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Sucha Beskidzka on 19.05.2021.

INFORMATION ON THE INTENTION TO CONDUCT MARKET CONSULTATIONS

entitled: *Innovative hospital ward refurbishment*

within the project **under the title: "Innovative hospital ward refurbishment solutions to minimise disruption, improve patient outcomes and enhance environmental sustainability"** , implemented **under the grant entitled: Collaborative Innovation Procurement Action to Improve the Efficiency, Quality and Sustainability of Healthcare — EcoQUIP Plus'** financed from the resources of the Executive Agency for Small and Medium-sized Enterprises (EASME) by virtue of entitlements provided by the European Commission (Grant Agreement number: 857790 — EcoQUIP Plus-COS-PP)-2018-2-01).

I. NAME AND ADDRESS OF THE ENTITY CONDUCTING MARKET CONSULTATIONS.

Zespół Opieki Zdrowotnej

ul. Szpitalna 22

34-200 Sucha Beskidzka

Contact person:

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Note: All correspondence addressed to the Commissioning Party should be marked: "Market consultations – *Innovative hospital ward refurbishment*".

II. LEGAL BASIS

Market consultations are conducted pursuant to Article 84 of the Act of 11 September 2019 Public Procurement Law and in accordance with the "Terms and Conditions for conducting market consultations", published on the Commissioning Party's website.

III. SUBJECT MATTER OF MARKET CONSULTATIONS

The subject of the consultations is to acquire knowledge about modern, innovative material and technological solutions, due to which it is possible to create a more functional, modern and aesthetic hospital ward, which is not only a place of treatment, but something more. In particular, this applies to the most problematic issues, which are:

- temperature and air quality,
- conditions in patient rooms and patient rest areas,
- sanitation facilities and quality,
- communication,
- ward lighting

The obtained information will constitute the basis for the preparation of description and conditions of the subject of the contract for design and execution of modernization of the ward.

Introduction

Healthcare facility in Sucha Beskidzka is one of the participants in a consortium consisting of a group of hospitals and innovative procurement experts who are the beneficiaries of a grant under the measure of:

Collaborative Innovation Procurement Action to Improve the Efficiency, Quality and Sustainability of Healthcare – EcoQUIP Plus, under which modernization of the surgical ward in Sucha Beskidzka Hospital is planned.

Hospital and ward data

Healthcare facility in Sucha Beskidzka was opened in 1982. During this nearly 40-year period it became one of the most modern hospitals in the region. The hospital conducts activities in the field of:

- hospital therapeutics (15 hospital wards),
- ambulatory specialist care (24 specialist clinics),
- emergency relief,
- rehabilitation benefits and
- diagnostic services (8 diagnostic facilities and laboratories).

Annually in hospital:

- nearly 15,000 patients are hospitalized;
- over 2,500 surgical procedures are performed;
- over 100,000 specialist consultations are provided in the outpatient ward.

The hospital employs nearly 950 people, including more than 200 doctors and more than 300 nurses. The hospital is constantly developing and improving the quality of medical services. It is worth noting that 40 years of activity means not only the reputation of the unit, but also multiple renovations and modifications, which are dictated by the need to ensure the proper level of infrastructure and technical safety in the hospital buildings, legal constraints and growing expectations of hospital patients.

The ward in which we plan to conduct the renovation occupies about **580m² of surface**; it contains about **18 rooms**, half of which are designated for rooms for hospitalized patients. **The ward has 3 public bathrooms, 1 surgery and staff quarters** (i.e., break room, head physician's office, and ward secretary's office). Basic data concerning wards are presented in the table below.

Chart no.1 Activities of the Ward of Surgery in 2019

Parameter	Valuation
Number of beds	28
Number of hospitalized patients	1 360
Person -days	5 859
Bed utilization in %	57,33
Average length of stay	4,31

Source: own elaboration

Present state

Functioning of the ward in the so far state in areas that need improvement:

1. Temperature and air quality. Overheating in patient rooms causes discomfort, particularly acute in the elderly, whose mechanisms of heat dissipation are not as efficient as among younger people. The elderly are usually immobile or their mobility is severely limited. This makes it difficult, if not impossible, for them to move to places with more comfortable temperature. The majority of patient rooms in the hospital building in Sucha Beskidzka are located on the southern side. These rooms are exposed to a lot of solar radiation, which leads to excessive heating, especially intense during the summer months. Despite the measures taken so far to reduce the temperature in the hospital (canopies), there is still a need to improve the thermal and humidity comfort, air cleanliness, reducing draughts with simultaneously maintaining the supply of the right amount of air with optimal parameters for the functioning of the ward. Standard solutions (air conditioners,

fans) generate high operating costs. Their efficiency in summer is low. They have an impact on both the environment and the health condition of people staying in the ward.

