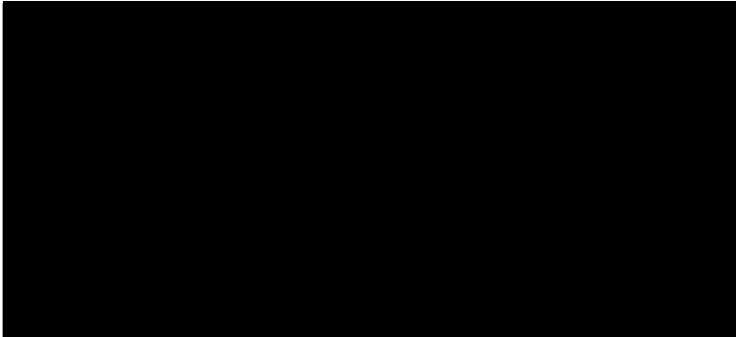


12 June 2020

**Auckland DHB**  
**Chief Executive's Office**  
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**Re Official Information Request – Tenders for ARISU and Short Stay Unit - #2**

I refer to your official information request dated 21 May 2020 requesting the following information:

**We act for Rauland NZ Limited. On behalf of our client we request the following information pursuant to the Official Information Act 1982 and/or the Privacy Act 1993:**

- 1. Details relating to the award of tender for the Auckland DHB's Auckland Starship Hospital Short Stay Unit (Short Stay Unit) construction project, limited only to the Nurse Call System Scope of Works aspect of the project, specifically:**

Attached email from Project Manager to Emma Maddren, GM Child Health outlining the decision process for selecting the Merlon system. Please note that we have redacted commercially sensitive information in the email under section 9(2)(b) of the Official Information Act as the information would be likely to unreasonably prejudice the commercial position of the person who supplied or who is the subject of the information.

- 1.1 A list of all of the entities/companies/organisations that submitted tender proposals for the Scope of Works – Nurse Call System aspect of the project.**

Opine PCS Ltd. (Merlon) and Rauland NZ Limited

- 2. Details relating to the award of tender for the Auckland DHB's Auckland Hospital Adult Rehabilitation and Integrated Stroke Unit (ARISU) construction project, limited only to the Nurse Call System Scope of Works aspect of the project, specifically:**

- 2.1 A list of all of the entities/companies/organisations that submitted tender proposals for the Scope of Works – Nurse Call System aspect of the project.**

Auckland DHB engaged a lead construction contractor who tendered for a compliant system. Accordingly the information you have requested is not held by Auckland DHB and therefore we are declining your request under section 18(g) of the Official Information Act.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
Chief Executive

**From:** Allan Johns (ADHB)  
**Sent:** Thursday, 04 June 2020 09:13  
**To:** Allan Johns (ADHB)  
**Subject:** FW: Nurse Call - Daystay recommendation

**From:** Kathryn Waldon (ADHB)  
**Sent:** Tuesday, 06 November 2018 4:19 p.m.  
**To:** Matt Johns (ADHB)  
**Subject:** FW: Nurse Call - Daystay recommendation

Hi Matt  
FYI below. I will let you know when I have a formal response.

With kind regards

**Kathryn Waldon**

Project & Portfolio Manager | Health Information & Technology | **Auckland District Health Board**  
Mob: +64 21 964 024 | [kwaldon@adhb.govt.nz](mailto:kwaldon@adhb.govt.nz)

**From:** Kathryn Waldon (ADHB)  
**Sent:** Tuesday, 06 November 2018 4:04 p.m.  
**To:** Emma Maddren (ADHB)  
**Cc:** Michael Shepherd (ADHB); Sarah Little (ADHB); Joanne Bos (ADHB)  
**Subject:** Nurse Call - Daystay recommendation

Dear Emma

There are two options for the replacement Nurse Call system in the Daystay Unit. With help from Romana, Wendy & Paula, we did a very high level comparison of the two to contribute to a recommendation for the most practical solution for Child Health Daystay Unit.

Following is a summary of the comparison:

**PURCHASE PRICE**

- Merlon [REDACTED] versus Raulands [REDACTED] [both quotes include TV interfaces].

**INSTALLATION COST**

- There is no healthAlliance cost for Merlon [Supplier does it all and it is included in his price] versus *approx.* [REDACTED] for hA to install Raulands on ADHB network.

**SUPPORT COST**

- Support from Opine [Merlon] is T&M billed to Facilities in response to a Biems request versus Raulands cost is [REDACTED] pa [REDACTED] per month] for Daystay Unit.

1. Aesthetically Raulands product is nicer. [i.e. The Raulands patient handsets are somewhat more modern and less clunky than the Merlon style. The Merlon Annunciator that has typically been installed in the DHB is a style single panel, Merlon can supply the TV Monitor panel like Raulands and that lifts the style of the system considerably - aesthetic but really changes perspective].
2. Both Merlon & Raulands can supply combined patient handset which includes TV and Light controls. [However Raulands TV interface cards are specific to TV models and more expensive from a TCO perspective, and have proved problematic in SSH L5.]

3. Merlon IP is already widely installed in over 60% of the hospital, versus Raulands is installed in two wards of the DHB.
4. Merlon has its own separate data network and has a small efficient backend architecture, versus Raulands is larger in comparison [n.b. Daystay has very limited comms room space and will struggle to accommodate the Raulands head-end components.]

I have attached the most recent Supplier quotes - it is important that the Service carefully reviews the quotes before accepting one [although does facilities formally do this perhaps?].

Facilities are waiting on a decision on which Nurse Call system to specify in their requirements documents.

[REDACTED] selecting either Raulands or Merlon would be in line with that.

[REDACTED]

I understand that, once the DHB telephony infrastructure matures, both systems will be capable of Wifi messaging and with investment both can deliver complex reporting.

Based on the following conclusions concerning Merlon IP Nurse Call system, I would recommend this for the Daystay Unit refurbishment project.

Merlon IP:

- Purchase cost is lower by approx [REDACTED] [Merlon [REDACTED] Vs Rauland [REDACTED]
- Has no additional hA installation costs.
- Is fully supported onsite at T&M cost [by Facilities].
- Already has a widespread deployment in ADHB.
- Has largely same features and functions, although a little less aesthetically pleasing.

If you need any further information would you please let me know?

NB I don't claim any skill in doing system comparisons nor expertise to technically assess the two systems – my approach is using common sense and I am very open to critical review or comments concerning any of the above – my goal is to help ADHB/Child Health make the best informed choice with the information we can find.

With kind regards

**Kathryn Waldon**

Project & Portfolio Manager | Health Information & Technology [Previously IMS]

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