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

| | | | 75% |
|------------------|---|-----------------|---------------------------------------|
| | | | 09-010 |
| | ef Procurement Officer | EX | U |
| 2. FROM: Mau | i Memorial Medical Center | • | |
| Depa | rtment/Division/Agency 2(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procur | ement exemption | to purchase the following: |
| 3 Description 6 | of goods, services or construction: | | |
| Hamilton Med | ical Flow Sensors is the only flow sensor that has | to be used v | with the Hamilton |
| Ventilators. I | tem number 53120. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 Name of Vei | ndor: Hamilton Medical | | 5. Price: |
| | | | \$40,000.00 |
| Address: P.O. | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Ren | o Nevada 89520 | | 7. Prior Exemption Ref. |
| 6. Term of | | | No. |
| Contract: | From: 1 yr from signing To: w/1 addition | - | |
| 8. Explanation | describing how procurement by competitive mea | ns is either r | not practicable or |
| advantageous | to the State: | | |
| Hamilton Med | ical flow sensor is the only sensor that would pre | vent a seriou | is and potentially dangerous |
| clinical conditi | ion. See attached. | | |
| | | | |
| | | | |
| 9. Details of th | e process or procedures to be followed in selectin | g the vendor | r to ensure maximum fair |
| and open comp | petition as practicable: | Iditional (1) | wear at which time the |
| The term of the | e exemption will be for (1) year period with an ade-evaluate the services and assess other options at | which time | a determination can be made |
| if services sho | uld be continued, or if any other vendor can provi | de such serv | vices for the hospital. Based |
| on available in | iformation and research the best procurement practice. | ctice will be | competed. |
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| | ne agency's internal contro | ois and app | proval requi | rements for the exe | empted | | |
|---|---|--|--|--|---|--|--|
| procurement: | 1 11 1 2 2 100 0 | 100 . 11 . 41. | | a malaa maliaisa ar | id manaduras | | |
| This exemption s | hall be from section 103-3 | SUZ all oth | er guideline | es, ruies poncies an | in procedures | | |
| | 3D shall be upheld. HHS ct action will be complete | | and proced | utes will be follow | red and periodic | | |
| reviews of contra | et action with oe complete | u. | | | PRODUCTION OF THE PROPERTY OF | | |
| | | | | | Ligitipass | | |
| | | | | | or manufacture. | | |
| 11. A list of agency pe | ersonnel, by position, who | will be in | volved in th | ne approval process | s and | | |
| administration of the | | | | | | | |
| Name | Position | | | | Involvement in Process | | |
| Pat Saka | COO | | | Approval | Administration | | |
| Wes Lo | CAO | | drawin's wife | Approval | Administration | | |
| | | | w | Approval | Administration | | |
| | | | *************************************** | Approval | Administration | | |
| | | | | Approval | Administration | | |
| | | | | Approval | Administration | | |
| | Department: Materials | Managen | nent | | | | |
| 12. Direct inquiries to: | Contact Name: Lyle K | | va | | | | |
| 12. Direct inquiries to. | Phone Number: 442 54 | | | | | | |
| | Fax Number: 242 2773 | | | | | | |
| Agency shall | Il ensure adherence to appl | licable adı | ministrative | and statutory requ | irements | | |
| | | | | | | | |
| ~ | e | ·T | * . ^ | | | | |
| 13. I certify that the in | uformation provided abov | e is, to the | e best of my | knowledge, true o | and correct. | | |
| 13. I certify that the in | | ve is, to the | e best of my | • | and correct. | | |
| of for | - 600 | ve is, to the | | knowledge, true o | and correct. | | |
| 13. I certify that the in | - COU PATRICK SAISA |) | Date | • | and correct. | | |
| of for | - COU PATRICK SAISA |) | Date gee Use Only | 7/24/08 | | | |
| of h | - COU PATRICK SAISA |) | Date gee Use Only | 7/24/08 | | | |
| Department Head (Print: | PARTICK SAISA Reserved for |) r CPO/Delei | Date gee Use Only 14 .Date | 7/24/08 Notice Posted | (-0°) | | |
| Department Head (Print: | FARCICE SAISA Reserved for s of reviewing this request for e |) r CPO/Dele | Date gee Use Only 14 .Date rom Chapter 1 | 7/24/08 Notice Posted | ritten objections to | | |
| Department Head (Print: The CPO is in the process this notice to issue an exe | FATURE FAISA Reserved for s of reviewing this request for elemption from Chapter 103D, HI |) r CPO/Delegence exemption fire. RS, within s | Date gee Use Only 14 .Date rom Chapter 1 even (7) caler | Notice Posted [| ritten objections to ise allowed from the | | |
| Department Head (Print: The CPO is in the process this notice to issue an exe above posted date to: Chi | FATCICE SAISA Reserved for s of reviewing this request for examption from Chapter 103D, HI ef Procurement Officer, HHSC |) r CPO/Delegence exemption fire. RS, within s | Date gee Use Only 14 .Date rom Chapter 1 even (7) caler | Notice Posted [| ritten objections to ise allowed from the | | |
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| Department Head (Print: The CPO is in the process this notice to issue an exe above posted date to: Chi Chief Procurement Office | FATCICE SAISA Reserved for s of reviewing this request for examption from Chapter 103D, HI ef Procurement Officer, HHSC | exemption fr RS, within s | Date gee Use Only 14 .Date rom Chapter 1 even (7) caler uea Ave., Ho | Notice Posted 1 03D, HRS. Submit worder days or as otherwinolulu, Hawaii 96816 | ritten objections to ise allowed from the | | |
| Department Head (Print: The CPO is in the process this notice to issue an exe above posted date to: Chi Chief Procurement Office 15. APP | FARCK SAISA Reserved for s of reviewing this request for examption from Chapter 103D, HI ef Procurement Officer, HHSC er's comments: | exemption fr RS, within s | Date gee Use Only 14 .Date rom Chapter 1 even (7) caler uea Ave., Ho | Notice Posted [| ritten objections to ise allowed from the | | |

