

STATE OF HAWAII
**REQUEST FOR
 CRISIS PURCHASE OF SERVICE**
 PURSUANT TO §103F-406, HRS

RECEIVED
 State Procurement Office
 8/25/16

To: Chief Procurement Officer

From: DOH / AMHD / HSH
Department/Division/Branch or Office

Pursuant to Section 103F-406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

1. Request made:	<input type="checkbox"/> Before-the-Fact	<input checked="" type="checkbox"/> After-the-Fact
2. Title and description of health and human service(s):	Emergency medical, triage, treatment and surgery followed by ICU recovery in a South Carolina Hospital facility. Due to an assault, a Hawaii State Hospital patient needed emergency and specialized medical care.	
3. Provider Name and Address:	Palmetto Health Richland, 5 Richland Medical Park Columbia, SC 29203	
4. Total Contract Funds:	\$240,000	
5. Term of Contract:	Start: 6/9/16	End: 7/3/16
	Crisis purchases of service are limited to current needs only. Enter justification for length of contract: No contract or agreement. Patient was removed when medically cleared to do so safely.	
6. Describe the nature of the crisis condition (pursuant to section 3-147-201, HAR):	Hawaii State Hospital (HSH) has patients receiving specialized care not available in Hawaii, in a South Carolina forensic healthcare facility. On 6/9/16 one such patient was assaulted. The patient was rushed to a Palmetto Health Richland's Emergency Unit with a serious life threatening head injury (intracranial hemorrhage) and had to be placed on a ventilator and undergo multiple surgical procedures: tracheostomy, feeding tube placement, intravenous and intra-arterial catheters. He was, and still remains in a persistent vegetative state with grievous neurologic damage. He was then transferred to a specialized post-acute care facility to receive specialized ventilator and other care, no longer requiring intensive medical care in a trauma facility but now requiring more long term, specialty medical and nursing supportive care.	

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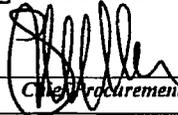
7.	Describe the reason for selection of the provider (including description of practicable competition):	<p>HSH must utilize the nearest emergency medical services when there is a life threatening injury. When needing emergency medical services in a remote part of South Carolina, our contractor must do the same. Our Medical director likewise approved the necessary emergency and critical care services when there was a life threatening injury to our patient in South Carolina. Our contractor took the most expedient measures to assist the injured patient. Emergency and critical care services include fees for transportation, emergency room, physicians and nurses, lab tests, medications, recovery room charges, therapies, consultations and more. Initial (after-the-fact) invoices have been received for this crisis procurement.</p>
8.	For approvals requested after-the-fact, explain why it was not practicable to request approval prior to the purchase:	<p>When needed, the nature of emergency medical services dictates the nearest available service providers must be used to prevent debilitation or death. The locale as well as severity of the injuries, and immediacy of treatments needed did not afford HSH the opportunity to get approval or conduct competitive procurement.</p>
9.	Direct questions to (name & position):	Anthony J. Fraiola, Associate Administrator
	Phone number:	808-236-8275
	e-mail address:	anthony.fraiola@doh.hawaii.gov

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

Virginia Pressler
 Department Head Signature

AUG 24 2016
 Date

VIRGINIA PRESSLER, M.D.
 Typed Name

FOR CHIEF PROCUREMENT OFFICER USE ONLY	
Chief Procurement Officer's Comments:	
<p>This approval is for the procurement process only. The service provider is required to be compliant with applicable laws and verified on the Hawaii Compliance Express, if applicable. This award is required to be posted on the Awards Reporting System.</p> <p>If there are any questions, please contact Corinne Higa at 587-4706 or corinne.y.higa@hawaii.gov.</p>	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> NO ACTION	
 Chief Procurement Officer Signature	<u>8/29/16</u> Date

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Please ensure adherence to applicable administrative requirements.