

Quality Assurance Surveillance Plan

For: Medical Services – Emergency Department Services

Contract Number:

Contract Description: Emergency Department Services

Contractor's name:

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:

Organization or Agency: Department of Veterans Affairs, Office of Acquisition and Materiel 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: Jim Sterling, Administrative Officer, PC/SM SL, (701) 239-3700

c. Other Key Government Personnel – M. Bruce Parker, Chief of ED (701) 239-3700

3. CONTRACTOR REPRESENTATIVES

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

a. Program Manager – M. Bruce Parker, MD

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 (N/A) 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).

Contractor agrees to maintain an on-going Quality Management/Assurance Program which include the following activities Quality Assurance: The contractor will be evaluated throughout the contract period in regard to their compliance with all VA quality performance measures and monitors as it pertains to the Emergency Department; proper medical documentation, adherence to performance measures, timely access, excessive waits/delays, timely EKG, antibiotics, and blood cultures for CAP, thrombolytics, etc.. Additionally, patient safety and patient complaints will be researched and addressed as necessary.

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Rating
Clinical Information	1	Outpatient care: clinical information provided to the authorizing VA medical center through CPRS documentation. Any open encounters left incomplete by COB on the 7 th day following the encounter will result in a \$2000.00 deduction per open encounter.	End of each duty day	95%	Random review of CPRS documentation.	
	2	Treatment Plan Compliance.	Contractor to provide treatment in accordance with prevailing standards of medical practice, and in material compliance with all applicable statutes, regulations, rules, orders, and directives of any and all applicable governmental and regulatory bodies having competent jurisdiction.	100%	Random review of CPRS for documented plans.	

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Rating
Check in/Initial Access/wait time	3	Patient must be seen by the provider in a timely manner as defined by triage category And no longer than 6 hours in wait	Contractor must comply with local VA policy.	90%	Daily review of PCSC report	
Quality Care	4	Accreditation and Qualifications	Competency file must be kept current with Physician's license, orientation, TB, BLS and ACLS, etc as in accordance with VA policy.	95%	Files will be reviewed annually for completeness by Fargo VAHCS Credentialing office.	
	5	Provider credentialing.	All physicians must be credentialed in accordance with VA policy and kept current throughout contract period.	100%	Files will be reviewed annually for compliance by Fargo VAHCS Credentialing office..	
Patient Safety	6	Patient safety incidents must be reported to the authorizing VA medical center and the COR.	Contractor must comply with all VA policies. All incidents reported immediately (within 24 hours).	100%	100% inspection by Fargo VAHCS Patient Safety office.	
	7	Patient safety incidents must be investigated, confirmed and resolved.	All incidents are investigated, confirmed and resolved.	100%	100% inspection by Fargo VAHCS Patient Safety office.	

Task	ID	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Rating
	8	Patient safety incident investigations, conclusions and findings must be reported to the authorizing VA medical center and the COR.	Updates and findings of patient safety incident investigations are provided continuously (at least once a week.)	95%	100% inspection by Fargo VAHCS Patient Safety office.	
Patient Satisfaction	9	Patient complaints about the quality of care are reported to the VISN Patient Advocate, the COR, and the Contractor for resolution.	Contractors must comply with local VA policies. All patient complaints are reported immediately.	90%	100% inspection	
	10	Providers and staff are familiarized with the process outlined in contractor's grievance procedures as well as patient rights.	All providers and staff are educated.	85%	Direct observation and random review of customer surveys.	

5. 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. **DIRECT OBSERVATION.** (Can be performed periodically or through 100% surveillance.)
Insert performance standard(s) IDs: 10

b. **PERIODIC INSPECTION.** (Evaluates outcomes on a periodic basis. Inspections may be scheduled [Daily, Weekly, Monthly, Quarterly, or annually] or unscheduled, as required.)
Insert performance standard(s) IDs: 3, 4, 5

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

Insert performance standard(s) IDs: 6, 7, 8, 9

d. RANDOM SAMPLING. (Designed to evaluate performance by randomly selecting and inspecting a sample of cases.

Insert performance standard(s) IDs: 1, 2, 10

6. 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 for measurement will be: **meets standards/does** or **does not meet standards**

7. 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.

8. 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, discuss concerns, and troubleshoot existing problems.

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Fw Dr. Bret Weintraub, Chief of Staff

[Signature]
Dr. Jim Sterling, AO, PC/SM SL