11/14/2008 14:14 IFAX **☑** 003/005



Rhäzüns, 15 December 2003

IMPORTANT NOTICE

To all users of HAMILTON MEDICAL Ventilators

Dear valued Customer:

This is to inform you that a serious and potentially dangerous clinical condition may exist when unauthorized critical parts and accessories are used with your Hamilton Medical ventilators.

Background: Hamilton Medical's proximal flow sensors are an Application-Critical Component required for the safe and effective operation of the GALILEO, VEOLAR, AMADEUS and RAPHAEL ventilators. Hamilton Medical's flow sensors have been used for monitoring and control feedback of flow, volume and pressure applications since 1984. The required United States Food and Drug Administration (FDA) safety and performance verification and validation for each instrument is based on the precise flow sensor specifications of authorized Hamilton Medical flow sensors. If Hamilton Medical ventilators are used with flow sensors that do not meet Hamilton Medical's design and performance specifications, the delivered tidal volume, minute volume, airway flow and pressure delivery may not be accurate. Clinical conditions such as, hyper or hypo ventilation, hyper inflation, autoPEEP, high airway resistance, flow and pressure trigger problems and false detection of alarms may result if inaccurate flow sensor data are processed by Hamilton Medical ventilators.

It has recently been brought to our attention that third party companies such as ENVITEC and MAXTEC are distributing a flow sensor in the USA that looks like an authorized Hamilton Medical flow sensor. The flow sensor promotional information might imply that ENVITEC flow sensors are authorized for use with Hamilton Medical ventilators. Please be informed that Hamilton Medical has not received, nor submitted to the FDA for review, any of the required performance verification and validation data necessary to demonstrate the safety and effectiveness of any Hamilton Medical ventilator used in combination with any non-Hamilton Medical flow sensors per Pre-market notification 510(k) regulations. Hamilton Medical considers the substitution of any unauthorized critical components, such as the flow sensor to be a potentially dangerous and an Off-Label use of our ventilators.

Hamilton Medical AG

The Warranty statement found in the Hamilton Medical Operator's Manual specifically defines exclusion of liability due to unauthorized or Off-Label use of Hamilton Medical products;

"The user/owner of these products shall have sole responsibility and liability for any injury to persons or damage to property (including the Product) resulting from:
...E.) Use of damaged, unauthorized, or unapproved components and accessories."

For critical safety reasons, we highly recommend that you evaluate the flow sensors in your institution and immediately discontinue the use of any unauthorized flow sensors being used with any Hamilton Medical ventilator.

To assist you in identifying and further ensuring that you are using only the correct and authorized flow sensors, we are enclosing a descriptive document with photographs and part numbers of both adult/pediatric and infant flow sensors authorized for use with Hamilton Medical ventilators.

If you have any questions or comments, please do not hesitate to contact the Hamilton Medical Quality Assurance and Regulatory Affairs office at 1 800 426 6331, Ext. 208.

Sincerely,

HAMILTON MEDICAL AG

Dr/ Andreàs Scheibe

Head of Quality Management

Enclosure:

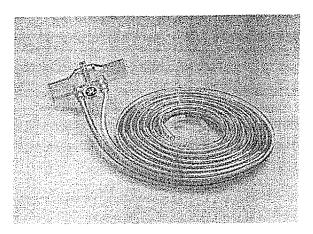
- Flow Sensor Identification Sheet

CC: FDA, CDRH, Office of Compliance, Division of Enforcement

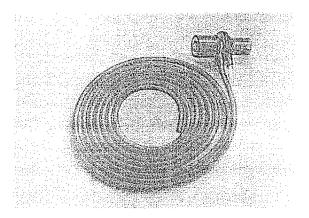
Identification of Authorized Hamilton Medical Flow Sensors

Authorized Hamilton Medical flow sensors are easily identified by the standard Hamilton blue color and product labeling. The Hamilton Medical trademark logo appears on all device labeling and is molded into the device housing. Unauthorized flow sensors will not contain the Hamilton Medical labeling or logo and the flow sensor housing is generally made from a clear/transparent plastic.

Hamilton Medical Authorized Flow Sensors



Adult/Pediatric Flow Sensor sold as Part # 279331, boxed 10/ each case Part # 155362, boxed 10/ each case Part # 53120, boxed 50/ each case



Infant/Neonatal Flow Sensor sold as Part # 155500, boxed 10/ each case