HAWAII HEALTH SYSTEMS CORPORATION
NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103D, HRS

1. TO: Chief Procurement Officer
2. FROM: Earl Greenia

Department/Division/Agency

Pursuant to §103D-103(b)(4), HR5, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

The vendor will provide and install a Hill-Rom Comlinx Nurse Call system for the first floor Skilled Nursing unit to be integrated with the existing Hill-Rom Nurse Call system located on the second floor Med Surg unit at Kona Community Hospital.

<table>
<thead>
<tr>
<th>4. Name of Vendor: Hill-Rom</th>
<th>5. Price: $125,400.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 1069 State Route 46 East</td>
<td>Batesville, IN 47006</td>
</tr>
</tbody>
</table>

6. Term of Contract: From: 12/01/08 To: 11/30/09

7. Prior Exemption Ref. No.: N/A

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

Competitive procurement is not practicable or advantageous to the State as the Hospital plans to reuse and integrate with the existing Nurse Call system. The current system is fully scalable and is PC based so upgrading or updating the network and infrastructure can be supported by the current installed NCM backbone. The current system is not compatible with any other manufacturer's Nurse Call system or equipment. By not using and expanding the existing system, the Hospital would spend more than it would save in the competitive procurement of a new system.

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:

Pricing will be checked by the Technical Representative to ensure the Hospital is paying the market rate for the equipment and installation. Hill Rom is also a GPO vendor.
10. A description of the agency's internal controls and approval requirements for the exempted procurement:

The Hospital will follow HHSC policies for the exemption request of this procurement.

11. A list of agency personnel, by position, who will be involved in the approval process and administration of the contract:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Involvement in Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earl Greenia</td>
<td>West Hawaii Interim CEO</td>
<td>☒ Approval ☐ Administration</td>
</tr>
<tr>
<td>Lance Anderson</td>
<td>Assistant Administrator</td>
<td>☐ Approval ☒ Administration</td>
</tr>
<tr>
<td>Eric Willis</td>
<td>Director of Facilities</td>
<td>☐ Approval ☐ Administration</td>
</tr>
</tbody>
</table>

Department: Kona Community Hospital
Contact Name: Robin Zehn - Contract Manager
Phone Number: 509-217-6121
Fax Number: 808-322-4488

12. Direct inquiries to:

Agency shall ensure adherence to applicable administrative and statutory requirements

13. I certify that the information provided above is, to the best of my knowledge, true and correct.

[Signature]
Department Head (Print:)

10/27/08
Date

14. Date Notice Posted

The CPO is in the process of reviewing this request for exemption from Chapter 103D, HRS. Submit written objections to this notice to issue an exemption from Chapter 103D, HRS, within seven (7) calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer, HHSC, 3675 Kilauea Ave., Honolulu, Hawaii 96816

Chief Procurement Officer’s comments:

15. ☐ APPROVED ☐ DISAPPROVED

[Signature]
Chief Procurement Officer

11/18/08
Date

[Signature]
Chief Procurement Officer

[Signature]
Chief Procurement Officer

HHSC PUR Policy 0017
Nov 2006
PUR 007