

LIMITED SOURCES JUSTIFICATION

**ORDER >\$3,000
FAR PART 8.405-6**

2237 Transaction # or Vista Equipment Transaction #: 676-13-3-969-0068

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: Hill-Rom, Inc.

Manufacturer/Contractor POC & phone number: Diane Bass, 256-325-8619

Mfgr/Contractor Address: 1069 State Route 46 E, Batesville, IN 47006-9167

Dealer/Rep address/phone number: Fedco, LLC, 1792 Bell Tower Lane, Weston, FL 33326-3682, 305-591-2205

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

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Great Lakes Acquisition Center

115 South 84th Street, Milwaukee, WI 53214

NCO: 12

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

Limited Source Justification for the procurement of patient overhead lifts for the Tomah VA Medical Center in Tomah, WI. This is a firm-fixed price, brand-name only procurement of patient lift equipment based upon equipment standardization.

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

The Tomah VA Medical Center has a requirement for patient overhead lift equipment and accessories. Per VA Acquisition Regulation 808.002 – Priorities for use of Government Supply Sources, the requested patient lift equipment falls under mandatory Federal Supply Schedule (FSS) 65 II A Medical Equipment and Supplies, contract V797P-4084B.

(b) ESTIMATED DOLLAR VALUE: \$110,395.21

(c) REQUIRED DELIVERY DATE: August 2013

(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.

☒ 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 patient lift systems 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 lift infrastructure and workflow of clinical staff. Standardization of this equipment ultimately reduces the cost of the acquisition and maintenance.

(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 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 Contracting Officer has determined pricing does not exceed FSS pricing. Further, the requested equipment has been selected based upon standardization initiatives, reducing supply, maintenance, and training costs.

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

The requestor(s) determined that only Liko/Hill-Rom patient lifts can be purchased in order to maintain the medical center's standardization. Via a search of NAC FSS and communications with the manufacturer and distributor, the Contracting Officer verified the requested equipment is available on mandatory FSS contract V797P-4084B. No other sources of this equipment were found on mandatory FSS.

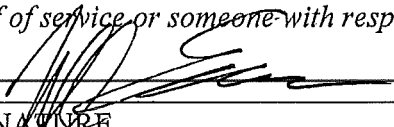
(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

With this procurement, the medical center is maintaining its standardization of patient lift equipment thereby mitigating clinical staff training requirements and enhancing patient safety. This procurement is in compliance with Joint Commission 2013 Long Term Care National Patient Safety Goal NPSG.09.02.0, reducing the risk of residents from falling.

(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 requested equipment and patient safety standardization initiatives.

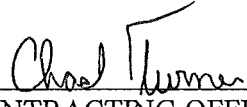
(9) **REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. 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.)*



SIGNATURE
DATE 7/9/2013
Jeff Evanson Service Line Manager Allied Health
NAME TITLE SERVICE LINE/SECTION
Tomah VA Medical Center
FACILITY

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

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'S SIGNATURE
DATE 7-11-13
Chad Turner, Contracting Officer
NAME AND TITLE
GLAC
NCO 12

c. **NCM/PCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.



SIGNATURE
DATE 7-11-13

CHRISTINE HANSEN
NETWORK CONTRACT MANAGER
NETWORK CONTRACTING OFFICE 12, GREAT LAKES ACQUISITION