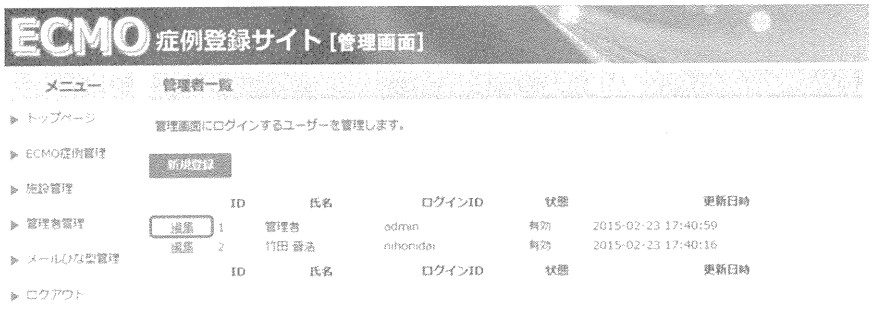
4-2 管理者 編集

①『編集』ボタンをクリックします。

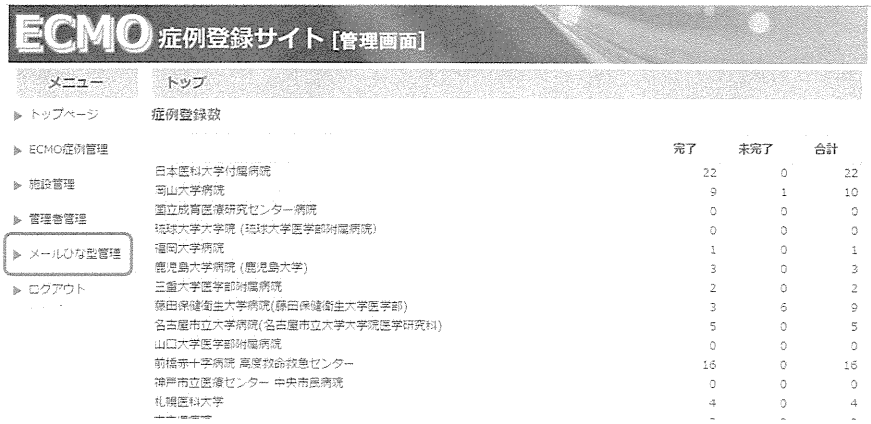


②変更したい項目を修正し、『保存』をクリックします。

5. メールひな形管理

5-1 メールひな形編集

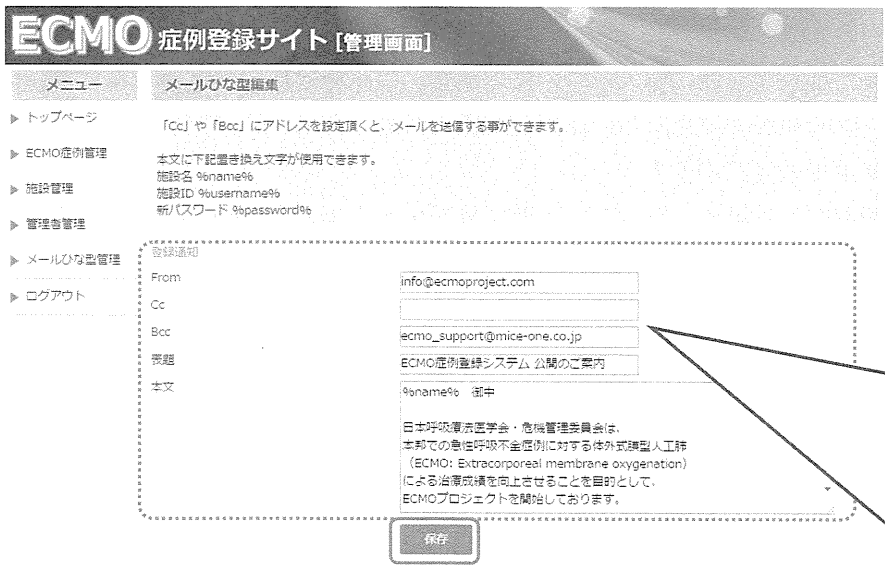
①『メールひな形管理』ボタンをクリックします。



②『編集』ボタンをクリックします。

「登録通知」と「パスワード再発行」メールのひな形編集が行えます。

③『保存』ボタンをクリックします。



・メール表題、メール本文、CC、BCC を設定いただくことが可能です。

現在、BCC の設定に「shinhiro@nms.ac.jp」、「ecmo_support@mice-one.co.jp」となっております。

送信元は、「info@ecmoproject.com」となります。

※送信メールアドレスへの返信は不可の想定ですが、万一返信があった場合、竹田先生のメールアドレス「shinhiro@nms.ac.jp」へ転送となります。

C. 評価法の情報収集

研究担当者：
東邦大学医学部医学麻酔科学講座　教授　落合　亮一

教育環境の整備と将来的展望を調査するために，英国ロンドン，セント・トーマス病院の重症呼吸不全病棟を訪れ，責任者の Nicholas Barrett と面談し，英国のシステムについて検討を行った．つまり，英国厚生省（NHS）が重症呼吸不全センターを作り，毎年，評価・維持を行っているシステムについて，その構造的意義について情報収集を行った．さらに，実際の重症呼吸不全センターにおけるオペレーションを調査した．

1. Pre-qualification Questionnaire

施設選抜の前提条件についての情報を以下に要約する（詳細は，次ページ以降に掲載）．

Section A：候補者の詳細情報
- 代表者名，職位，組織形態，目的とする医療を提供可能であることを証明，他の組織の一部ではないこと，関連施設がある場合にはその組織名
- 医療機関としての情報と代表者の情報：地域医療を日常的に提供していることがポイントの一つである．

Section B：法的・制度上の問題
- 過去 3 年間における当該施設を対象として医事訴訟の有無とその内容，医事訴訟の可能性のある状況，有罪判決となった施設ならびに個人についての情報，当該施設にいかなる就業状態においても勤務中の個人で，医師免許の停止あるいは失効処置が行われたものについての情報，百万ポンド以上のプロジェクトで未完了のもの
- 基本的に，法的な問題を有する場合，ならびに大型プロジェクトが未完の場合を厳しくチェックすることが必要である．

Section C：経済的，経営的状況
- 過去 2 年間の経営上の情報
- 英国の病院経営，医療経済が日本と異なるので，ここはあまり参考にならない．

Section D：臨床経験
