

QUALITY ASSURANCE SURVEILLANCE PLAN

For: Oral Surgery

Contract Number: _____

Contract Description: Provide dental services (oral surgery) which include supplies, facilities, equipment, personnel and support services, to the Orlando VA Medical Center.

Contractor's name: _____ (hereafter referred to as the contractor).

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What will be monitored.
- How monitoring will take place.
- Who will conduct the monitoring.
- How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) - The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: Nicholas Milone

Contract Specialist: Nicholas Milone

Organization or Agency: Department of Veterans Affairs, Office of Acquisition and Material
Management

b. Contracting Officer's Representative (COR) - The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: Linda Baumann, Administrative Officer, Orlando VAMC

c. Other Key Government Personnel - Dr. Marshall Gallant, Chief of Dental Service, will provide Key Performance Indicator (KPI) data.

3. CONTRACTOR REPRESENTATIVES

The following employees of the contractor serve as the contractor's program manager for this contract.

a. Program Manager - _____

b. Other Contractor Personnel - _____
Title: _____

4. PERFORMANCE STANDARDS

Performance standards define desired services. The Government performs surveillance to determine if the contractor exceeds, meets or does not meet these standards.

The Performance Requirements Summary Matrix, paragraph 4.0 in the Performance Work Statement (PWS), includes performance standards. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the Acceptable Quality Level (AQL).

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentive	Disincentive
Exam Scheduling	1	Routine outpatient care: clinical information provided back to OVAMC.	Routine dental exams scheduled within (14) calendar days from date of patient referral for treatment. Treatment shall be completed within (30) calendar days of initial patient contact or per case by case report.	95%	100% Inspection	100% Reimbursement	Less than 95% compliance, 10% deduction in the total cost
	2	Urgent outpatient care: clinical information provided back to OVAMC	Urgent exams scheduled within (2) business days from date of patient referral for treatment. Treatment shall be completed within (30) calendar days of initial patient contact or per case by case report.	95%	100% Inspection	100% Reimbursement	Less than 95% compliance, 10% deduction in the total cost

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentive	Disincentive
	3	Trauma outpatient care: clinical information provided back to OVAMC	Trauma exams scheduled within (1) business day from date of patient referral for treatment. Initial treatment completed within (7) calendar days. Final treatment completed within (30) calendar days of initial patient contact or per case by case report.	95%	100% Inspection	100% Reimbursement	Less than 95% compliance, 10% deduction in the total cost
	4	Canceled exams due to the contractor	Rescheduled within (1) business day	95%	100% Inspection	100% Reimbursement	Less than 95% compliance, 10% deduction in the total cost
Case Completion	5	Routine, urgent and trauma outpatient care: clinical information provided back to OVAMC	All requests are completed within 30 days of appointment date	95%	100% Inspection	100% Reimbursement	Less than 95% compliance, 10% deduction in the total cost
Quality Care	6	Report evaluation determined by panel of (1) OVAMC dentist	Sample of 5 cases per quarter to be randomly selected. No more than 3 substandard report evaluations per quarter	95%	Quarterly Inspection	Favorable past performance evaluation	Less than 95% compliance, 10% deduction in the total cost

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentive	Disincentive
	7	Submission of case report is required within 3 business days	All case reports will be tracked for timely completion.	95%	100% Inspection	Invoice will be deemed complete for payment	Invoice will not be approval for payment without case report documentation.
Customer Service	8	Patient Advocate Reports initiated at OVAMC	No more than 3 Customer complaints filed per quarter	95%	Validated User/ Customer Complaints	Favorable past performance evaluation	Less than 95% compliance, 10% deduction in the total cost
Teaching	9	Didactic lectures will meet CODA requirement and quality for presentation to 1 st year residents	CODA standards of content for 1 st year residency	100%	100% Validation	100% reimbursement	Less than 95% compliance, 10% deduction in the total cost
	10	Demonstrated clinical/surgical training at VA standards, TJC and ADA.	VA Standards of care, TJC and ADA residency requirements	100%	100% validation with FPPE	100% reimbursement	Less than 95% compliance, 10% deduction in the total cost

5. INCENTIVES

The Government shall use favorable past performance evaluation as incentives. Failure to meet standard in tasks 1-10 will result in 10 percent cost penalty per exam.

6. METHODS OF QA SURVEILLANCE

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

- a. PERIODIC INSPECTION. (Evaluates outcomes on a periodic basis. Inspections may be scheduled [Daily, Weekly, Monthly, Quarterly, or annually] or unscheduled, as required.)
Performance Standard ID: 6.

b. VALIDATED USER/CUSTOMER COMPLAINTS. (Relies on the patient to identify deficiencies. *Complaints are then investigated and validated.*)

Performance Standard ID: 8.

c. 100% INSPECTION. (Evaluates all outcomes.)

Performance Standard ID: 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10.

8. RATINGS

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be used:

Meeting all acceptable quality levels outlined in the performance standards for all 4 quarters will result in a positive performance evaluation.

Meeting all acceptable quality levels outlined in the performance standards for 3 quarters will result in a neutral performance evaluation.

Meeting all acceptable quality levels outlined in the performance standards for 2 quarters or less will result in a negative performance evaluation.

9. DOCUMENTING PERFORMANCE

a. ACCEPTABLE PERFORMANCE

The Government shall document positive performance. Any report may become a part of the supporting documentation for any contractual action.

b. UNACCEPTABLE PERFORMANCE

When unacceptable performance occurs, the COR shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the COR shall document the discussion and place it in the COR file.

When the COR determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to the contractor's program manager.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the COR. The Government shall review the contractor's corrective action plan to determine acceptability.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

10. FREQUENCY OF MEASUREMENT

a. Frequency of Measurement.

During contract performance, the COR will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed.

b. Frequency of Performance Assessment Meetings.

The COR shall meet with the contractor quarterly to assess performance and shall provide a written assessment.

Signature – Contractor Program Manager

Signature – Contracting Officer's Representative