EAST HAWAII REGION NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer

2. FROM: Arthur Sampaga

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: HealthLinx provides project and human resource management services to aid our organization in a successful Magnet designation from the ANCC.

4. Vendor Name: HealthLinx			5. Price: \$ 368,962.50	
Address: PO	D Box 163425 Columbus			
6. Term of			7. Prior Sole Source Ref	
Contract:	From: 2/9/24	To:12/01/2027	No.	
(mm/dd/yyyy)			<u>N/A</u>	

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:

HealthLinx's individualized plan for Hilo Medical Center focuses on building a nurse recruitment and retention culture, improving overall RN engagement, establishing benchmarking nursing-sensitive indicators, and laying the foundation of shared decision making across the care continuum.

They have provided a complete Nursing Excellence Assessment and Plan (NEAP) that identified our gaps in Magnet requirements and will help implement action plans to close those gaps.

Assistance in obtaining certified status is expedited by having Healthlinx assist in closing gaps identified in their assessment.

	 Essential Features: How the unique features, characteristics, or cathe agency to accomplish its work: HealthLinx's contract ensures that Hilo Medical Center's care is aligned hospitals nationwide. They provided a comprehensive contract version. 	ed with top-performing sus other Magnet consulting				
	firms that only offer a la carte services. 98% of HealthLinx clients pr after their ANCC document submission. HealthLinx only partners w organizations for each document submission, so our organization h resources that result in a successful journey.	ith a specific number of				
	HealthLinx provides a dedicated Client Insight project manager who conganization for data performance and outcomes improvement by a solution plan to optimize our leadership and care. Our assigned Clienthas over thirty years of nursing leadership experience and is current HealthLinx provides a dedicated PHD content editor for all data submit provide multiple writing sessions for Hilo Medical Center's nurse leafuture Magnet designations.	reating a customized ent Insight project manager tly a research professor. issions. In addition, they				
	10: Sole Source No.					
	11. Alternate source. The following other possible sources for the good, service, or construction we investigated but do not meet our needs because: Tipton Communication provides only a la carte so for Magnet designation. Tipton Communications does not provide an all-encompassing project may for the duration of our organization's Magnet journey and only employs contracted employees. On of Tipton communications go directly to site visits. Using another source would require another assessment duplicating work already completed by Healthlinx which would increase cost and dela obtaining certification. We could not find any sources for this service other than Healthlinx and Ti and are opting to use Healthlinx for the reasons noted above.					
	12. Direct any inquiries to: Department: Nursing Administration Contact Name/Title: Arthur Sampaga	13 Phone Number: 90834561				
	Expenditure may be processed with a purchase order: Yes No					
	Agency shall ensure adherence to applicable administrative and statutory requirer 14. I certify that the information provided above is to the best of my knowledge, true that the goods, services, or construction are available through only one so					
45	Department Head (sign and print name) 2/1/	Date Date				
	Reserved for RCEO/Designee Use	Only				
	15 Date Notice Posted:					
	Submit written objections to this intent to issue a sole source contract otherwise allowed from the above posted date to: Regional Chief Exast Hawaii Region 1190 Waianuenue Ave.					
0	Hilo, Hawaii 96720					

16. Regional Chief Executive Officer's comments:					
17. APPROVED DISAPPROVED NO ACTION REQUIRED	Regional Chief Executive Officer	Date			