- 診療状況
  - 多臓器不全を伴う重症症例の集中治療を提供していること
  - 24 時間，365 日相談が可能な，心臓・胸部外科があること

- 専門性
  - 重症呼吸不全の治療について臨床指標を用いて治療方針を示すこと
  - 過去3年間に ICU で治療を行った重症呼吸不全症例のデータを示すこと
  - 過去3年間に ICU で治療を行った重症呼吸不全症例で補充療法 (NO, HFOV, Novalung, ECMO) の詳細を示すこと
- データベース
  - 患者登録を行っていること
  - 予後について報告を行っていること
- 患者搬送
  - 集中治療医学会のガイダンスに則って搬送していること
  - プロトコールを示すこと
- 臨床的ガバナンス
  - 治療についての意見が対立した場合の方策 (escalation policy) があること
  - 緊急時のプランがあること
  - 非臨床的理由による患者転送
- 患者安全管理
  - インシデントレポートのシステムがあること
  - フォローアップやフィードバックにより啓発すること

Section E : health and safety 医療従事者の健康と安全
- 国の決める労働条件について，従っていることを証明すること

Section F : Workforce マンパワー
- 医療者のマンパワー
  - 医師
  - 看護師
  - 他職種の必要度
- 雇用
- コンプライアンス
- 教育：重症症例の管理についての教育システムを示すこと

Section G : IM & T 情報マネージメントとテクノロジー
- 患者登録のためのノウハウを知っていること
- 病院情報システムに精通し，患者情報が安全に管理されていること

Section H : Local integration 地域連携
- 地域における重症患者受け入れ施設の連携について
  - 連携の具体的なシステムを述べる.
  - 連携の仕組みについて述べる.
  - 協働によって得られた知識の内容について述べる.

- 地域連携ネットワークの責任者からの紹介状で以下の確認をすること
  - ネットワークで実際に活動しているメンバーのリスト
  - 診療内容の向上に寄与していること
  - 毎年の聴聞会に出席していること

Section I・J（日本語に該当せず，割愛）

詳細は，次ページ以降に掲載する．

SECTION A

Details of the Potential Bidder and its business structure

A copy of this Section must be completed by the Potential Bidder Please provide the name and other required contact details of the Potential Bidder itself (i.e. not a Parent or affiliate company).

