**Notice of Intent to Certify Sole Source**

**To:** Interested Parties

**From:** Dr. Paul Veregge

CIO/CMIO

**Date: October 1, 2018**

**Re:** Sole Source Certification Number **SS9099** for HD Nursing Falls Program

**Contact Email Address:** [solesource@umc.edu](mailto:solesource@umc.edu)

**Sole Source Certification Award Details**

Regarding UMMC Sole Source Certification Number **SS9099** for **HD Nursing Falls Program**, please be advised that UMMC intends to award the purchase of the **HD Nursing Falls Program** to **HD Nursing, LLC** as the sole source provider of the **HD Nursing Falls Program**.

UMMC issues this notice in accordance with Mississippi state law, policy, and procedures for sole source procurements.

Sole Source Criteria

1. Where the compatibility of equipment, accessories, or replacement parts is the paramount consideration (and manufacturer is the sole supplier).
2. Where a sole supplier’s item is needed for trial use or testing.
3. Where a sole supplier’s item is to be required when no other item will service the needs of UMMC.

**Schedule**

|  |  |
| --- | --- |
| **Task** | **Date** |
| First Advertisement Date | October 4, 2018 |
| Second Advertisement Date | October 11, 2018 |
| Response Deadline from Objectors | October 18, 2018, at 3:00 p.m. Central Time |
| Notice of Award/No Award Posted | Not before October 18, 2018 |

**Project Details**

1. **Describe the commodity/service that the agency/institution is seeking to procure:**

The HD Fall Program is utilized to help reduce falls related injuries. Not only does this program offer a tool to assess the fall risk of our patient population but it also provides nursing interventions to support the plan of care, and post fall assessment tool as well. This program individualizes patient fall risk care by providing a validated falls scoring tool the interfaces with Epic.

1. **Explain why the commodity/service is the only one (1) that can meet the needs of the agency/institution:**

Fall rates are natural, nursing, quality metric that’s measured, reported to NDJQI, and utilized to improve patient care. There are TJC requirements related to falls and this program helps drive the regulatory requirements.

1. **Explain why the source is the only person or entity that can provide the required commodity/service:**

The HD Nursing Falls Program is the only comprehensive falls management program that individualizes patient falls risks care by providing a validated falls scoring tool that was developed and tested together with a falls care plan and toolkit for sustainability purposes. The tools that comprise the HD Falls Program are unique and are not available in any other type of falls program.

They are not available from any other distributor. See supporting letter from HN Nursing, LLC Attachment A.

1. **Explain why the amount to be expended for the commodity/service is reasonable:**

The estimated amount to be expended is for the purchase of the **HD Nursing Falls Program** is **$58,000.00**. This amount is within the expected price range for these products.

1. **Describe the efforts that the agency/institution went through to obtain the best possible price for the commodity/service:**

Through market intelligence, UMMC was able to negotiate best pricing for these products. All applicable discounts were explored and applied.

**Submission Instructions and Format of Response from Objecting Parties**

Interested parties who have reason to believe that the **HD Nursing Falls Program,**  (hereafter, “Products”) should not be certified as a sole source should provide information in the Vendor Form for the State to use in determining whether or not to proceed with awarding the sole source to HD Nursing, LLC. The Vendor Form may be found at <http://www.dfa.state.ms.us/Purchasing/documents/ObjectiontoSoleSourceDetermination.pdf>.

Objections must include the certification in Attachment B.

Comments will be accepted at any time prior to Thursday, October 18, 2018, at 3:00 p.m. (Central Time) to [solesource@umc.edu](mailto:solesource@umc.edu). Responses may be delivered via email to [solesource@umc.edu](mailto:solesource@umc.edu). UMMC WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF RESPONSES. It is solely the responsibility of the Interested Parties that responses reach UMMC on time. Responses received after the deadline and responses that lack all required information will be rejected. UMMC reserves the right to inspect Interested Party’s commodity for comparison purposes.

If you have any questions concerning the information above or if we can be of further assistance, please contact [solesource@umc.edu](mailto:solesource@umc.edu).

Attachment A: Vendor Correspondence

Attachment B: Objection Certification

Attachment B

**SUBMITTED IN RESPONSE TO**

**Sole Source Certification No. SS9099**

**Accepted until Thursday, October 18, 2018, at 3:00 p.m.**

I certify that the information contained in this objection is true and accurate to the best of my knowledge. I understand that UMMC will investigate all statements made in this objection and that any false or misleading information provided may result in adverse action.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Objector Name

Objector’s title

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date