor and Delivery is 24/7 in-house call and is currently covered by CRNAs.

**7. How many levels of beeper call? Do MDs or CRNAs take in-house call? Is there PCDO for beeper call?**

A: 1 MD in-house (15 min response), 1 MD backup (15min response time), 1 CRNA in-house (OB). No idea what PCDO is.

**8. How many MD FTEs work at the hospital today?**

A: Approximately 8.0 FTE MDs, vendors are encouraged to submit proposals with staffing options, including Physician and CRNA combinations, to effectively manage surgery volume; reduce costs; increase staff and operating room productivity; and continuously improve quality of care.

**9. How many CRNA FTEs work at the hospital today?**

A: Approximately 4.2 FTE CRNAs, vendors are encouraged to submit proposals with staffing options, including Physician and CRNA combinations, to effectively manage surgery volume; reduce costs; increase staff and operating room productivity; and continuously improve quality of care.

**10. Can you provide a detailed definition of indirect costs pertaining this RFP?**

A: Indirect costs are defined as any cost, other than professional compensation, needed to perform the Scope of Service requirements of this RFP. If vendors are including indirect costs in their Cost Proposal, they should include a detailed breakdown and summary total of indirect costs (such as, supplies, administration, taxes, insurance), if any, and only if they are included in the Cost Proposal. Supportive documentation of indirect costs will be used to verify validity of computations and determine if costs are fair market value.

**11. For Section 5.3.5 Pain Management Program, do you envision the anesthesia group will be implementing a pain management program for the hospital? Will they manage the program?**

A: NMC anticipates that the anesthesia group will participate, but not necessarily be the exclusive provider for chronic pain management. It is not our intent that the anesthesia group would exclusively manage the program. They would need, however, be a part implementing and setting up the program.

**12. Do you have any pediatric kids anesthesia needs volume?**

A: For trauma patients, we take all 15 years and above. For patients under 15 years old, if they need to go out, they get flown out. However, if there are adverse factors, such as the weather or traffic, we have no choice but to take them. We also have general surgery.

**13. Do you have any calculation of case volume on MRI and CAT Scans?**

A: We do have an Interventional Radiology suite that is used by Cardiology for diagnostics. Vascular Surgery also utilizes this suite. We can get the numbers of these cases that require support with anesthesia. These are a small number.

**14. Can you detail the new trauma anesthesia requirements that Dr Di Stante spoke of? Can you also speak to the back up call (2nd call) requirements-recall time to the hospital?**

A: According to ACS guidelines for Level II trauma centers, anesthesia services must be available within 15 minutes of request. Furthermore, the attending anesthesiologist must be present within 15 minutes for trauma activations. In the event the attending anesthesiologist is not available, Contractor shall maintain an effective back-up call system to ensure that Contractor provides Hospital Coverage Services 24/7, including all holidays. The design of such call system is the Liaison's responsibility and must be approved by the Trauma Medical Director or his/her designee.

There is a trauma performance improvement committee which meets monthly, a minimum 50% attendance by the anesthesia liaison is required. The liaison's responsibility is to review and present assigned cases as determined by the TMD, assist and participated in performance improvement and disseminate information from the committee to the anesthesia department.

All anesthesiologists must be board certified or eligible.

**15. Can you specify the limitations to CRNA utilization in the hospital?**

**In the Central Valley, CRNA perform trauma anesthesia with an anesthesiologist in house as an additional medical resource. Is that something the hospital has considered for staffing needs?**

A: All initial trauma cases are managed by anesthesiologist, stable trauma cases requiring take-back can be managed by CRNA.

**16. What are the current anesthesia FTE requirements and what is your anticipation for increase, decrease, or stability in those requirements over the next three years?**

A: Approximately 8.0 FTE MDs and 4.2 FTE CRNAs, vendors are encouraged to submit proposals with staffing options, including Physician and CRNA combinations, to effectively manage surgery volume; reduce costs; increase staff and operating room productivity; and continuously improve quality of care.

***Additional data requested during the Zoom meeting:***

Anesthesia Cases in IR: 27  
Anesthesia Cases in MRI: 1  
Anesthesia Cases in CT: 5  
Surgical Critical Care Cases: 145  
Trauma Cases: 694  
Ortho: 834  
Ortho/Hand: 121  
Total Joints: 32  
Podiatry: 202

***Signature page to follow***

Please be sure to sign and submit the signature page in your bid proposal to acknowledge receipt of Addendum No. 2

This Addendum No. 2 Signature Page below must be signed and submitted with your proposal please.

Per **Section 3.7. ‘IT IS THE CONTRACTORS’ SOLE RESPONSIBILITY TO ENSURE THAT THEY RECEIVE ANY AND ALL ADDENDA FOR THIS RFP** by either informing Natividad Medical Center of their mailing information or by regularly checking the NMC web page at [www.natividad.com](http://www.natividad.com) (Vendors tab). Addenda will be posted on the website the day they are released.”

- ❖ This acknowledgement signature page of Addendum No. 2 must be submitted with your proposal.
- ❖ If this acknowledgement signature page is not submitted with you bid proposal, your entire proposal package may be considered non-responsive.

**RECEIPT IS HEREBY ACKNOWLEDGED OF ADDENDUM NO. 2,  
RFP # 9600-87**

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Authorized Company Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

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Date