

LIMITED SOURCES JUSTIFICATION

ORDER >\$150,000

FAR PART 8.405-6

Acquisition Plan Action ID:VA260-17-AP-6953

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: GetWellNetwork

Manufacturer/Contractor POC & phone number: See dealer info below.

Mfgr/Contractor Address: 7700 Old Georgetown Rd, 4thFloor, Bethesda, MD 20814

Dealer/Rep address/phone number: Government Marketing & Procurement, LLC. Travis Kuykendall 703-349-5254, 13350 Ranch Road 12, Wimberly TX 78676

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Puget Sound Health Care System

VISN:

20

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

This procurement is for the Marbella Software (Hospital 300-499 beds) set up and annual licensing and Marbella clinic set up and annual licensing (base + 4 licensing option years). This is a new requirement for Puget Sound Health Care System on PR 663-17-3-524-0041. This can be accomplished by GSA contract GS-35F-0858N (only authorized source for Federal Government per the Manufacturer).

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

Marbella provides instant patient feedback on their perceived care experience during inpatient stays and outpatient treatment. It also facilitates numerous case use which no other software program currently on the market can provide.

(b) ESTIMATED DOLLAR VALUE: \$387,232.70 (base + options)

(c) REQUIRED DELIVERY DATE: 30 days ARO

(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.

GetWellNetwork's Marbella Clinical Performance Management Solution is a cloud based solution for collecting and viewing data in real time. It's designed to promote visibility and compliance with organizational priorities through real-time reports and graphical dashboards. Patient engagement and experience are strategies for performance improvement in patient satisfaction, care safety and quality, and operational efficiency. This system is currently in use in nearly 40 VA and DOD healthcare facilities. GetWellNetwork currently has a BAA agreement with VA. This is the only technology on the market able to accomplish the requirement.

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 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 original quote submitted by the station dated 9/21/16 was updated on 8/2/17 and has the same pricing. The pricing is also the same as on the GSA schedule.

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

Government Marketing & Procurement (GSA SDVOSB contractor) is the only authorized distributor of GetWellNetwork's Marbella program to government entities.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None

(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:

Chapter VI: Other Than Full and Open Competition (OFOC) SOP
Attachment 2: Request for Limited Sources Justification Format >\$150K

None as the manufacturer has stated GMP is the only authorized distributor of their product to the Federal Government. They are a VIP verified SDVOSB company holding the GSA contract FS-35F-0858N.

(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.)*

_____	8/3/2017	_____
SIGNATURE	DATE	
CARLOS RUIZ	ADMIN SUPPORT ASST	NURSE EXECUTIVE OFFICE
NAME	TITLE	SERVICE LINE/SECTION
VA PUGET SOUND		
FACILITY		

(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	DATE

Karen Rhodes
Contracting Officer
Network Contracting Office 20

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

Sheryl Chesnutt
Acting Division 2 Chief