2. Conditions in patient rooms and (3) patient rest areas – hospital wards face a shortage of space, both individual and shared. The lack of individual space leads to a lack of intimacy and decreases patient comfort. There is also a lack of space that could be developed into a place for patients and visitors to be together. Patient rooms lack access to the patient's bed on three sides, making it difficult to perform medical and care activities. Insufficient space makes it difficult for staff to perform their duties, increasing stress levels and lowering productivity. We are planning to reduce the number of beds in the ward (currently there are 25), we wish the space thus gained to be used for improvement in the areas set forth above and also to allow for the creation of sanitary facilities in each room.

Currently, patient rooms in the ward are multi-bedded – designed for 2-3 hospitalized people (except for one post-operative 6-bed room and one 5-bed room, which space is larger compared to standard patient rooms). The rooms occupy an area of approximately 13-19 m². The corridor in the ward in question occupies nearly 110 m². Another treatment facility is adjacent to the surgery ward, i.e. the trauma and orthopaedic ward. There is a common entrance between these wards, within which there is a living room (20 m²). Situated outside of the wards doors, the living room is not fully utilized due to its considerable distance from the patient rooms.

4. Sanitation facilities and quality – current solutions are far from sufficient. In addition to the small number of such rooms, they are also not fully adapted to the needs of people with disabilities or temporary limited mobility/ independent activity. In the ward there are two rooms for patients with full sanitary facilities with an area of approximately 8m². Total space devoted to sanitary and bathing facilities in the ward constitutes approximately 43m², i.e. 7% of the area of the surgical ward.

5. Communication – current solutions make communication between staff and between staff and patients more difficult; they force staff to perform routine activities that could be carried out in a different way (without the participation of staff). Currently, there is no solution in the ward that would facilitate the work of the medical staff to some extent.

6. Ward lighting – artificial lighting meeting the legally required standards is not fully satisfactory. Likewise the conditions in the ward with daylight only. The influence the comfort of stay and work is affected by the excessive intensity of light at night and the lack of possibility to control its intensity by an individual user – both a patient and an employee. Currently, wards use general lighting in the form of fluorescent and incandescent fixtures (60W). There are 3 lighting points in each patient room. Ward corridors are illuminated by approximately 20 light or bulb fixtures.

Remedial actions

Hospital would like to conduct modernization of the surgical ward by changing the spatial layout of the ward, introducing installations allowing the use of modern technologies, etc. which would allow to:

- eliciting the improvement of clinical outcomes,
- improving comfort of the ward for patients and visitors,
- improving of staff comfort,
- reducing the need for human labour.

We see this approach as an opportunity to implement innovative, previously unused solutions in the healthcare sector.

The renovation is planned in the period : VIII.2022-VII.2023.

With respect to the ideas set forth above, we expect:

(1) Temperature and air quality: Ensuring optimal air parameters (including its appropriate humidity) has an impact on the treatment process, comfortable, safe and hygienic conditions of hospitalization and staff work, reduction in the number of hospital infections. Therefore, we will look for new solutions for air exchange, appropriately prepared depending on the season: cooled and dehumidified or heated, and where required, also humidified.

(2) Conditions in patient rooms and (3) patient rest areas: In addition to the right to treatment, patients should be provided with appropriate social conditions, places for talks with their doctors in private conditions, more space, intimacy, warmer interiors resembling home. Therefore, we want solutions that will favour the treatment process and facilitate work, meeting the requirements for the functioning of hospital wards, conditioned by relevant regulations. We wish to change the model of care by enhancing and encouraging patient mobility while creating the conditions in which it can happen. We wish to implement patient- rather than bed-centric solutions. The lack of space, the actual inability to expand the ward and occupy more space, and the current way the ward operates, prevents the creation of single rooms and a more spacious rest area for patients. Therefore, we are looking for solutions that will improve the current conditions and increase the comfort of each ward user, taking into account ward space.

