

Statement of Work For Air Transportation Services

Department of Veterans Affairs Medical Center
Northport, NY

Description:

The Department of Veterans Affairs medical center located in Northport, NY (herein after known as the Northport VAMC), requires medical air transport services for eligible beneficiaries under an indefinite delivery/indefinite quantity (IDIQ) contract. Contractor to provide an appropriate aircraft medical transport vehicle to transport personnel and patient care equipment and supplies in accordance with the specifications, terms, conditions and provisions of this agreement which meets or exceeds the standards set forth in the applicable sections of the CAMTS, Current Edition. All work related to this contract will be performed by the Contractor in accordance with any applicable Federal Aviation Administration (FAA), U.S. Department of Transportation, or Occupational Safety Health Administration (OSHA) regulations, as well as applicable State health and safety regulations, health care accreditation standards (Joint Commission or equivalent accreditation organization), and standard industry practices as defined by the Association of Air Medical Services for air ambulance transportation. Pricing should include all legs of transportation including ground ambulance to and from respective airports. The demand for air ambulance services is estimated to be 1-2 flights per year but not to exceed 6 flights per year.

Period of Performance:

The base period of performance for this contract shall begin at date of award and expire after one (1) year and includes four (4) option years that may be exercised at the discretion of the Government.

Scope of Work:

1. All patients are to be transported by critical care air transport when transfers occur from the Critical Care Unit or if the patient requires continuous ECG monitoring and/or physician designates a patient as a critical care transport. It is further understood that only a physician or registered nurse with critical care training and current advanced cardiac life support will be designated as the medical flight attendant in accordance to the standards of CAMTS for any critical care transport. Critical care air transports require an additional team member, for a minimum of two medical attendants, (for example but not limited to RN/RN, RN/PA, RN/MD.RN/EMT-P). All personnel shall be available for each transport within an agreed upon response time between the Contractor and the Department of Veteran Affairs Care facilities.
2. Transportation originates from Northport VAMC to final destinations to a medical facility outside the local area.
3. All patients who do not require monitoring or medication titration and have not been deemed a Critical Care Transport, as outlined above, will be considered a NON-CRITICAL AIR TRANSPORT. The Medical Flight Attendant on a non-critical air transport may be an EMT/paramedic.

4. RESPONSE TIME:

- a. For Prescheduled pickups, the Contractor will be required to furnish a ground ambulance within 15 minutes of the prearranged time.
 - b. For unscheduled pickups, the Contractor agrees to have patient transported to the departing airport, prepared, and airborne with 4 (four) hours after receipt of telephone order or as agreed between the contractor and the authorized VAMC Northport requestor. If the Contractor identifies they cannot furnish the services within the time specified, the Government reserves the right to obtain the necessary services from another source and charge the contractor for any excess costs which may result. The Government will be the sole judge in determining when to order services from a different source.
 - c. In the event of a NO-SHOW by the Contractor, the Government reserves the right to obtain the necessary services from another source and charge the Contractor for any excess costs which may result.
5. All aircraft shall be operated within Federal Aviation Administration (FAA) (www.faa.gov) rules and regulations governing air taxi operations. All Contractor personnel and passengers shall abide by applicable FAA rules and regulations.
6. LAYOVERS: The VAMC's will authorize payment for only those layovers necessitated by the patient, the government, or Federal Air Regulations pilot duty requirements.
7. At the discretion of the pilot, passengers, such as family members, may accompany the patient when deemed in the best interest of the patient by an authorized VA official. All applicable FAA regulations must still be met. There shall be no extra cost to the VA.
8. All Contractor facilities, including ramps, ramp areas, buildings, passenger areas, etc., shall be maintained in a clean and orderly condition, free from debris and any accumulation which may constitute an accident or fire hazard. Fences and warning signs shall be provided for public protection against hazards.
9. NUMBER AND TYPE OF PATIENTS: It is understood that only ONE patient will be transported on a trip unless specifically authorized by the VAMC. When more than one patient is transported on a trip, reimbursement will be made at the rate not exceeding the cost of transporting a single patient; however, the longest distance over which a patient is transported may be claimed when more than one patient is transported in a single airplane concurrently. Under no circumstances will the VA order Air Ambulance Service for more than two patients for any one flight. The Contractor shall not refuse to accept patients; for example heart cases, the mentally disturbed, the critically ill or those with communicable disease. Contractor will not be expected to accept any patient unless a physician authorizes the flight and informs the Contractor regarding any special treatment or care required enroute such as administration of oxygen or medication.

