

QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)

Wheelchair Van/Ambulette Services

Contract Description:

Services shall be provided 24 hours, 7 days per week, 365 days per year, including weekends and holidays, for eligible Veteran beneficiaries of the James J. Peters VA Medical Center in Bronx, NY and its three (3) Community-Based Clinics (CBOCs) located in Yonkers, Queens and White Plains respectively. We have a patient population that require frequent transportation for appointments including, but not limited to radiation therapy, dialysis, counseling sessions with staff social workers and/or psychologists. Some of this patient population has limited mobility (e.g. spinal cord injured) and some are homeless. who will require frequent transport. The contractor will be servicing the Business Office Veterans Transportation Program and Beneficiary Travel.

Purpose:

The purpose of this Quality Assurance Surveillance Plan (QASP) is to provide guidance on how the quality of services provided under this contract will be monitored.

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.

Scope:

To fully understand the roles and the responsibilities of the parties, it is important to first define the distinction in terminology between the Quality *Control* Plan and the Quality *Assurance Surveillance* Plan. The Contractor, and not the Government, is responsible for management and quality control actions necessary to meet the quality standards set forth in the contract. The Contractor develops and submits his/her Quality Control Plan (QCP) for Government approval in compliance with his contract deliverables. Once accepted, the Contractor then uses the QCP to guide and to rigorously document the

implementation of the required management and quality control actions to achieve the specified results. The QASP on the other hand, is put in place to provide Government *surveillance* oversight of the Contractor's quality control efforts to *assure* that they are timely, effective and are delivering the results specified in the contract. The QASP is not a part of the contract nor is it intended to duplicate the Contractor's QCP. The Government may provide the Contractor an information copy of the QASP as an Attachment to the solicitation to support the Contractor's efforts in developing a QCP that will interrelate with the Government's QASP.

The areas to be addressed under the QASP are as followed:

- Timeliness of wait time, Pick up time, and response time
- Certifications and Training
- Timeliness of monthly Reports
- Ambulette Maintenance/Safety

Quality Assurance Check Points:

The table below describes the areas to be reviewed in the QASP process. Quality assurance will be conducted by the Contracting Officer's Representative (COR), of the Facility Management Service (FMS). The results of the QASP will be approved by the COR.

Required Services (Tasks)	Performance Standards	Acceptable Quality Levels	Methods of Surveillance	Incentive (Positive and/or Negative Impact on Contractor Payments)
Ground Wheelchair Van/Ambulette Service and Timeliness	<p>Provide patient pick-up for trips within one (1) hour for pre-scheduled pick ups. Scheduled patients need to be at their appointments no more than 30 minutes prior to the appointment and no later than the appointment time. Pick up for these patients need to be no more than 30 minutes after the Contractor has been notified of completion of the patient appointment.</p> <p>Response times for unscheduled trips/add-ons need to be within two hours of notification.</p>	98%	100% review of each patient pick-up	5% deduction of monthly payment if > 15 minutes late

Certifications and Training	Contractor/employee to maintain current proper licenses and ensure all attendants are properly trained and competent to provide service	98%	Random Surveillance/Customer Complaint record	2% deduction of monthly payment if 1 or more employees do not have current licenses or > 1 customer complaint on attendant competence
Submit Monthly Reports	All monthly reports submitted within 5 calendar days of due date	90%	100% inspection of all monthly deliverables	1% deduction of monthly payment for deliverables >5 calendars late
Wheelchair Van/Ambulette Maintenance/Safety	Ensure all wheelchair van/ambulances are in proper condition and fit for patient and public safety	98%	Random Surveillance	5% deduction from monthly payment with 1 or more findings of unsafe conditions.

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 Contracting Officer: Lawrence Unger
Contract Specialist: Safa Shleiwet

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: Sherrie Moore

METHODS OF QA SURVEILLANCE

The below listed methods of surveillance shall be used in the administration of the QASP. In addition to specific instructions that may be mentioned, the appropriate and standardized form that is to be used for documentation of QA surveillance is the Surveillance Activity Checklist, included as Attachment A.

Customer Feedback – Customer feedback may be obtained either from the results of formal customer satisfaction surveys or from random customer complaints. Customer complaints, to be considered valid, must set forth clearly and in writing the detailed nature of the complaint, must be signed and forwarded to the COR. The COR shall maintain a summary log of all formally received customer complaints as well as a copy of each complaint in a documentation file. The COR shall also keep the tabulated results of all customer satisfaction surveys on file and shall enter the summary results into the Surveillance Activity Checklist. (Copies of all records shall be submitted to the CO upon receipt for placement in the official contract file, and when necessary, determination of actions.)

100% Inspection – The COR shall monitor each patient delivery and enter performance results into the Surveillance Activity Checklist.

Periodic Inspection - Periodic inspections shall be conducted when specified in the contract/SOW. For the potential tasks that have been identified so far and included in this QASP, the COR performs the periodic inspection on a monthly basis.

PERFORMANCE STANDARDS

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

Corrective Action:

The Contractor will be notified any time a performance standard is missed or of any complaints related to services provided or personnel performance issues. The Contractor will be given an opportunity to correct any deficiency noted. The timeframe for correcting deficiencies will be determined on a case by case basis by the Contracting Officer or COR depending of the circumstances.