Potential Bidder Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Website address:	

A.1 Potential Bidder Nominated Representative (person for contact purposes).

Name:	
Address:	
Telephone:	
Fax:	
Email:	

A.2 Please state the legal status of the Potential Bidder

Private Limited Company		Public Limited Company	
Partnership		UK registered branch of overseas company	
Trust		Foundation Trust	
Social Enterprise		Other (please specify)	

A.3 Please put a cross (X) in the appropriate box(es) to state the Potential Bidder's type of organisation:

NHS		**Independent Sector**		**Other (please specify)**	

A.4 Please confirm that the Potential Bidder has the necessary consents, powers and authority to bid for, and provide, the Services.

Yes		**No**	

Declaration of Consent

A.5 Where the Potential Bidder is not incorporated, please describe the (proposed) business structure.

Response

A.6 Please identify the structure of the Potential Bidder and the component elements / entities that make up any Relevant Organisations including the names of any partners and/or partner organisations in the procurement process.

It may be useful to demonstrate graphically the structure of the Potential Bidder; this should be attached as Annex A.6.

Response

A.7 Please provide full contact details for three referees whom NSCT may approach to comment on the professional competence, capacity and performance of the Potential Bidder. The position and employing organisation of each referee should be clearly stated.

NSCT reserves the right to contact these referees without further recourse to the potential Bidder.

Response	
Referee 1:	
Referee 2:	
Referee 3:	

A.8 Please provide a current, or proposed, organisational chart for the Potential Bidder his should include the clinical and governance leadership positions within the Potential Bidder.

Please show the formal lines of clinical and organisational accountability, within and between the governance structure of the Potential Bidder.

This should be attached as **Annex A.8**.

Response

SECTION B

Legal and Regulatory

A copy of this section must be completed by the Potential Bidder

B.1 Please provide details (including type of claim and estimation of quantum) of any actual or threatened litigation, professional or regulatory or other legal proceedings against any Relevant Organisation within the past three years.

Response

B.2 Please provide details of any known circumstances that may give rise to any actual or threatened litigation, professional or regulatory or other legal proceedings against any Relevant Organisation.

Response

B.3 Please provide details of any criminal conduct of any Relevant Organisation (or any director, officer or senior employee thereof) resulting in conviction or in respect of which a prosecution or investigation is pending or in progress.

Response

B.4 Please state whether any clinical staff currently employed, sub-contracted or otherwise engaged by the Potential Bidder have, during the last three years, had their Professional Registration removed or suspended or whether they are currently under investigation. Provide relevant details.

Response

B.5 Notwithstanding the fact that Regulation 23 of the Public Contracts Regulations 2006 does not apply to this Procurement, please provide a statement that none of the grounds for rejecting a Potential Bidder set out in Regulation 23 and listed in Section M of this PQQ are applicable to any Relevant Organisation. These include both the mandatory and discretionary grounds for rejection.

Where such grounds exist, or the Potential Bidder is uncertain, please provide details.

Response

B.6 Give details of any projects for contracts in excess of £1 million in which the Potential Bidder has been involved where there has been a failure to complete (by the scheduled completion date) or where there have been claims for damages, or where damages have been deducted or reserved within the last three years and where the amount of damages (claimed or ordered) is greater than £100,000. Include, for each project, reasons for the failure or claim.

Response

B.7 Are you registered with the Care Quality Commission? Please provide your registration number.

Response

SECTION C

Financial and Economic Standing

Financial Capacity

Potential Bidders should be aware that Section C is seeking information about the Potential Bidder's financial history. Potential Bidders will only be excluded from further consideration if the Potential Bidder or its Relevant Organisations are clearly unrealistic candidates having inadequate financial resources to undertake the work taking into account any support offered by Parents. Additional information may also be required and should be provided on request. Potential Bidders should be aware that failure to provide any of the information sought in Section C may be interpreted as a fail in Stage 2.

C.1 Please provide the following information for the previous two years (appended to the PQQ submission as Annex C.1):

☐ Copies of the last two years' audited accounts, the latest set of which should be for an accounting period ending no earlier than 12 months before the date of submission of this PQQ. [the evaluation may include, but is not not be limited to, consideration of contingent liabilities, provisions, rights issues, acquisitions and disposals, off-balance sheet finance, gearing, liquidity, ownership structures, future business plans].

