

LIMITED SOURCES JUSTIFICATION

ORDER >SAT

FAR PART 8.405-6

Acquisition Plan Action ID: 36C248-19-AP-4191

1. Contracting Activity:

Department of Veterans Affairs, VISN 08, C.W. Bill Young VA Healthcare System (2237# 516-20-1-079-0001).

2. Description of Action:

The following new action is to provide a rental contract for specialty hospital beds. The C.W. Bill Young VA Healthcare System {CWBYVAHCS} provides standard hospital beds to all hospitalized patients, however, in certain circumstances, such as certain respiratory and medical conditions, the mattress and/or even the entire bed frame must be replaced to provide optimal care to the patient. These specialized surfaces are obtained by rental for a limited period of treatment. This request is for a Rotoprone Therapy System (specialty bed) and is the only automated system that allows caregivers to deliver multiple intervals of prone therapy over an extended time. The Rotoprone Therapy System can help manage patient-handling risks associated with manual proning to help improve oxygenation, protect against ventilator induced lung injury, and decrease mortality.

Order against: ☒ FSS Contract Number: V797D-50430, Expires 09/14/2020

Name of Proposed Contractor: Arjo, Inc.

Street Address: 2349 West Lake Street

City, State, Zip: Addison, IL 60101

Phone: 1-800-323-1245

3. Description of Supplies or Services:

The estimated value of the proposed action is: Base Plus Four (4) One-Year Option Periods)

The product being requested is an Arjo, Inc. Rotoprone Therapy System (P/N: RENUS076). This facility estimates that it will need 5 of these beds per month.

Period of Performance:

- Base 12/07/2019 - 09/30/2020
- Option 1 10/01/2020 - 09/30/2021
- Option 2 10/01/2021 - 09/30/2022
- Option 3 10/01/2022 - 09/30/2023
- Option 4 10/01/2023 - 09/30/2024

(4) IDENTIFY THE AUTHORITY AND SUPPORTING RATIONALE (see 8.405-6(a)(1)(i)(A), (B), and (C) or 8.405-6(b)), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

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

☒ Only one source is capable of providing the supplies or services required at the level of quality required because the supplies or services are unique or highly specialized;

Arjo, Inc. is the sole manufacturer and provider of this equipment (see attached sole source letter). No other manufacturer has equipment with the same unique capabilities. The Rotoprone Therapy System is the only automated system that allows caregivers to deliver multiple intervals of prone therapy over an extended time.

☐ In the interest of economy and efficiency, 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.

☐ Items peculiar to one manufacturer:

☐ 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.

(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:

Pricing for this equipment represents the best value as Arjo, Inc. has been determined to be fair and reasonable by the NAC on VA/FSS Contract # V797D-50430. In accordance with FAR 8.405-4, a price reduction will be requested. The pricing of the proposed delivery order for the rental has been verified to be in accordance with the schedule, attached.

(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 performed against all FSS schedule holders under 65All - A69 and showed no schedule holders that could provide these types of beds. Market research shows that Arjo, Inc. is the sole manufacturer and provider of this equipment and the equipment is on VA/FSS Contract #V797D-50430.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Per email from Arjo, Inc. dated October 23, 2019, this product is only offered on a rental basis on the FSS contract and not available for capital purchase, attached.

(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 awarding subsequent acquisitions for these beds. If the market conditions change, the Contracting Officer will have the option to re-compete the requirement in lieu of exercising the options.

(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.

PROGRAM OFFICE

_____	Acquisition and Utilization Specialist	Logistics
NAME	TITLE	SERVICE LINE/SECTION

C.W. Bill Young VA Healthcare System
FACILITY

(10) APPROVALS IN ACCORDANCE WITH THE [VHAPM Part 806.3 OFOC SOP](#):

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 E

NAME AND TITLE	<u>C.W. Bill Young VA Healthcare System</u> FACILITY

b. One Level Above the Contracting Officer (Required over the SAT but not exceeding \$700K):
I certify the justification meets requirements for other than full and open competition.

SIGNATURE

DATE

NAME	

October 24, 2019



To Whom It May Concern:

The purpose of this letter is to acknowledge that RotoProne Therapy System is **the only** comprehensive automated proning solution available in the U.S. It is a comprehensive system that provides an easy and safe way to prone patients. It includes an interconnected network of Arjo Inc. resources that support our customers caring for critically ill immobile patients.

Below is a list of benefits of the RotoProne Therapy System:

- ✓ Allows an immobile patient to be moved from the supine to the prone position in an automated fashion.
- ✓ Allows an immobile patient to be rotated bilaterally up to 62° in the supine position.
- ✓ Includes rotation that is programmable in one-degree increments bilaterally, up to 62° in either the prone or supine position.
- ✓ Ability to move a patient quickly from prone to supine or vice-versa
- ✓ Allows caregivers to reposition patients in less than 40 seconds to perform CPR
- ✓ Tube management system
- ✓ Utilizes acclimation mode to build patient tolerance to rotation

In addition to the unique characteristics of RotoProne, we also offer the following services:

- ✓ Clinical Placement Support—clinical expertise that is available to our customers 24/7 either remotely or in person in most geographic areas
- ✓ Service Consultant Support—Certified RotoProne Service Consultants who deliver RotoProne and assist with product in-services upon delivery
- ✓ Technical Support—a tech support team available to answer any technical questions or concerns
- ✓ Product Training—product training and in-services to ensure customers are comfortable using RotoProne
- ✓ Clinical Education—RNs and other licensed health care professionals who offer clinical education on a variety of topics related to Prone Therapy

Arjo Inc.
2349 W. Lake Street
Addison, IL 60101
USA

Phone: 800.323.1245

www.arjo.com

Arjo Inc. is authorized to distribute, rent, sell and/or perform any and all services on the KCI Rotoprone Therapy System due to its acquisition of KCI's Therapeutic Support Systems (TSS) business in 2012.

If you or anyone in your organization has questions about RotoProne Therapy System, please do not hesitate to reach out to us.

Sincerely,

A handwritten signature in black ink, appearing to read 'CR' or 'Ryan', written over the printed name.

Christopher Ryan

VP of Marketing

Home > Product Detail



Enlarge/More Views >>

\$1,355.78 EA

sold and shipped by
ARJOHUNTLEIGH INC

ROTOPRONE

Mfr Part No.:

RENUS076

Manufacturer:

ARJOHUNTELIGH INC.

Contract No.:

V797D-50430 (ends: Sep 14, 2020)

MAS Schedule/SIN:

65IIA/A-69

Warranty:

1 YR

Made In:

UNITED STATES OF AMERICA

Desc
ROTOPRONE

Compare Available Sources

Quantity:

Add to Cart

Instructions:

Select price below, enter qty at left, then Add to Cart. To view another contractor description, simply select the Contractor in the list below.

◆ Indicates when volume discounts are offered.

Price/Unit	Contractor	Socio	Photo	Deliv Days	FOB/Shipping
\$1,355.78 EA	ARJOHUNTLEIGH INC	o		45 days delivered ARO	D-CONUS,AK,PR,HI