

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: 565-16-3-496-0031**

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: OMNICELL, INC.

Manufacturer/Contractor POC & phone number: KATE BIR / KBir@omnicell.com

Mfgr/Contractor Address: 1201 Charleston Rd, Mountain View, GA 94043

Dealer/Rep address/phone number: 919-247-4849

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

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

Department of Veterans Affairs

Network Contracting Office 6

100 Emancipation Drive

Hampton VA 23667

**VISN:**

6

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

Anesthesia Workstation: This is additional equipment to enhance the capabilities, accountability, and efficiency in utilizing the Omnicell system currently in use at the Fayetteville Healthcare System.

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

Anesthesia Workstation: Omnicell's AWS is designed to give anesthesia providers instant access to Medications while ensuring better pharmacy control in the operating room. This automated system Securely stores medications and supplies needed for a full day of cases in one convenient place, and Automatically tracks inventory used, reducing hours of manual documentation and reducing potential Drug diversion. When paired with the Codonics Safe Label System, an additional layer of safety is Provided. It is essential that this system operates and be compatible with the existing Omnicell Distribution System currently in place in the Fayetteville Healthcare System.

**(b) ESTIMATED DOLLAR VALUE: \$208,599.42**

**(c) REQUIRED DELIVERY DATE: 03/31/2017**

**(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)**

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☐ 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.

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☐ 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.)

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

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☒ 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.  
All of the automated dispensing machines for the Fayetteville Healthcare System are Omnicell machines. New equipment must be available to connect with the existing Omnicell host to operate correctly. The introduction of a new system would create compatibility issues with the current system. The intent is to Merge all outpatient automation onto one server. Compatibility is also necessary to facilitate drug Accountability, monitoring of dispensed medication, and accountability of controlled substances. The System needs to be compatible with existing operations to support Telepharmacy Operations and Anticipated growth of this service.  
Additionally, all pharmacy staff are already trained in the operation and support of this vital system. The Staff will rotate between the main campus and the HCC, and as such standardization of the systems Improves patient care by decreasing prescription errors and maximizing efficiency. Utilizing the same System decreases staff training and education, streamlines operations, and decreases expenses related To the extensive training that would be required.

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☐ 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.

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

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**(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:**

In the interests of standardization and patient safety, VA FSS contracts in FSC Group 65 are a mandatory Source for VA Ordering Activities. Placing this order to Omnicell, Inc. represents the best value and will

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**(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:**

In the interests of standardization and patient safety, VA FSS contracts in FSC Group 65 are a mandatory Source for VA Ordering Activities. Placing this order to Omnicell, Inc. represents the best value and will Result in the overall lowest cost when price and administrative costs are taken into consideration. The Supplies are offered at fixed prices that have already been determined to be fair and reasonable.

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

Omnicell, Inc. is the manufacturer of comprehensive, technologically advanced automation that enables Health care facilities to acquire, manage, and deliver medications and supplies more effectively. Market Research has shown that there are no other distributors of these systems, to include a search of the VIP Database and FPDS Procurement History.

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

**(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:**

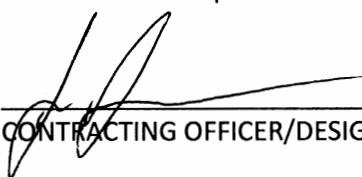
Market Research will be performed prior to any subsequent purchases of Omnicell related products to Determine if any additional sources have become available.

**(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  
Dan Dove  
NAME  
Contract Specialist  
TITLE  
9/22/2016  
DATE  
NCO 6 Contracting  
SERVICE LINE/SECTION

**(10) APPROVALS IN ACCORDANCE WITH THE VHAPM, Volume 6, Chapter VI: OFOC SOP:** *This part if filled out by Contracting Staff as part of the Justification*

**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/DESIGNEE'S SIGNATURE  
Jay James, Branch Chief  
NAME AND TITLE  
9/22/2016  
DATE  
NCO 6 Contracting  
FACILITY

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b. **Director of Contracting/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

NCO/PCO X Director of Contracting

**HIGHER LEVEL APPROVAL (Required For orders over \$700,000):**

c. **VHA SAO HCA REVIEW AND APPROVAL (over \$700,000 to \$13.5 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

VHA Head of Contracting Activity (HCA)

\_\_\_\_\_  
DATE

d. **VA Deputy Senior Procurement Executive Approval (\$13.5 million not to exceed \$68 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

Deputy Senior Procurement Executive (DSPE)

\_\_\_\_\_  
DATE

e. **VHA Senior Procurement Executive Approval (over \$68 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