

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

2237 Transaction # or Vista Equipment Transaction #: **523-17-3-7821-0113**

**Stryker Medical Stretchers Endoscopy Clinic**

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: Stryker Medical Contract Number: **VA797D-40291**

Name of Proposed Contractor: Stryker Medical

Street Address: 2852 Airview Boulevard

City, State, Zip: Kalamazoo MI 49002

Phone: 269-385-2600

Local Rep: **Jill Quinn 857-303-0193, Robert Stewart 617 997 1983**

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

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

Department of Veterans Affairs

VA Boston Healthcare System

940 Belmont St

Brockton MA 02301

**VISN:**

1

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

**Purchasing of new stretchers and transport chairs for new UC/Specialty Clinic area due to new construction.**

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

**15 Stretchers needed for Endoscopy Clinic JP Campus in VA Boston Healthcare System. Must be brand name due to standardization of Safe Patient Handling Equipment already in place within VA Boston Healthcare and to comply with VHA Directive on SPHM 2010.**

(b) **ESTIMATED DOLLAR VALUE: \$209,305.05**

(c) **REQUIRED DELIVERY DATE: 9/30/2017**

**(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.**

☒ 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.

**Stryker Prime Zoom Stretchers have been standardized and are currently in use throughout all clinics within Boston's 3 main campuses. Introduction of another product could result in harm to a patient or confusion for staff that can be required to move around within the campuses. No other manufacturer of fully powered stretchers exists that has full drive function and fully powered functions or transport chairs to meet our needs.**

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:

☐ 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.

**(4) 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:**

**This is a sole source due to the specialized nature of the equipment as described below:**

Prime electric Zoom by Stryker is vendor specific for their product which we have currently in use in our facility. Introduction of another product could result in harm to a patient or confusion for staff. Product has been standardized throughout three campuses. Stryker Prime is designed to ensure caregiver safety and efficiency while enhancing the patient experience. Prime is Back Smart. Must be brand name to meet manufacturer's recommendations and standards already in place in VA Boston to comply with VHA Directive on SPH 2010. It can be instrumental in reducing caregiver injuries during patient care. Prime offers three mobility options and unprecedented patient comfort. Patients can adjust their own positions without calling a caregiver for assistance. A variety of available

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Attachment 2: Request for Limited Sources Justification Format >\$150K

support surfaces and configuration options give Prime the versatility you need. The 700 lab weight capacity combined with multiple mobility solutions help accommodate heavy patients and long transports. Power and control options give more flexibility and control than ever to both nurse and patient. A choice of available surfaces addresses patient comfort and skin issues associated with extended lengths of stay, helping maintain a positive patient experience.

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

**VA Boston Healthcare System has standardized all equipment within the SPHM Program.**

**In accordance with FAR part 8.405-6(a)(1) this action is for restricting consideration of schedule contractors to fewer than required in FAR Part 8.405-1 or 8.405-2; and (b)(1). Only one source is capable of responding due to the specialized nature of this program. This action will be a firm fixed price order for supplies, under contract VA797D-40291 . This action will provide the necessary equipment required for compliance with the Safe Patient Handling Program which has been standardized for VA Boston Healthcare System. An email was sent to the MFG that provided the customer a quote at the time of the Acq.Plan being submitted. I referenced those items and inquired about possible SDVOSB and VOSB distributors. The MFG came back with three VIP verified distributors that can provide a quote.**

**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: N/A**

**(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:**

**(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.)*

SANDRA L. WETTERGREEN  
243918

Digitally signed by SANDRA L. WETTERGREEN 243918  
DN: dc=gov, dc=va, o=internal, ou=people,  
0.9.2342.19200300.100.1.1=sandra.wettergreen@va.gov,  
cn=SANDRA L. WETTERGREEN 243918  
Date: 2017.08.11 08:44:28 -0400

8/9/2017

SIGNATURE

DATE

Sandra L Wettergreen

SPHM Coordinator

NSG- SPHM

NAME

TITLE

SERVICE LINE/SECTION

VA Boston Healthcare System

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.

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Julie A Lemire  
149432

Digitally signed by Julie A Lemire 149432  
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ou=people,  
0.9.2342.19200300.100.1.1=julie.lemire@  
va.gov, cn=Julie A Lemire 149432  
Date: 2017.08.11 11:21:05 -04'00'

8/9/2017

CONTRACTING OFFICER'S SIGNATURE

DATE

Julie A. Lemire / Contracting Officer  
NAME AND TITLE

NCO1  
FACILITY

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

Linda J. Ward 155235

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DN: dc=gov, dc=va, o=internal, ou=people, 0.9.2342.19200300.100.1.1=linda.ward2@va.gov, cn=Linda J. Ward 155235  
Date: 2017.08.13 11:24:46 -04'00'

SIGNATURE

DATE

Linda Ward  
Linda Ward  
Contracting Officer