

LIMITED SOURCES JUSTIFICATION
ORDERS >\$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 636-12-3-3998-0167 (INSERT)

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: Omniceil, Inc

Manufacturer/Contractor POC & phone number: Tom Weiland

Mfgr/Contractor Address: 1201 Charleston Road, Mountain View, CA 94043

Dealer/Rep address/phone number: 650-251-6100 (mobile: 319-361-1104; tom.weiland@omnicell.com)

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

1. AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Network Contracting Office 23

Fargo

2101 Elm Street N

Fargo, ND 58102

23

VISN:

2. NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The Des Moines VA HCS has a requirement for additional Omnicell Medication Dispensing Cabinets for the hospital and CBOC's. These are add on products to an existing system and it would not be cost effective to compete and award for a new medication dispensing system.

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

Fifteen additional Omnicell cabinets are needed to complete the installation of this system throughout the facility and CBOC's. In addition, fifteen of the cabinets currently on station will be purchased instead of leased, saving resources.

b. ESTIMATED DOLLAR VALUE: \$734,148.48

c. REQUIRED DELIVERY DATE: 9-01-2012

3. 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.

Des Moines already has invested in the technology and servers for the Omnicell system. These units will interconnect with the other existing units. No other units are compatible to the existing units in place. It has been recommended to obtain the additional cabinets facility-wide to address inventory control and medication security/storage standards from the joint commission.

☐ 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.
Currently, the Central Iowa Health Systems VA, and VISN 23, utilize the Omnicell medication system. The automated medication cabinets must be compatible to ensure there are no issues with connectivity with the current system. In addition, the system must be compatible with Vista, CPRS, and Pandora.

☐ 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 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:
IAW FAR 8.404(d), "GSA has already determined the prices of supplies and fixed-price services under schedule contracts to be fair and reasonable. Omnicell cabinets are available on FSS Schedule.

5. DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:
A Sources Sought will be issued on GSA E-Buy to determine additional vendors that offer Omnicell Products.

6. ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:
Switching to a new pharmacy would be cost prohibitive as the entire network is standardizing on the Omnicell system. The facility as a whole needs to be on the same system -- not multiple medication cabinets.

7. 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. Omnicell is standardized throughout the facility and network.

8. REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide 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.)*

Mary Beth Gross June 13, 2012
SIGNATURE DATE
Mary Beth Gross Chief, Pharmacy Pharmacy
NAME TITLE SERVICE LINE/SECTION
VA Central Iowa Health Systems
FACILITY

9. 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.

Christopher Volk 6/14/2012
CONTRACTING OFFICER'S SIGNATURE DATE
Christopher Volk - Contracting Officer Fargo VA HCS
NAME AND TITLE FACILITY

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

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

DARYL A. BERG

6/18/2012
DATE

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

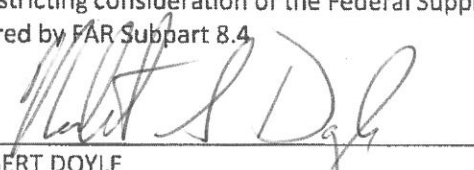
e. SAO: I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

 SIGNATURE

21 Jun 12
DATE

RICKY L. LEMMON
Acting Director, SAO CENTRAL

f. VHA HCA REVIEW AND APPROVAL (over \$500,000 to \$10 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.


NORBERT DOYLE
Chief Procurement and Logistics Officer
VHA Head of Contracting Activity (HCA)

9/26/12
DATE