☐ Any published interim accounts (for public limited companies) or management accounts (for non-plcs) relating to periods after the latest audited accounts.

☐ Cash flow statements for the last two financial years, prepared in accordance with [Financial Reporting Standard 1 (Revised)].

☐ Details of any event between the date on which the latest set of accounts was authorised for issue and the date of the submission of this PQQ that, had the accounts not been authorised for issue until this submission date, would have required to be adjusted for, or disclosed in accordance with, International Accounting Standard 10.

☐ Statement of overall turnover and the turnover for Clinical Services contracting projects for the previous two years.

☐ Copies of any company announcements made to the authorities of the stock exchange, market or bourse on which the stocks or shares of the company are publicly traded, since the date of publication of the latest set of accounts.

Where the Potential Bidder or Bidder Member does not have sufficient trading history to be able to provide the required information for two years, please provide as much of the information requested above for as many years as are available (minimum one year) and an explanation of why the information is not available for the full two years.

Where audited accounts are not available, please provide:

☐ Unaudited financial accounts used for tax returns; and / or

☐ Management accounts.

C.2 Please provide details if, during the period for which turnover details etc are being supplied (for C.1), the Potential Bidder or Bidder Member's financial performance has been affected by circumstances outside its normal trading activities, eg, company merger, take-over or restructuring, etc.

If not applicable, please enter 'n/a' in the table.

Response

SECTION D

Clinical Experience

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request. Information provided will be tested robustly at ITT stage.

Clinical Services

D.1 The potential bidder must have experience in providing critical care services with expertise in the specialist management of critically ill patients with multi-organ failure. Please confirm that the intensive care unit (ICU) provides the following.

	Yes	No
Level 3 care		
Evidence based protocols which take account of current professional guidance		
Use of appropriate care bundles		
Provision of multidisciplinary weaning programme		

Please confirm compliance, or evidence of working towards compliance, with the following guidance.

	Yes	No
NICE Clinical Guideline 50: Acutely ill patients in hospital		
NICE Clinical Guideline 83: Rehabilitation after critical illness		

D.2 There should be co-location of adult cardiothoracic services which provides consultant cover 24 hours a day, 7 days a week. Please confirm availability and access.

	Yes	No
Co-location of cardiothoracic surgery		
Consultant cover 24/7		

Specialist Knowledge: Critical care

D.3 Please provide details of how the ICU manages patients with severe respiratory failure including the clinical indicators you currently use to define this group, information on the case mix and specialist technologies and skills provided. **Maximum 2000 words (the use of bullet points is acceptable)**

Response

D.4 The potential bidder must have experience in the management of critically ill patients with severe respiratory failure, with reference to best practice guidelines. Please provide details of number of ventilated patients treated in the intensive care unit over the past 3 years.

	Number		
	2010-11	2009-10	2008-09
All ventilated patients			
Ventilated patients with a P/F ratios <40 kPa			
Ventilated patients with P/F ratios <26.7 kPa			

D.5 Please provide details of the use and frequency of use of adjunct therapies used in the management of patients with severe respiratory failure over the past three years.

	Provided	Number of case per year		
Adjunct therapy	Yes / No	2010-11	2009-10	2008-9
i. Nitric oxide				
ii. High frequency oscillatory ventilation				
iii. Novalung				
iv. Respiratory ECMO				

If respiratory ECMO is undertaken at the Trust please confirm that outcome data is submitted to the Extracorporeal Life Support organisation (ELSO).

	Yes	No
Data submitted to ELSO		

Data Collection: Critical Care

D.6 Please confirm that the Intensive Care Unit

- Collects the Critical Care Minimum Data Set (CCMDS)
- Participates in ICNARC Case Mix Programme **or** that data is collected on internal database and outcome data reported within the Trust

	Yes	No
CCMDS collected		
ICNARC Case Mix Programme OR Internal database with outcome data reported		

Transfers & transport: critical care

D.7 Potential bidders should confirm the following arrangements are in place.

