CAPITAL PURCHASE REQUEST FORM

Please complete all portions of this form and electronically submit it along with any supporting documentation to the Chief of Plant Operations

Date request submitted: 8/14/2024

Department: Respiratory Care Services Department Org. #: 6339

Department Head: Michael de Peralta Telephone: 925-316-9065

Capital Equipment / Project Description	Quantity	Cost
VT 2.0 Unit + Vapotherm Transfer Unit, DISS	5	55,226.50

This equipment requested is:

☐ Replacement New/Additional ☐ In Support of a New Service Line _____
☐ IT Software Component, please describe:_

_____

Please complete the following (SBAR format)

Situation (why is this equipment needed)?

The current High Flow Nasal Cannula Vapotherm devices are at the end of their lifecycle and need to be replaced to maintain safe, effective, and high-quality patient care.

Background

The High Flow Nasal Cannula Vapotherm devices provide essential oxygen support for patients requiring higher levels of oxygen and assistance with breathing. These devices are used across various medical units at Contra Costa Regional Medical Center, serving patients from infants to adults.

Assessment (If the requested item(s) must be purchased immediately please cite the reason)

The manufacturer has upgraded the Vapotherm device, and our existing units are now considered end-of-life. Given their critical role in life-saving and intensive care, it is imperative to replace them to ensure continued safe, effective, and high-quality patient care.

Recommendation

We recommend replacing the end-of-life devices with the Vapotherm High Velocity Therapy unit. This upgrade will benefit patients at CCRMC, from infants to adults, who require higher levels of oxygen and breathing support. The new device is cost-effective due to its built-in internal compressor, which allows it to use medical air efficiently. Additionally, its portability and adaptability make it a more economical choice compared to our current machines.

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Impact if not approved

If not approved, we will lack the capability to support patients needing high levels of oxygen and breathing assistance. This would be unsafe and unacceptable for a regional medical center like ours and detrimental to the patients we serve.

Department Head Signature & Date: 8/14/2024

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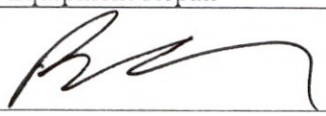
Date request received by CPO: _____

REVIEWS

Chief Review: (COO, CNO, CMO, CQO, CMIO or Chief of Security as appropriate)

Facility Manager

Biomedical Equipment Repair



Infection Control

Information Technology

COMMITTEE DISPOSITION

FINAL APPROVAL

CEO Signature & Date  1/27/25