(4) Sanitation facilities and quality: The rooms must be adapted to the needs of people with different degrees of disability. The applied solutions and equipment should provide maximum comfort of using for patients and allow for maximum independence when using the rooms set forth above, while ensuring privacy.

(5) Facilitating communication: We wish to implement technologies that allow us to organize the work of the ward in such a way as to limit the participation of staff in tasks that could be done with the use of these new technologies. We want staff to address issues that are crucial to clinical processes and be able to spend as much time as possible interacting with patients. We want to be able to perform routine medical tasks remotely or automatically such as: taking a temperature, consulting an emergency physician or contacting an emergency nurse, etc. The solution should also provide the patient with real-time access to information about the results of at least the basic tests and treatment plan, as well as other information that may be crucial to the patient (e.g., hospital procedures for care or discharge from the hospital, post-hospitalization recommendations, etc.).

(6) Ward lighting: We want the proposed solution to take into account that lighting that is not adapted to people's needs disrupts the daily rhythm with consequences for health (patients, staff); we want to be able to provide patients and staff with access to natural light as far as possible. We would also like to move away from a "bed-centric" approach to ward functioning. We would like patients not to feel tethered to them. We wish to create

the conditions and encourage them to be more active during their stay in the ward, to live a life close to the home one and create the conditions to make it possible. Of course, in a way that is safe for them.

IV. MARKET CONSULTATIONS

1. Legal basis of the consultations

Article 84 of the September 11, 2019 – Public Procurement Law.

2. APPLICATION FOR PARTICIPATION IN MARKET CONSULTATIONS


1. Entities interested in participating in the consultations that meet the requirements set out in the present Announcement “will submit applications to participate in the market consultations (Annex no.1) *along with other documents indicated in this Announcement.*
2. Applications may be submitted:
by e-mail to the following address:
<http://www.platformazakupowa.pl/pn/zozsuchabeskidzka>
3. Deadline for submitting applications: until 01.07.2021. The date of receipt of the application by the Commissioning Party will be decisive.
4. The Commissioning Party will not be obliged to invite entities that submit an application to participate in market consultation after the deadline.

V. CONSULTATION PRINCIPLES

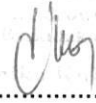
1. Market consultations will be conducted in accordance with the provisions of the Public Procurement Law and the provisions of the “Terms and Conditions for Conducting Market Consultations” published on the Commissioning Party’s website.
2. A condition for participation in market consultations is the submission of an application, which forms Appendix no.1 to this Announcement, altogether with a document certifying the duly authorized representative of the applicant, by the deadline specified in the present Announcement.
3. The Commissioning Party will invite entities that: have submitted an application-notification to participate in Market Consultations by the deadline specified in Section II, Point 3. The invitation will be sent to the e-mail address indicated in the application to participate in market consultations.
4. Market consultations will be conducted in Polish language. Documents drawn up in other languages will be accompanied by translations into Polish.
5. Consultations will be public, subject to § 3.7 of the “Terms and Conditions for Market Consultations”.
6. Market consultations will be conducted in the form of individual meetings with Contractors. The Contractor is obliged to prepare for the meeting a presentation of the offered solution (preliminary offer in a paper version, multimedia presentation, indexes, folders, etc.)
7. The consultation is expected to be completed by 30.08.2021
8. The team will not be liable for accidental disclosure of the content of the submitted materials, which may be particularly important if the company secret is claimed.

Appendixes:

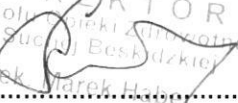
1. Market Consultation Terms and Conditions.
2. Application – application for participation in Market Consultations.

Kierownik
Działu Usług Medycznych

mgr Sabina Steczek
.....

(draftsman's signature)


.....

(chairman's signature)

DYREKTOR
Zespołu Opieki Zdrowotnej
w Suchej Beskidzkiej

.....
lek Marek Habo

(approver's signature)