

Attachment 1: Request for Limited Sources Memo Format

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$3,000**

**FAR PART 8.405-6**

**2237 Transaction # or Vista Equipment Transaction #: 561-13-4-3395-0034**

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

**Restricted to the following source:** Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Arjohuntleigh Inc Getinge Group

Manufacturer/Contractor POC & phone number: Michael Rinaldo 630-222-7991

Mfgr/Contractor Address: 2349 West Lake St, Addison, IL 60101

Dealer/Rep address/phone number: \_\_\_\_\_

**X** The requested material or service represents the minimum requirements of the Government.

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

VA NJ HCS (561)

385 Tremont Ave

East Orange NJ 07018

**VISN:**

03

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:**

Patient Care Service (PCS) Safe Patient Handling (SPH) Palliative Care 7B West VA NJ HCS in Lyons is requesting the purchase of the Arjo Maxi Sky 600 Customized Ceiling Lifts as a continuation of the National Safe Patient Handling Arjo standardized ceiling lift initiative which began in 2009. CLC Ward 7B East in Lyons installed the same make/model of lift system in (13) patient rooms. This request is for the same, standardized lift system for (5) patient rooms in Palliative Care.

**(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:**

Maxi Sky ECS 4 Function Cassette – No Carry Bar with 600 pound weight capacity, Maxi Sky 2 Point Hanger Bar, Maxi Sky 600 LBS Scale, Hardware (flexible modular track system X-Y meter track with anchors, concrete, wood and steel ) to equip 5 rooms, ECS (continuous charge) configurations and Installations.

(b) ESTIMATED DOLLAR VALUE: \$25,000.00 to \$100,000.00

(c) REQUIRED DELIVERY DATE: 45 days after receipt of order

**(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)**

☐ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:  
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

☒ These are "direct replacements" parts/components for existing equipment.

The purchase of the Arjo Maxi Sky 600 Customized Ceiling Lifts includes direct replacement parts/components for existing equipment. Facility Management Services maintains a supply/inventory of necessary replacement parts/components that are model specific to Arjo Maxi Sky 600 Customized Ceiling Lifts. The lifting slings used for direct patient handling support are specifically designed for the Arjo brand Maxi Sky 600 lifts and provide optimal patient comfort and safety. The facility maintains a large inventory of various types/sizes of the Arjo slings to be used in different lifting situations.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

The VA New Jersey Healthcare System - Lyons Campus utilizes approximately 119 Arjo Maxi Sky 600 customized ceiling lift systems installed in various patient rooms. The clinical staff utilizes the ceiling lifts to handle patients. In this case the patients are in the palliative care. All clinical staff is currently trained to handle patients safely using the Arjo lifts. The maintenance staff is currently trained and equipped to service and repair the Arjo lifts. The maintenance staff also utilized parts from lift to service other lifts throughout the hospital. In emergency situations it is possible for the maintenance staff to exchange the entire lift cassette with a unit from an empty room to where it may be needed. Each ceiling lift is unique

in its operation. Currently all facility staff is trained and prepared to operate the Arjo lift. There is a service maintenance contract that also is contingent on the award of these ceiling lifts.

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

**(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

The past purchases/installations of (119) for Lyons and (105) for East Orange Arjohuntleigh Maxi Sky 600 ceiling lifts and lifting slings since 2009 average about \$10,100 per room. This request is to equip five (5) rooms without the need to purchase additional lifting slings costing about \$9,100 per room. Unit price per Maxi Sky 600 ECS 4 Function lift on FSS contract V797P-4452B is \$2,699.90, same as Arjohuntleigh quote.

**(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:**

Market research was not conducted because VANJ has over 324 of the Arjo ceiling lifts installed and maintains an inventory of lifting slings and necessary repair materials. To provide continuity of care, safety and comfort to our patients and staff, this request is for the Arjohuntleigh Maxi Sky ceiling lifts for (5) patient rooms located on the Palliative Care Ward 7BW in Lyons.

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

Palliative Care CLC Ward 7B West is the *home* to our terminal, end-of-life Veteran patient population. To provide continuity of care across VA NJ HCS, it is our recommendation to continue with a standardized to one brand of patient ceiling lift for staff familiarity both clinical and equipment repair, maintenance and service agreements, and present inventory of accessories such as lifting slings. 7B East currently utilizes Arjo Ceiling Lifts, 7B West should continue with the current system. The chief of maintenance and repair, as well as the MSN Off Tour Supervisor/SPH Coordinator both recommend continuity across the Ward 7B and the entire Lyons Campus. Their recommendations are supported by examples of increased costs due to multiple vendors as well as a logistical, maintenance, and safety risk of utilizing multiple branded ceiling lifts. Adding five (5) different lifts will present Training issues, maintenance staff as well as Patient Care Staff will have to complete two separate in-service training sessions for the two types of lift. This may cause confusion and could result in veteran patient injury. Lastly the entire acquisition planning team, feels very strongly about the safety of the Veterans that are being lifted. Please remember, these are Living Patients, our Nations Heroes that deserve nothing but the best we can possibly offer. The clinical staff is familiar with the ARJO lifts. If another vendor/manufacture is introduced, it will require another staff training/competencies specific to that vendor, separate PM contracts, and different sling options.

**(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:**

The Life Expectancy of a Patient Lift is 13 yrs, when the current Arjo Maxi Sky Lifts installed in VA NJHS are due for replacement; the facility plans to openly compete and evaluate other manufacturer's options at that time.

**(9) REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

SIGNATURE

JILL WEST

NAME

VA NJ HCS (561)

FACILITY

General Supply Specialist

TITLE

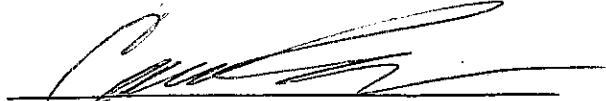
DATE

9/24/13

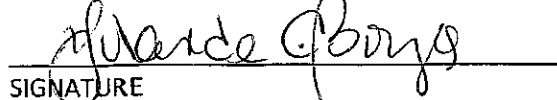
Logistics Services (561/90LY)  
SERVICE LINE/SECTION

**(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):**

**a. CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
CONTRACTING OFFICER'S SIGNATURE  
Carlos Molina, Contract Specialist  
NAME AND TITLE  
DATE 9/24/13  
FACILITY NCO 3

**c. NCM/PCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
SIGNATURE  
Yolanda C. Borges  
NAME  
VISN 3 NCM/PCM  
DATE 9.24.13

**HIGHER LEVEL APPROVAL (Required For orders over \$500,000):**

**e. SAO:** I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
NAME  
DIRECTOR, SAO X  
DATE \_\_\_\_\_

**f. VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

\_\_\_\_\_  
NAME  
Chief Procurement and Logistics Officer  
DATE \_\_\_\_\_

VHA Head of Contracting Activity (HCA)

g. **VA Deputy Senior Procurement Executive Approval (\$10 million not to exceed \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for restricting consideration of the Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4

\_\_\_\_\_  
C. FORD HEARD  
Deputy Senior Procurement Executive (DSPE)

\_\_\_\_\_  
DATE

h. **VHA Senior Procurement Executive Approval (over \$50 million):** I have reviewed the foregoing justification and find it to be complete and accurate to the best of my knowledge and belief and approve for other than full and open competition.

\_\_\_\_\_  
JAN R. FRYE  
Deputy Assistant Secretary  
Office of Acquisition and Logistics  
Senior Procurement Executive (SPE)

\_\_\_\_\_  
DATE