

STATE PROCUREMENT OFFICE EMERGENCY PROCUREMENT REQUEST

| 1. TO: | Chief Procurement Officer | | |
|---|---|--|---|
| z.FROM: | Orianna Skomoroch, Regional CEOKauai | | |
| | Department/Division/Agency o §103D-307, HRS, and Subchapter 10, Chapter 3-122 | , HAR, the Department reque | ests approval for the following: t YES xNO |
| 5. Nature KVMH need company a problem that nurses to re | of the Emergency ds an operating lease for a patient monitoring system for our lind our biomed are unable to secure parts for its repair. Recer at was remedied. However, since that occurrence, the monitoe-boot for continuous patient monitoring. This is a very unsafetion of the patient's potential lethal arrhythmias and the critical would have to limit our ICU admits to one, with nurse monitoring. | r has functioned tenuously. Occ e situation to be in during a critical datarms are non-functioning. Als | asionally, it shuts down requiring the patient event. There would be no |
| | or: Philips Medical Capital | | 7. Price: |
| Addre | ss: 2600 Grand Blvd., Suite 380 Kansas City, MO 64108 | | 60 mth. cost = \$123,956.50 |
| Provide c | ritical ICU monitoring system to ICU at KVMH. | | |
| We have | n for Vendor Selection by budgeted a replacement system in our 108 budge o go with the PHILIPS systems. We would want to ties and upon the recommendation of our biomed | o baisae me cimbs imemo | es within the HHSC System have rue for consistency of repair |
| 10. Direc | t questions to: David Lane | Phone: | 808-240-2734 |
| Jeio Departin | ent Head or Designee | is to the best of my known and the best of the best of my known and the | wledge, true and correct. |
| | | | |

| HAWAII HEALTH SYSTEMS CORPOR. | ATION | PURCHASE REQUEST | | | | |
|---|---------|---|-------------------------------------|--|--|--|
| 1. Date Prepared: 6/13/07 | | | Regional Materials Manager Initials | | | |
| *Please Check One: | | | Regional materials manager menas | | | |
| New PR x - OR - Revised | PR 🗌 | | | | | |
| 2.REQUESTING FACILITY or System | n Wide: | 3. REQUIREMENTS | | | | |
| WKMC/KVMH | | x New Contract - OR - | | | | |
| Name:Mary Ephan Title:AA/COO | | Contract Amendment - Identify Existing Contract # | | | | |
| | | x Goods Services Construction Physician Services | | | | |
| Phone No.: 338-9423 Fax No.: 338-9420 | | Total Contract Value (Current NTE): \$130,000 | | | | |
| Technical Rep. Name: Myron Elliot | | Estimated Amended Contract NTE: \$SAME | | | | |
| Phone: | | Quantity:60 month operating lease | | | | |
| a. Contract Time of Performance/Delivery Dates: Begin Date: ASAP End Date, including option years: 60 month B. Recommended Vendors: Philips Intellivue C. IF Pre-Existing Contract - Identify the Contract Manager/Purchasing Agent if known: d. Miscellaneous Documents/Approval Requirements (e.g. Sole Source, Exemption, Ref. Policy and Procedure PUR 0019). | | | | | | |
| 5. REQUIRED ATTACHMENTS | | | | | | |
| a) Scope of Services b) Specifications c) Vendor Quote/Proposal d) Vendor Contract | | | | | | |
| 6. SIGNATURES | | | | | | |
| Orianna Skomoroch RCEOKaua (Printed Name) (Title) Mike Perel RCFOKaua (Printed Name) (Title) | | | (Signature Date) (Signature Date) | | | |
| Mary Ephan AA-COOK (Printed Name) (Title) | | VMH | (Signature Date) | | | |
| 7. DIRECTOR OF CONTRACTS MANAGEMENT USE ONLY | | | | | | |
| Date Received: Accepted Rejected Purchase Tracking No. | | Comments: | | | | |
| Assigned To: (Contract Manager/Purchasing Agent) (Date) (Dir of Contracts Mgt) | | | | | | |

Emmitt Ford

From:

David Lane

Sent:

Friday, June 15, 2007 12:13 PM

To: Cc: Alice Hall Emmitt Ford

Subject:

Emergency Procurement Request for ICU monitor

Importance:

High

Alice, as we discussed, I am sending the attached request for emergency procurement for our ICU monitor that is rapidly failing. Please expedite and let me know if you need additional information. Thanks!



Emergency equest--ICU Monitor

David Lane, Ph.D.
Physician Practice Management Director--Kauai
Hawaii Health Systems Corporation
808-240-2734 (Office)
808-346-3142 (Cell)
808-338-9420 (Fax)
dlane2@hhsc.org