

**EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE**

1. TO: Regional Chief Executive Officer

SS 21-0006

2. FROM: Karah Yoshida

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

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| <p>3. Description of goods, services, or construction: OEC Elite I.I 12" Digital Mobile Standard C-arm</p> |
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| <p>4. Vendor Name: CARIS MedSurg, LLC</p> <p>Address: 627 South St. Suite 100 Honolulu, HI 96813</p> | <p>5. Price: <u>\$194,588.50</u></p> |
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| <p>6. Term of Contract: From: <u>06/30/2021</u> To: <u>06/30/2022</u> (mm/dd/yyyy)</p> | <p>7. Prior Sole Source Ref No. <u>N/A</u></p> |
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8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:

Currently we have one GE OEC 9900 C-arm being utilized within the facility. Due to provider preference and the functionality of the current GE C-arm, there are physicians who will not or can not utilize the other vendor C-arms we have available. With the increasing number of OR cases, managing the utilization of the c-arm equipment is causing much conflict between providers and service lines. The Urology and Orthopedic surgeons have consistently voiced their preference for the GE C-arm, so we'd like to purchase another unit that is similar to the C-arm they are requesting.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:

The proposed c-arm is similar to the GE 9900 unit we already have, but is the latest version which means that it will be supported by the vendor for a longer timeframe. The surgeons are used to the size and shape of this type of c-arm vs. the flat panel configuration of the other c-arms we have which makes it easier for them to adapt to and utilize in their cases.

10: Sole Source No. SS 21-0006

11. Alternate source. The following other possible sources for the good, service, or construction were investigated
but do not meet our needs because: The surgeons are used to the configuration and layout of the current 9900. This provides a more streamlined experience for them and improves physician satisfaction and efficiency. Other vendors would be able to provide a similar unit, but not one that would match the specific layout and design of the GE unit.

12. **Direct any inquiries to:**
Department: Imaging Department
Contact Name/Title: Karah Yoshida / Imaging Supervisor

13 Phone Number: 932-3804
Fax Number: _____

Expenditure may be processed with a purchase order: Yes No If no, a contract must be executed
Agency shall ensure adherence to applicable administrative and statutory requirements.

14. ***I certify that the information provided above is to the best of my knowledge, true, correct and that the goods, services, or construction are available through only one source.***

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6/9/21
Date

Department Head (sign and print name)

Reserved for RCEO/Designee Use Only

15 Date Notice Posted: 6/15/2021

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to: Regional Chief Executive Officer
East Hawaii Region
1190 Waianuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.
 APPROVED DISAPPROVED
 NO ACTION REQUIRED

Regional Chief Executive Officer Date