10. AIRCRAFT MAINTENANCE:

- a. All aircraft used in the performance of this agreement must be maintained in an airworthy condition in accordance with all applicable FAA Regulations and CAMTS procedures by means of an established inspection and maintenance plan. Line inspections shall be performed at least once in the twenty-four (24) hour period preceding a flight. Aircraft shall be handled exclusively by trained personnel.
- b. Contractor shall own and operate adequate maintenance facilities or shall have a contract or agreement with an acceptable shop to perform aircraft maintenance. Said contract/agreement to provide required maintenance shall be performed as and when required by the air taxi operator.

11. SMOKING REGULATIONS AND PRECAUTIONS: In accordance with VA smoking policy and FAA regulations, no smoking will be allowed in the aircraft. Contractor shall comply with Federal Aviation Regulation 135.91b which prohibits smoking within 10 feet of oxygen storage and dispensing equipment carried on aircraft. Smoking should never be allowed within 50 feet of a parked air ambulance aircraft.

12. LIFEGUARD FLIGHT PLANS: Operators engaging in air ambulance operations should use the word "Lifeguard" in the remarks section of their flight plan (see Airman's Information Manual). The term "Lifeguard" should only be used when expeditious handling is required. An Air Traffic Controller can help a pilot avoid significant weather and turbulence, and can pass information to ground personnel to help expedite the handling of patients. These additional services will be provided when the controller's workload permits.

13. DEVIATIONS FROM FAA REGULATIONS: Deviations from Federal Aviation Administration Regulations shall be reported in accordance with Federal Aviation Administration Regulations Part 91.3 and 135.19. Deviation decisions related to flight safety can only be made by the pilot who must consider the safety of all persons aboard as well as the needs of the patient.

14. Communications during a mission will be conducted according to the standards which meet or exceed CAMTS.

15. PATIENT MEDICAL RECORDS / TRIP REPORT: Each air ambulance operation should maintain for a period of five (5) years, a record (Trip Report) of each air ambulance operation, including but not limited to the following:

Patient's name

Date of flight

Diagnosis

Originating and terminating points, and patient's condition upon departure and arrival

16. An in-flight medical attendant's report of the patient's status, which meets/exceeds standards of CAMTS will be provided with-in 24 hours of flight completion. Reports will

be sent to both the sending and receiving VA facility. (These notes can be vitally important to those who must provide subsequent care.)

17. STANDARDS OF PRACTICE: Protocols and standing written guidelines which meets/exceeds standards of CAMTS will be provided to the VAMC initially and updates as changes occur as well as annually.
18. EQUIPMENT AND SERVICE:
 - a. All ambulance aircraft shall comply with the regulations of the FAA, Federal Aeronautics Regulations (Parts 135/121) and rules and regulations of the state in which Contractor conducts business.
 - b. All ambulance aircraft used in the performance of this agreement must be equipped with functioning two-way radios. Such aircraft must be equipped with all flight instruments required by the Federal Aviation Agency (FAA) regulations for the type of flight operations to be conducted. Such aircraft must also have the facilities to maintain proper cabin temperatures under all flight conditions.
 - c. It is agreed and understood that only the aircraft listed on record at the VA will be employed in the performance of the services covered by this agreement and that no additional aircraft will be added to the agreement without the written approval of the Contracting Officer.
19. ELECTRICAL: Aircraft must have an electrical inverter system for simultaneously required electrical supply for emergency medical equipment; the voltage of which is compatible to the medical equipment required.
20. HEATING SYSTEM: The heating system should have the capacity of maintaining the cabin temperature at about 75 degrees Fahrenheit during all phases of operation.
21. COMMUNICATIONS SYSTEM: The aircraft must have radio capability to communicate air to ground and air to air which meets/exceeds standards of CAMTS.
22. LIGHTING SYSTEM: Interior lighting should be adequate for patient observation and care under all circumstances. During night operations, a curtain should be used if necessary to protect the cockpit from lights in the patient compartment.
23. LOADING STRETCHERS AND LITTERS: Aircraft doors should be large enough to allow a stretcher or litter to be loaded without rotating it more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis.
24. POSITIONING THE STRETCHER OR LITTER: The stretcher or litter should be positioned so as to allow the medical attendant a clear view of the access to any part of the patient's body that may require attention. The attendant should always have access to the patient's head and upper body. The upper surface of the litter should not be less than 30 inches from the ceiling of the aircraft or the under surface of another litter. 40 inches is required between the upper surface of the litter to the aircraft ceiling in order to

