LIMITED SOURCES JUSTIFICATION
ORDER >$3,000
FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 629-15-2-106-0026

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: Medical Graphics Corporation
Manufacturer/Contractor POC & phone number: Maureen Vandal – (800) 950-5597
Mfgr/Contractor Address: Medical Graphics Corporation – 350 Oak Grove Parkway, St. Paul, MN 55127
Dealer/Rep address/phone number: : Medical Graphics Corporation/Alvin Zarazua 350 Oak Grove Parkway, St. Paul, MN 55127 Phone: (651)261-3709

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

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
SLVHCS
PO Box 61011
New Orleans, LA
70161

VISN: 16

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
Procurement of pulmonary function testing equipment for both New Orleans and BR CBOC including upgrade to software with multi-user access, maintenance contract/service protection, training,accessory equipment.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
Purchase of two (2) Pulmonary Function Testing (PFT) System which include the capacity to perform the following test: - spirometry , Thoracic Gas Volumes, Airways Resistance, Nitrogen Washout and Diffusing Capacity. Components for testing shall meet the following specifications: 716 Liter Plethysmograph Chamber/wrap around door for easy patient access/exit. Systems will be connected to a desktop computer with a 22" LCD Monitor to input data and perform testing modalities/Deskjet printer for printout. Each PFT system should be complete with a Rapid Response MultiGAs analyzer, patient interface, regulator kit and test gases of the following mixtures: 1 E or D cylinder of 100% oxygen (O2)5% CO2, 12% O2, Balance N2 for calibration; 0.3% CO, 0.3% CH4, 21% O2 Balance N2 for testing diffusion capacity. Each system should be equipped with the following software: BreezeLink to Breeze Connect HL7 interface upgrade which include HL7 ADT or ORM connection license, HL7 Results (ORU) connection license, Remote Installation and configuration service,Breeze Connect HL7 interface for test/development environments, Breeze Review Physician Review software for

test/development environment, Multiuser software(covers NO and BR) for Platinum Elite DX RTD test/development environments to perform bronchial Provocation software, pulmonary consult software, P 100 software to evaluate occlusion pressure and software to evaluate static and dynamic lung compliance.
Each system should have a service manual for technical reference, a Perception II Environment monitor and interface to monitor barometric pressure and ambient temperature that is interfaced with desktop computer. An air regulator kit (includes E tank, H & K adapters and 15 ft of conneting tubing) to adapt to the compressed air gas used during spirometry testing
The Pulmonary/Respiratory staff will require training on at each site (New Orleans and Baton Rouge) on the operation and maintenance of testing equipment. Testing must be performed on site. Each system will required an extended service proctection contract, no less that 5 years of coverage with option to renew.

(b) ESTIMATED DOLLAR VALUE: $176,478.00

(c) REQUIRED DELIVERY DATE: NA

(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. Current server uses Breeze Link to Breeze Connect HL7 interface requiring only an upgrade

b. Portable Spirometers are designed to use only the upgraded Breeze link software

c. The existing software options and user defined predicted are the samel on both portable and stationary

d. No other manufacturer can provide the specification needed to be compatible with the portable Spirometers

☐ 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 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 current HL7 interface(Breeze Connect) will be upgraded to meet the specifications of the new portable spirometers, that were purchased for implementation into the Telehealth-Telespirometry program. The portable spirometers are manufactured by Medgraphics but are not compatible with the older system, which cannot be upgraded to to achieve compatibility with the portable spirometers. Upgrading the old system will provide symmetry between the two (portable and stationary) as they will operate through a common server and interface through the same HL7 connection. The new spirometers have not been activated due to the disparity between the new and old software. The 2 stationary systems provide complete pulmonary function studies which includes volume, perfusion and airflow tests. The portable units only test for impedance to airflow.

☐ 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.
The current PFT systems located in New Orleans and Baton Rouge are both aged and out of warranty. The maintenance contract expired in 2013 and all service requests are performed on an as-needed basis. The New Orleans PFT clinic operates Mon-Fri performing 7-8 tests per day. The BR clinic operate 2 times weekly performing 7-8 tests per day. New Orleans clinic is booked 8 weeks in advance. If either of the systems were to fail, testing would cease, creating an extreme backlog. The pulmonary Function test is a diagnostic tool used to measure how well the lungs are functioning. The test data enables the MD to determine the need for intervention. This tool allows the MD to determine if a lung condition is obstructive or restrictive to airflow and categorize the lung condition by "stage". Without PFT information, lung disease diagnosis and treatment would be seriously impeded.

(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 requested purchase is an upgrade to an existing system. Procurement of a system that does not have compatibility with the current server would require an additional purchase of a server; loss of use of portable systems, recently acquired through a national funding initiative to provide greater access to care; reconfiguration of the HL7connection that provides a secure link. All of the above will increase cost to the government and create a delay of care to the veteran.

(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 the requested PFT systems must be compatible with the CPFS portable spirometers manufacturedonly by MedGraphics (MGC). The portable spirometers are not compatible with any other PFT system. Both the portable and stationary systems will be connected to a common server that only meets the specifications of the Breeze link software. Test data from the porta- ble spirometers and stationary PFT systems can only be transmitted to the VISTA network via the Breezelink, HL7 interface.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

This request was previously approved by Top Management, but through error, the request was deleted.

(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:

No barriers existed in consideration of equipment acquisition. The decision to upgrade the current systems were weighed against the acquisition via a different manufacturer. System compatibility is the issue that led to this choice.

(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.)*

Patricia L Jefferson
155118

Digitally signed by Patricia L Jefferson 155118
DN: dc=gov, dc=va, o=internal, ou=people, 0.9.2342.19200300.100.1.1=patricia.jefferson@va.gov, cn=Patricia L Jefferson 155118
Date: 2015.01.28 15:18:03 -06'00'

Jan 26, 2015

SIGNATURE DATE

Patricia Jefferson | Pulmonary Supervisor | Medicine/Pulmonary

NAME TITLE SERVICE LINE/SECTION

SLVHCS

FACILITY

(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.

Renata Ott 659452

Digitally signed by Renata Ott 659452
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Reason: I am the author of this document
Date: 2015.02.12 09:38:26 -06'00'

3/11/2015

CONTRACTING OFFICER'S SIGNATURE DATE

RENATA OTT, CONTRACTING OFFICER

(Insert NAME AND TITLE)

~~Division~~ SUPPLY C Team

b. P&C: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

MICHAEL E. LEWIS

(Insert name) Date

CHIEF, PURCHASING AND CONTRACTING

~~DIVISION~~ SUPPLY C TEAM

(OFFICE LOCATION/Facility) Network Contracting Office 16

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

Aaron Villalpando
Director of Contracting
Network Contracting Office 16

Date