



Comptroller General  
of the United States

1140171

Washington, D.C. 20548

## Decision

**Matter:** Advanced Medical Systems, Inc.

**File:** B-259010

**Date:** January 17, 1995

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### DECISION

Advanced Medical Systems, Inc. (AMS) protests the award of a contract on a sole-source basis to Corometrics Medical Systems, Inc. under Department of the Army request for proposals (RFP) No. DAKF23-94-R-0228, for two fetal monitors.

We dismiss the protest.

On August 5, 1994, the Army published in the Commerce Business Daily a Notice of Intent to procure two fetal monitors with less than full and open competition. The Notice stated that the monitors must interface with existing Corometrics model 116 fetal monitors and the Hewlett Packard Central Monitoring System. On September 28, AMS conducted a demonstration of its Intrapartum Fetal Monitor model IM76 for the Army. The Army determined from this demonstration that the AMS product did not interface with the existing equipment, and thus proceeded with a sole-source award to Corometrics on September 30.

AMS challenges the sole-source award on the basis that its product performs the same function as the Corometrics monitors, are in widespread use, and are significantly less expensive than the Corometrics monitors.

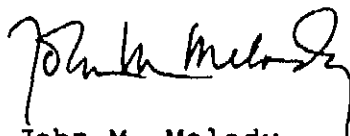
The sole-source award is unobjectionable. The record shows that the determination to make award to Corometrics was in fact based on a need for standardization of the fetal monitors at the Blanchfield hospital, not on the functional unacceptability of AMS's monitor. The Army acknowledges that AMS's monitors perform the same function as the Corometrics monitor, but explains that standardization is necessary to ensure quality patient care. The current absence of standardized monitors reportedly has led to delays in transferring patients, for example, from labor rooms to the delivery/operating rooms. The delays are caused by the need to disconnect the transducers and leg plates (i.e., sensors) attached to the patient in one location and reconnecting the patient to different sensors in the new location, depending on the model of monitor

present. This reconnection--and the attendant delay--occurs at a time in the delivery when the patient is near maximum pain and discomfort levels.

AMS does not challenge the agency's explanation that standardization is needed, except to argue that delay would result not only from the use of AMS monitors, but also from the use of other models of Corometrics monitors at the Blanchfield hospital. The Army acknowledges that the model 116 is not compatible with other Corometrics monitors, and explains that standardization is intended to address this situation as well. The hospital currently has 14 model 116 monitors (it does not have as large quantities of any other monitor model), and needs these two additional model 116 monitors to achieve standardization of all delivery room fetal monitors.

We conclude that the record establishes a legitimate medical need to reduce the time involved in reconnecting fetal monitors when patients are moved, and AMS has not shown that the agency's approach--standardization--will not meet this need. Neither has AMS shown that purchasing these two model 116 monitors will not achieve standardization or that there is another practicable approach to reaching this end. We therefore have no basis for objecting to the award to Corometrics.

The protest is dismissed.



John M. Melody  
Assistant General Counsel