	Yes	No
Transfers in accordance with Intensive Care Society Guidance		
Protocol (which is based on ICS guidance)		

Clinical Governance

D.8 i. Please confirm that the intensive care unit has the following:

- Escalation policy
- Plans to manage critical care capacity in situations of 'rising tide' or 'sudden incidents' rate

	Yes	No
Escalation Policy		
Emergency planning		

ii. Please provide the non-clinical transfer rate for the intensive care unit for the past 3 years.

	Rate (%)		
	2010-11	**2009-10**	**2008-09**
Non-clinical transfer rate			

If there are mitigating circumstances please provide details

Maximum 200 words

Response

D.9 Patient Safety

i. Please confirm that the intensive care unit has a policy or process for:

- Reporting critical incidents
- Follow up actions and feedback including effective lessons learnt
- Reporting Never Events

	Yes	No
Critical incidents		
Follow up actions		
Never events		

ii. Please provide details of the reporting process for critical incidents in the intensive care unit, with reference to best practice guidance.

Maximum 1500 words (the use of bullet points is acceptable)

Response

D.10 Please provide details of how any performance indicators for the critical care service are currently met and audited, including:

- Reporting requirements of all Healthcare-Associated Infections (HCAI)
- Current indicators used to measure quality against agreed clinical standards for the ICU.
- Delivering national and regional required quality indicators for critical care.

Maximum 1500 words (the use of bullet points is acceptable)

Response

Section D: Key guidance documents

Department of Health

Department of Health, *Adult Critical Care: Specialist Pharmacy Practice*, DH 2005

Department of Health, *Quality Critical Care: Beyond 'Comprehensive Critical Care'*: A report by the Critical Care Stakeholder Forum, Department of Health / Emergency Care, DH, 2005

Department of Health, *Comprehensive Critical Care: a review of adult critical care services*, DH 2000

Intensive Care Society

Intensive Care Society, *Quality Indicators* (draft), ICS Guidelines, 2011

Intensive Care Society, *Levels of Critical Care for Adult Patients*, ICS Guidelines, 2009

Intensive Care Society, *Standards for Consultant Staffing of Intensive Care Units*, ICS Guidelines 2007

Intensive Care Society, *Weaning Guidelines*, ICS Guidelines 2007

Intensive Care Society, *Standards for Critical Incident Reporting in Critical Care*, ICS Guidelines, 2006

Intensive Care Society, *Guidelines for the Transport of the Critically Ill Adult,* ICS 2002

National Institute for Health and Clinical Excellence

National Institute for Health and Clinical Excellence, *Rehabilitation after Critical Illness*, NICE guideline 89, 2009

National Institute for Health and Clinical Excellence, *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital,* NICE guideline 50, 2007

Other

British Association of Critical Care Nurses, *Standards for Nurse Staffing in Critical Care*, BACCN, 2009

UK Expert Group, *Management of Severe Refractory Hypoxia in Critical Care in the UK in 2010*, Report from UK Expert Group, 17th December 2010

SECTION E

Health and Safety

Potential bidders should be prepared to submit further documentary evidence to support their responses in this section at the tender stage or on request.

All employers have a duty of care imposed on them to protect their employees.

The Health and Safety at Work Act 1974 covers all work places and states that an employer must do everything reasonably practicable to provide a safe and healthy workplace.

Additionally, any business employing five or more people has, by law, to have in place Health and Safety Policy statement, which as minimum should contain:

- A General Policy Statement – a short statement outlining the organisation's commitment to Health and Safety, signed and dated by the senior organisation official (for example, the Managing Director);
- Details of how the organisation addresses health and safety with lines of communication between managers and staff; and any specific duties/responsibilities for health and safety assigned within the organisation; and
- Details of systems and procedures in place for monitoring, managing and ensuring employees' health and safety at work.

E.1 Potential Bidders should confirm that they are compliant with the Health and Safety at Work Act 1974 and regulation 4 of the Management of Health and Safety at Work Regulations 1992 (or EU equivalents), as a minimum requirement you must confirm the following are in place:

- Policy on the organisations commitment to Health and Safety;
- Formal health and safety communication between management and staff (including any specific duties and responsibilities);
- Systems and procedures in place to ensure employee health and safety at work; and
- A named person responsible for implementing the organisation's Health and Safety policy.

Note: Potential Bidders may be required to provide a written statement as required by Section 2(3) ofthe Health and Safety at Work Act 1974 and regulation 4 of the Management of Health and Safety at Work Regulations 1992 (or EU equivalents).