

LIMITED SOURCES JUSTIFICATION**ORDERS >\$3,000****FAR PART 8.405-6(g)****2237 Transaction # or Vista Equipment Transaction #: 676-12-3-969-0076 and 676-12-3-969-0110**

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: Wendy Smith, 951-206-8473

Mfgr/Contractor Address: 1201 Charleston Rd.
Mountain View, CA 94043-1337

Dealer/Rep address/phone number: Lindsay DeFendi, 262-389-0641

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Network Contracting Office 12

Great Lakes Acquisition Center

115 South 84th Street, Suite 101

Milwaukee, WI 53214-1476

VISN:

12

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

Limited Source Justification to purchase automated medication dispensing equipment for the Tomah VA Medical Center in Tomah, WI and the Community-Based Outpatient Clinics (CBOCs) in Wausau, WI, Wisconsin Rapids, WI, and La Crosse, WI. This is a firm-fixed price, brand-name only procurement of Omnicell automated medication dispensing equipment based upon equipment standardization.

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

Per VA Acquisition Regulation 808.002 - Priorities for use of Government supply sources, the requested automated medication dispensing equipment falls under mandatory Federal Supply Schedule (FSS) 65 II Medical Equipment and Supplies, contract V797P-4313A. The Tomah VA Medical Center and CBOCs have a requirement for the following equipment:

Part No.	Description	Qty	Unit Price	Ext Price
MDA-FRM-001	1-CELL OMNIRX	4		
ADT	ADMISSION/DISCHARGE/TRANSFER INTERFACE	1		
CPC	OMNICENTER SERVER (CPC) TOWER	1		
MDA-DRW-004	8-BIN LOCKING DRAWER	8		
MDA-OPT-001	EXTERNAL RETURN BIN INSTALLED	4		
MDA-PNT-001	MEDICATION LABEL PRINTER (G4 PC BOX)	19		
MDA-SCN-004	2D SAFETY STOCK G4 (1,2,3 CELL)	4		
MNTR	FLAT SCREEN LCD (PTP)	1		
MSA-OPT-006	FLEXLOCK WITH TEMP CHECK (50FT) INSTL G4	4		
OCRA1	OMNICENTER REMOTE ACCESS (SINGLE USER)	1		
DCRX	OMNICENTER PHARMACY SOFTWARE	1		
OEXPLCT	OMNIEXPLORER (PER CT CABINET)	4		
OLL12	12-BIN LOCKING DRAWER	4		
OLL6	6-BIN LOCKING DRAWER	12		
OMC-SCN-003	2D SAFETY STOCK OMNICENTER SUITE	1		
OSD24	OMNICELL DRAWER MODULE (SUPPLY DRAWER)	12		
OSRXU	NINE DRAWER PHARMACY MODULE	4		
PRINTER	LASER PRINTER	1		

SRD-IDR-016	TOUCH AND GO FOR G4 PC BOX CONSOLE	16		
UPS	APC PRO 1000 UPS	1		
SUPPORT SERVICES:	Services for Line Item 2 CPC: \$120.00 per month x qty 1 x 12 months = \$1,440.00 Services for Line Item 4 MDA-FRM-001: \$77.00 per month x qty 4 x 12 months = \$3,696.00 Services for Line Item 6 MDA-PNT-001: \$11.00 per month x qty 19 x 12 months = \$2,508.00 Services for Line Item 9 MSA-OPT-006: \$13.00 per month x qty 4 x 12 months = \$624.00 Services for Line Item 10 ORCA1: \$40.00 per month x qty 1 x 12 months = \$480.00 Services for Line Item 12 OEXPLCT: \$19.00 per month x qty 4 x 12 months = \$912.00	1		
MDA-CNS-001	OMNIRX LID UPGRADE TO G4 CONSOLE	3		
MDA-OPT-003	MED PRINTER LABELS-BOX (6 ROLLS)	9		
MDA-PCB-001	RX PC BOX UPGRADE TO G4 CONSOLE	12		
SRD-IRD-021	TOUCH & GO FOR G4 LID CONSOLE	3		
			TOTAL	

(b) ESTIMATED DOLLAR VALUE: \$ 395,876.41

(c) REQUIRED DELIVERY DATE: August 2012

(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 feature, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

Omnicell, Inc. is the only firm capable of providing the supplies and services described in Section 3 above. Without which, the Veteran's Health Administration, Tomah VA Medical Center and its CBOCs

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will experience substantial duplication of cost that could not be expected to be recovered through competition. The Omnicell OSCT104 Dispensing cabinet is the only product of its kind that has both the convenience and security of a closed automated medication system and that meets the limited space (24"x 27" x 77.5") constraints of the off-site CBOCs.

☒ 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.

Standardization of equipment exactly as now used, or is similar in use, is a matter of patient safety and cost effectiveness. If multiple different manufacturers of medication dispenser equipment are in use, clinical staff must be proficient in the use of all different systems. Problems can and do occur when different systems are in use within the same medical center. In order for the system to function, all parts of the system are designed to work together and it is imperative that purchased equipment will fit properly into the current medication management system and workflow of clinical staff. Standardization of this equipment ultimately reduces cost of the acquisition and maintenance.

The Tomah VA Medical Center and CBOCs currently use Omnicell cabinets and medication management system. This procurement of additional Omnicell equipment that is compatible with the existing medication system meets standardization and patient safety initiatives.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION.

The requested equipment is on mandatory supply schedule 65 II A. Per FAR 8.404 – Use of Federal Supply Schedules, pricing has already been determined to be fair and reasonable. The Contract Specialist has determined that the prices for the limited number of items not on contract are also 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 INCLUDED:

The requestors evaluated other manufacturers and determined none of them are compatible with the existing Omnicell system.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:


With the purchase of this automated medication dispensing equipment, the Tomah VA Medical Center and its CBOCs will be able to comply with the Joint Commission National Patient Safety Goal 03.0401 by providing patient-specific labels when issuing medications that will not be administered immediately, medications that have been removed from their original packaging, premix IV admixtures, and multi-use medications. Omnicell is the only known manufacturer on FSS that offers these options.

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(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:

None, due to the proprietary nature of the equipment.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonfide 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

7-2-12
DATE

Kari Johnson
NAME

Inpatient Pharmacy Supervisor
TITLE

Pharmacy
SERVICE LINE/SECTION

VAMC Tomah
FACILITY

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

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

Matthew G. Wright
CONTRACTING OFFICER'S SIGNATURE

2 July 2012
DATE

Matthew G. Wright, CD
NAME AND TITLE

GLAC
FACILITY

HIGHER LEVEL APPROVAL (For orders over \$500,000): ☐ REQUIRED ☒ NOT REQUIRED

b. NCM/or Designee : I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number of required by FAR Subpart 8.4.

for Linda Krupar
NAME

7-2-12
DATE

VISN 12 NCM