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

1. TO: Regional Chief Executive Officer

2. FROM: Allen Shih

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

3. Description of goods, services, or construction:
Controlled Substance Surveillance Program

4. Vendor Nan	ne: Inmar		5. Price: \$ 120,000.00 + tax
Address: 1 W. 4th St., Suite 500 Winston-Salem, NC 27101			
6. Term of	Frame: 04/04/2022	To: 42/24/2025	7. Prior Sole Source Ref
Contract: (mm/dd/yyy)	From: 01/01/2023 ()	To: <u>.12/31/2025</u>	No. <u>N/A</u>

- 8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:
- Able to reconcile controlled substances from wholesale to destruction
- Analyze user data for high risk behavior
- Document tracker to customize/standardize investigation documentation
- Proactively audit and document on 100% of controlled substance transactions using AI to help prioritize investigations to employees stealing drugs and working impaired.
- Able to use Kronos data to see if employees are accessing controlled substances off shift.
- 24/7/365 email/online support
- 9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:
- Current system does not give a calculated risk score, only the ability to check after diverting activity is suspected or detected.
- Visibility into wholesaler and reverse distributor
- Can use rebate from expired medications to pay for services

11 Alternate source. The following other pessible sources for t					
11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because:  BD Carefusion – No auditing wholesaler or reverse distributor, no Kronos integration  Bluesight – No ability to monitor Kronos, limited Al  RxAuditor – No proactive auditing features					
12. Direct any inquiries to:	13 Phone Number: 808-932-				
Department: Pharmacy	3055				
Contact Name/Title: Allen Shih/Director of Pharmacy	Fax Number: 808-938				
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 that the goods, services, or construction are available.  Department Head (sign and print name)					
Reserved for RCEO/Designee Use Only					
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					
East Hawaii Region 1190 Waianuenue Ave. Hilo, Hawaii 96720					
East Hawaii Region 1190 Waianuenue Ave.					

10: Sole Source No. <u>23-0172</u>