conduct CPR. A conventional stretcher or litter will be at least 19 inches wide and 73 inches long. Between 12 and 18 inches of clear aisle at the head and on one side of the litter is desirable. When possible, litters should be installed laterally in the aircraft to better restrain against forces, which may be encountered in a crash.

25. BASIC MEDICAL EQUIPMENT REQUIRED FOR EACH FLIGHT:

- a. Air ambulance equipment must meet the requirements which meet/exceed standards of CAMTS.
- b. Medications/intravenous solutions, dressings, catheterization kits, etc., for specific patient problems will be provided by the respective VA medical center.
- c. Maintenance of medical equipment and supplies shall meet/exceed standards of CAMTS.
- d. The equipment required in each aircraft used in the performance of services under this agreement shall meet/exceed standards of CAMTS.

26. GROUND AMBULANCE:

- a. The Contractor is responsible for making ground ambulance arrangements with the appropriate VA or local ground Ambulance Company if the VA does not have a ground ambulance contract or agreement for the area. If arrangement is made by the air ambulance Contractor, the ground ambulance subcontractor will invoice the air ambulance company who will invoice the VA. The air ambulance Contractor will not release the patient until ground transportation is available. In order to provide continuity of transportation, the air ambulance operator should coordinate aircraft departures and arrivals with required surface transportation to avoid any delays at the points of origin or destination. Generally, the air ambulance should be available for immediate boarding at origin, and ground transportation should be awaiting the flight at the destination. If a delay is unavoidable, the patient must be protected from inclement weather, including temperatures that could adversely affect his/her condition.
- b. The Medical Flight Attendant will accompany the patient from the transferring facility of pick-up to the receiving facility. Upon transfer of the patient, the Medical Attendant will annotate the receiving facility's medical personnel name and include this on the in-flight Medical Attendant's report detailed, above.

27. ATTENDANTS:

- a. A record of each employee's background, clinical experience and appropriate certifications that meet or exceed standards in CAMTS as well as the character and physical capabilities of performing the duties of an air ambulance operator or attendant shall be maintained and made available for inspection upon request. The VA reserves the right to request qualifications prior to award. Offer submissions shall include personnel qualifications, certifications and record of each employee's character and physical capabilities. Contractor will provide the VA with updated records on an annual basis and when changes in personnel

occur.

- b. Medical Flight Attendant is defined as any licensed physician, nurse, physician assistant, or emergency medical technician/paramedic that has had additional training in various aspects of aero medical transportation which meets/exceeds standards of CAMTS and also, as specified, below. A Medical Flight Attendant may not serve simultaneously as a required pilot or crewmember on the flight.
- c. Registered Nurse trained in critical care and ACLS will be the primary Medical Flight Attendant when medical conditions require nursing care that is not part of physician assistant or emergency medical technician scope of practice.
- d. A qualified Registered Nurse, for the purposes of this agreement, is one who meets/exceeds standards of CAMTS and has received education in critical care nursing, aeronautical concepts and ACLS. Documentation of annual competency assessment will be provided for all medical attendants.

28. MEDICAL FLIGHT ATTENDANTS TRAINING:

- a. To qualify as a Medical Flight Attendant, an individual shall meet/exceeds standards of CAMTS with specialized emphasis placed on the airborne environment:
- b. For those medical personnel who have to receive training in emergency medical care, complete an EMT-P course in accordance with the Department of Transportation curriculum or an equivalent program of instruction approved by the Department of Transportation and meets/exceeds standards of CAMTS.

