

Quality Assurance Surveillance Plan (QASP) Hemodynamic Monitoring/Nerve Block Technician

The contractor will be evaluated in accordance with the following:

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 through contract modification. 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: Ken Eshom, Contracting Officer 651-293-3021

Organization or Agency: VA Network-23 Contracting Office

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: Lynda Dent, AO Surgery/Specialty Care 612-467-2384

Organization or Agency: Minneapolis VA Health Care System

3. CONTRACTOR REPRESENTATIVES

The following employee(s) of the contractor serve as the contractor's program manager(s) for this contract.

Primary:

Alternate:

4. PERFORMANCE STANDARDS

The contractor is responsible for performance of ALL terms and conditions of the contract. CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined. Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

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The Performance Requirements are listed below in Section 6. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part, to establish the past performance of the contractor on the contract.

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.** 100% surveillance: for this service direct observation will not be performed by the COR. The Chief of Anesthesiology or Chief CRNA will provide random direct observation of performance and inform COR as necessary
- b. **PERIODIC INSPECTION.** Quarterly periodic inspection will be completed by the Chief of Anesthesiology or Chief CRNA or designee and reported to the COR. Physical presence is checked on a monthly basis by COR checking with the using service to see if provider is present in the medical center and providing the services as required by the contract.
- c. **VALIDATED USER/CUSTOMER COMPLAINTS.** Discussion with individuals involved in patient care and who are familiar with the provider's work will be randomly polled quarterly or as needed by the COR.
- d. **RANDOM SAMPLING.** Randomly sampled quarterly by COR reviewing performance provided with Aneesthesiology Department's Chief CRNA
- e. **VERIFICATION AND/OR DOCUMENTATION** provided by Contractor. COR will work with the Medical Staff Office to verify maintenance of valid license & other credentialing requirements. Documentation is verified annually.

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6. QASP PERFORMANCE REPORT

DATE: _____

Measures	PWS Reference	Performance Requirement	Standard	Acceptable Quality Level	Surveillance Method	Met AQL/Did Not Meet AQL CPAR Rating/ADD Comments
Provider Quality Performance	4.6.4.1.	Contract technician(s) must be providing services in accordance with the PWS requirements and clinical standards	100% of care provided within PWS requirements and clinical standards of care	100%	OPPE	
Qualifications Key Personnel	4.6.4.2.	Contract technician(s) must Basic Life Support (BLS) certified, and must meet the qualifications in accordance with PWS requirement	All(100%) contract physician(s) are board certified and qualified to perform services required in the PWS	100% No deviations accepted.	Random Inspection of qualification documents	
Patient Access	4.6.4.3.	Contract technician(s) must be on time, onsite, and available, providing services in accordance with the PWS requirements	All (100%) contract physician (s) are on time and available to perform services.	All contract physician (s) are on-time and available to perform services 100% of the time	Periodic Sampling of Time and Attendance Sheets	
Patient Safety	4.6.4.4.	Patient safety incidents shall to be reported using Patient Safety Report. All incidents reported immediately (within 24 hours.)	All (100%) of patient safety incidents are reported using Patient Safety Report within 24 hours of incident.	All (100%) of patient safety incidents are reported using Patient Safety Report within 24 hours of incident. No acceptable deviation.	Direct Observation	
Mandatory Training	4.6.4.7.	Contractor shall complete all required training per VAMC policy	All (100%) of required training is complete on time by contract physician (s).	100% completions, no deviations.	Periodic Sampling	

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Privacy, Confidentiality and HIPPA	4.6.4.8.	Contractor is aware of all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA and complies with all standards Zero breaches of privacy or confidentiality	All (100%) contractor physician (s) comply with all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA	100% compliance; no deviations.	Contractor shall provide evidence of annual training required by VAMC, reports violations per VA Directive 6500.6.	
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7. CPAR RATINGS ASSIGNED TO QASP ITEMS:

Metrics and methods are designed to determine ratings for a given standard and acceptable quality level. The following ratings shall be used. (Reference: CPARS User Manual: <https://www.cpars.gov/pdfs/CPARS-Guidance.pdf> p. A2-1).

EXCEPTIONAL:	Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective. <i>Note: To justify an Exceptional rating, you should identify multiple significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.</i>
VERY GOOD:	Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective. <i>Note: To justify a Very Good rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.</i>
SATISFACTORY:	Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory. <i>Note: To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.</i>
MARGINAL:	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented. <i>Note: To justify Marginal performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A Marginal rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., Management, Quality, Safety or Environmental Deficiency Report or letter).</i>
UNSATISFACTORY:	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective. <i>Note: To justify an Unsatisfactory rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).</i>

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8. DOCUMENTING PERFORMANCE

- a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).
- b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Report (CR), and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.
- c. The contractor shall acknowledge receipt of the CR in writing. The CR 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 CR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance and the acceptability of the Contractor's corrective action plan.
- d. Any CRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO. See sample of CR on the following page.

9. COR AND CONTRACTOR ACKNOWLEDGEMENT OF QASP

SIGNED: _____
COR NAME/TITLE: Lynda Dent, AO Surgery/Specialty Care-PSL

DATE

SIGNED: _____
CONTRACTOR NAME/TITLE:

DATE

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CONTRACT REPORT				
1. CONTRACT NUMBER		2. REPORT NUMBER FOR THIS ISSUE		
3. TO: <i>(Contracting Officer)</i>		4. FROM: <i>(Name of COR)</i>		
5. DATES				
a. CR PREPARED	b. RETURNED BY CONTRACTOR:		c. ACTION COMPLETE	
6. ISSUE IDENTIFIED <i>(Describe in detail. Include reference to PWS Directive; attach continuation sheet if necessary.)</i>				
7. SIGNATURE OF COR				Date:
8. SIGNATURE OF CONTRACTING OFFICER				Date:
9a. TO <i>(Contracting Officer)</i>		9a. FROM <i>(Contractor)</i>		
10. CONTRACTOR RESPONSE AS TO CAUSE AND ACTIONS TO PREVENT RECURRENCE. <i>(Cite applicable quality control program procedures or new procedures. Attach continuation sheet(s) if necessary.)</i>				
11. SIGNATURE OF CONTRACTOR REPRESENTATIVE				Date:
12. GOVERNMENT EVALUATION.				
13. GOVERNMENT ACTIONS <i>(Acceptance, partial acceptance, reflection. Attach continuation sheet(s) if necessary.)</i>				
14. CLOSE OUT				
	NAME	TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED				
COR				
CONTRACTING OFFICER				