

HABERSHAM COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: Medical Supply Vendor

DATE: 06/21/2021

(X) RECOMMENDATION

() POLICY DISCUSSION

BUDGET INFORMATION:

() STATUS REPORT

ANNUAL-

() OTHER

CAPITAL-

COMMISSION ACTION REQUESTED ON: June 21, 2021

PURPOSE: Recommend the approval of 3 vendors for the purchase of EMS medical supplies to be funded through the annual budget line item.

BACKGROUND / HISTORY: The EMS call volume generates a significant use of supplies requiring replenishment or replacement. Since the merger in 2018, 3 companies have been selected based on a bidding procedure, to meet the needs of Habersham County Emergency Services. These companies have provided preferred pricing on commonly used supplies as well as equipment and supplies having been requested.

FACTS AND ISSUES:

- a. Medical supplies are needed to maintain the level of care expected by the service.
 - b. The State Office of EMS mandates a list of equipment for each med unit.
 - c. Occasionally, the supplies are not used prior to an expiration date, and must be replaced.
 - d. In reviewing the bids submitted by 9 companies, Quadmed, Henry Schein and Nashville Medical offered the best pricing.
 - e. Boundtree has been a vendor used by HCES for the past 3 years and has provided exceptional pricing and service. Boundtree placed 4th in the bidding, but all were close within their pricing overall.
 - f. Nashville Medical, while listed as one of the preferred providers since the merger, was not utilized, due to the excellent customer service by the other two companies. Henry Schein and Boundtree have both reached out to the HCES administration to offer supplies and support. By having the relationship with both companies, this provided to be an excellent resource through the pandemic.
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OPTIONS:

- 1) Approve recommendation
 - 2) Deny recommendation
 - 3) Commission defined alternative
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RECOMMENDED SAMPLE MOTION: Move to approve Boundtree, Henry Schein and Quadmed as the preferred providers for Habersham County Emergency Services.

DEPARTMENT:

Prepared by:

Director: _____

**ADMINISTRATIVE
COMMENTS:**_____

_____ **DATE:** _____

County Manager
