

Posted 11-6

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

09-007

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

Department/Division/Agency

Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

<p>3. Description of goods, services or construction:</p> <p>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.</p>	
<p>4. Name of Vendor: Hill-Rom</p> <p>Address: 1069 State Route 46 East Batesville, IN 47006</p>	<p>5. Price: \$125,400.00</p>
<p>6. Term of Contract: From: 12/01/08 To: 11/30/09</p>	<p>7. Prior Exemption Ref. No. N/A</p>
<p>8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:</p> <p>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.</p>	
<p>9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:</p> <p>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.</p>	

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.

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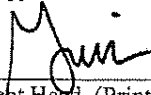
11. A list of agency personnel, by position, who will be involved in the approval process and administration of the contract:

Name	Position	Involvement in Process	
Earl Greenia	West Hawaii Interim CEO	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Administration
Lance Anderson	Assistant Administrator	<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Administration
Eric Willis	Director of Facilities	<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration

12. Direct inquiries to: Department: Kona Community Hospital  
 Contact Name: Robin Zehm- Contract Manager  
 Phone Number: 509-217-6121  
 Fax Number: 808-322-4488

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.

 \_\_\_\_\_ Date 10/27/08

Department Head (Print: \_\_\_\_\_) Date

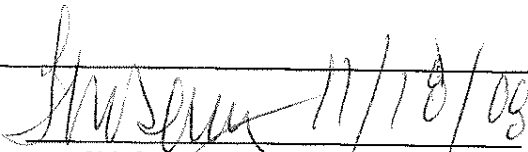
Reserved for CPO/Delegated Use Only

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
- NO ACTION REQUIRED

 \_\_\_\_\_ Date 11/18/08

Chief Procurement Officer Date