29. LICENSES, CERTIFICATIONS AND INSURANCE:

- a. Air Ambulance Pilot - Shall have a valid operator's license in accordance with Federal, State and local government requirements for their place of operation, for the services they perform.
- b. EMTs - Shall be certified, licensed or otherwise officially recognized by the local, state or regional government or public entity where the emergency ambulance service is operated or by which it is governed.
- c. Ambulance Driver - Shall have a valid operator's or chauffeur's license in accordance with Federal, State and local government requirements for their place of operation, for the services they perform.
- d. Contractor - Shall maintain personal liability, automobile liability, and property damage insurance, as prescribed by the laws of the state of New York and in accordance with VAAR 852.228-71, VAAR 852.237-7 and VAAR 852.237-70.
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30. WAITING TIME: The Contractor will not be expected to wait over one (1) hour for patients without receiving further payment. Delays due to causes beyond the control and without the fault of the VAMC or the beneficiary patient concerned will not be

considered waiting time for the purpose of this agreement. Such causes may include but are not restricted to acts of God or of the public enemy, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, or delays caused by weather conditions.

31. UNUSUAL EVENTS: Contractor is required to notify the Contracting Officer or his/her designee of any unusual events, including but not limited to accidents or safety problems that occur involving any VA beneficiary being transported under this agreement. This notification will be made within one (1) hour by telephone and, if requested by the VA, a written report of the event will be delivered to the Contracting Officer or his/her designee by close of business the next working day.
32. INSPECTION PRIOR TO AWARD: The Government reserves the right to thoroughly inspect and investigate the establishment facilities, business reputation and other qualifications of any offeror and to reject any offer, irrespective of price, that shall be administratively determined lacking in any of the essentials necessary to assure acceptable standards of performance. If any air ambulance equipment is added after inspection, subsequent to execution of agreement, it shall be inspected and approved by the Contracting Officer before being placed in use under the agreement.
33. PATIENT PRIVACY AND CONFIDENTIALITY:
 - a. All "patient papers" transported with the patient are confidential in accordance with HIPAA. Contractor's personnel may review these records for assessment and treatment purposes only. Appropriate administrative and medical information will be provided to the Contractor for patient transport. If the medical record is transported with the patient, it may be used as a source of information if the situation warrants (i.e. emergent care while in-route). In all other instances, all documents will remain intact and sealed.
 - b. Contract personnel will take necessary precautions to safeguard information and prevent disclosures. If contract personnel suspect a compromise they will report such knowledge to the COR that same day.
 - c. The Contractor shall make its internal policies and practices regarding the safeguarding medical electronic information available to VA. Contractors are not authorized to employ a lesser requirement than what is established by this document.
34. CONTRACTOR IDENTIFICATION: In accordance with FAR 52.204-9 and VA Directive 0735 – *Personal Identity Verification of Federal Employees and Contractors*, any contract person who requires physical access to a Federally-controlled facility will be required to verify their identity prior to providing services under the contract. Each contract person may be asked to provide two (2) forms of identification from the Accepted Identification Documentation List to the appropriate VA representative.

Quality Assurance Surveillance Plan:

Contractor shall ensure that each beneficiary is treated in a professional manner, keeping in mind diversity of our beneficiaries. Each beneficiary shall be treated with the highest quality of care and standards established in the industry. Some of the areas to be assessed are:

- a. Patient safety
- b. Medical services
- c. Equipment and aircraft maintenance program

Factor No.	Performance Indicator	Performance Standard	AQL – Maximum Allowable Degree of Deviation	Method-Type of Surveillance Reduction when AQL Exceeded
1	Patient Safety	Consistent with Standards and Safety Guidelines	n/a	Patient condition monitored at conclusion of each flight
2	Medical Services	Qualified staff to provide appropriate services	n/a	Patient condition monitored at conclusion of each flight
3	Equipment & Aircraft Maintenance Program	In accordance with established Local, State and Federal regulations.	n/a	Equipment and Aircraft maintenance logs reviewed semi-annually
4	Dispatch Response	Within thirty minutes	n/a	Monitor through travel coordinator logs
5	Air Ambulance Response	Within four hours	n/a	Monitor through travel coordinator logs
6	Submit Patient Data	Within fifteen working days	n/a	Monitor through travel coordinator
7	Submit Invoice	Within fifteen working days	n/a	Monitor through travel coordinator

8	Patient Satisfaction	Per occurrence	n/a	Monitor through travel coordinator
9	Professional Interaction	Per occurrence	n/a	Monitor through contracting officer and travel coordinator
10	Integration & Coordination	Per occurrence	n/a	Monitor through contracting officer and travel coordinator
11	Problem Solving	Per occurrence	n/a	Monitor through contracting officer and travel coordinator