

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**REQUEST FOR QUOTATIONS/QUALIFICATIONS
ASSITANT MEDICAL DIRECTOR FOR TRAVEL CLINIC**

Project overview

The Cuyahoga County Board of Health (CCBH) seeks a qualified contractor to provide assistant medical director and support services for the Cuyahoga County Travel Clinic Program.

Duration of services

CCBH is seeking services from July 1, 2018 through December 31, 2019 with the potential for annual calendar year renewal of services. The contract start date may begin earlier, to allow for an orientation period. It is estimated that the assistant medical director will commit approximately 8 hours per month of direct clinical service during scheduled clinic times.

Scope of work

The travel clinic provides a travel assessment, vaccines, and prescriptions to help prevent illness during international travel for clients. The assistant medical director of the travel clinic conducts travel assessments in coordination with a public health nurse. The following types of questions are asked of each client:

- When does your trip begin?
- What countries will you visit? In what order?
- How long will you stay in each country?
- What types of places will you stay? Hotels? Homes?
- Where will you eat your meals and get water to drink?
- In what types of activities will you take part?
- Do you know if insects are a problem where you are going?
- Do you have allergies, a chronic illness or medical condition? Are you pregnant?
- What medications do you take?
- What vaccines have you already had?
- What vaccines do you need to get?
- How to schedule needed vaccines?

Some vaccines can be given together, some require more than one dose and some must be separated in time from other vaccines.

Available travel vaccines include the following:

- Yellow Fever,
- Typhoid

Hepatitis A
Hepatitis B
Meningococcal
Japanese Encephalitis
Tetanus
Influenza
Polio
Measles, Mumps, Rubella (MMR)
Rabies

Deliverables

- Participate in a minimum of two (2) clinic sessions of approximately 4 hours per clinic per month
- Additional travel clinic sessions may be added during peak travel season(s)
- Work in coordination with public health nurse and clinic supervisor
- Invoice for work performed on a monthly basis using prescribed forms

General Duties

Serve as a backup to the medical director as requested.

Information requested from contractor

The following items listed below must be included with all quotes, for quotes to be considered.

- Business establishment date and years of experience performing work of this nature
- Identify how deliverables will be met
- List skills and qualifications
- One to two paragraphs telling us why you or your agency is the best fit for this job
- Pricing document - provide your proposal for this project, including your cost/hourly rate for services
- At least three references (using CCBH form attached)

Information about the selection of the contractor

Proposals will be reviewed by a team of individuals consisting of CCBH representatives, to determine if the proposal adequately addresses the elements of the RFQ. Based on this review, a contract will be awarded to the most responsive proposal.

Insurance requirements

CCBH will procure a policy of insurance insuring Physician against liability on account of damages or injury to persons and property resulting from any act or omission of Physician acting within the scope and course of the services provided by the assistant medical director.

Submission of quotes

Quotation documents are due by Friday, May 11, 2018 at 4:30pm.

Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health
Attention: Claire Boettler
5550 Venture Drive
Parma, Ohio 44130
(216) 201-2001 ext.1504
cboettler@ccbh.net

CONTRACTOR REFERENCE SHEET

INSTRUCTIONS:

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:**CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:**