

## **QUALITY ASSURANCE SURVEILLANCE PLAN SHUTTLE TRANSPORTATION SERVICES**

- 1.0 This Quality Assurance Surveillance Plan (QASP) provides a standard of surveillance for monitoring the Shuttle Transportation Services contract and provides the approach the Government will use to conduct surveillance over the performance aspects of the effort and will help to ensure the standards of the contract are being met.
- 2.0 The VA Contracting Officer's Representative (COR) or VA Supervisory Transportation Specialist/designee will be monitoring performance. Surveillance observations/inspections will be recorded in order to document the Contractor's performance. This documentation will become an official Government record of the Contractor's performance.
- 3.0 Customer complaints – If the VAMHCS receives customer complaints about the quality of the Shuttle Transportation services, then the COR will make a determination if the complaint is a minor or a major complaint. The COR will notify the Contracting Officer and the Contractor of the nature and severity of the complaint.
- 3.1 Minor complaints – isolated incidents of minor complaints will be addressed by the COR. The onsite contract representative or project manager will be notified of the complaint and the Contractor will work with the COR to ensure the complaint is addressed or resolved.
  - 3.2 Minor complaints will be documented if the COR determines that a pattern of minor complaints has developed, or that there is an alarming increase in the frequency of minor complaints. In that case, the severity level of the complaints would be designated as a major complaint.
  - 3.3 Major complaints – these complaints will be documented. The COR will make a determination on the validity of the complaint(s) against the Contractor and will notify the Contracting Officer and the Contractor of that determination. The Contractor will be required to address or resolve complaints determined to be valid. Unresolved major complaints will be deemed unacceptable performance.
- 4.0 Inspections
- 4.1 Periodic inspections may occur on a pre-determined basis (e.g. daily, weekly, and monthly) as determined by the COR. The results of periodic inspections may be used as the basis for subpar report documentation.
  - 4.2 Random inspections may occur at any time and location.
- 5.0 Performance
- When performance is deemed unacceptable, the COR will inform the Contractor's on-site representative, or one of the Contractor managers. Disputes must be referred to the Contracting Officer. The COR will notify the Contracting Office (CO) of subpar performance. If any services do not conform to contract requirements, the Government may require the Contractor to re-perform the services to conform with contract requirements at no increased cost to the government. When sub-par performance cannot be corrected by re-performance, the Government may:
- 5.1 Require the contractor to take action necessary to ensure future performance conforms to contract requirements.

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- 5.2 By separate contract or otherwise, perform the services and charge to the Contractor any cost incurred by the Government that is directly related to the performance of such service or:
- 5.3 Issue Cure Notice
- 5.4 Issue Show Cause
- 5.5 Terminate the contract for cause.

### **Quality Assurance Surveillance Plan Performance Criteria**

| Performance Criteria            | Performance Standard                               | Max allowable degree of deviation | Method -Type of Surveillance               |
|---------------------------------|--|-----------------------------------|--|
| Patient safety                  | Consistent with standards & safety guidelines      | 2 occurrences per year            | Monitor through travel coordinator and COR |
| Equipment & Maintenance program | IAW established local, state & federal regulations | 2 occurrences per year            | Review logs semi-annually                  |
| Patient Satisfaction            | Per occurrence                                     | 1 occurrence per quarter          | Monitor through COR                        |
| Professional Interaction        | Per occurrence                                     | 1 occurrence per quarter          | Monitor through COR                        |

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|                       |           |      |
|-----------------------|-----------|------|
| Print Name/Contractor | Signature | Date |
|-----------------------|-----------|------|

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|                                |           |      |
|--------------------------------|-----------|------|
| Print Name/Contracting Officer | Signature | Date |
|--------------------------------|-----------|------|

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|                |           |      |
|----------------|-----------|------|
| Print Name/COR | Signature | Date |
|----------------|-----------|------|

**QUALITY ASSURANCE SURVEILLANCE PLAN  
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ATTACHMENT 1<sup>1</sup>

**CUSTOMER COMPLAINT RECORD**

Date/Time of Complaint: \_\_\_\_\_

Source of Complaint: \_\_\_\_\_

Organization: \_\_\_\_\_

Individual: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contract Reference: \_\_\_\_\_

Validation: \_\_\_\_\_

\_\_\_\_\_

Date/Time Contractor Informed of Complaint: \_\_\_\_\_

\_\_\_\_\_

Action Taken by Contractor:

\_\_\_\_\_

\_\_\_\_\_

Received/Action Validated: \_\_\_\_\_

Determination:                      Complaint Valid                      Complaint Not Valid

\_\_\_\_\_  
COR Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Alternatively, the Contractor's Customer Complaint Form could be used in lieu of this Form, provided that it captures substantially the same information.

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**ATTACHMENT 2**

**CONTRACT DISCREPANCY REPORT (CDR)**

|   |                        |
|---|------------------------|
| 1. CONTRACT NUMBER      DISCREPANCY REPORT NUMBER:  |                        |
| 2. TO: (CONTRACTOR & MANAGER'S NAME)  | 3. FROM: (NAME OF COR) |
| <u>DATES</u>  |                        |
| 4. PREPARED - ORAL NOTIFICATION - RETURNED BY CONTRACTOR - ACTION COMPLETE  |                        |
| 5. DISCREPANCY OR PROBLEM (DESCRIBE IN DETAIL. INCLUDE SOW REFERENCES. ATTACH CONTINUATION SHEET IF NECESSARY):   |                        |
|   |                        |
| 6. SIGNATURE OF COR:  |                        |
| 7. TO: (CONTRACTOR)   |                        |
| 8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE (ATTACH CONTINUATION SHEET IF NECESSARY. CITE APPLICABLE QC PROGRAM PROCEDURES OR NEW QC PROCEDURES): |                        |
|   |                        |
| 9. SIGNATURE OF CONTRACTOR REPRESENTATIVE:      DATE:   |                        |
| 10. GOVERNMENT EVALUATION (ACCEPTANCE, PARTIAL ACCEPTANCE, REJECTION. ATTACH CONTINUATION SHEET IF NECESSARY):  |                        |
|   |                        |
| 11. GOVERNMENT ACTIONS (CONTRACTOR DEFICIENCY REPORT, CURE NOTICE, SHOW CAUSE, OTHER):  |                        |
|   |                        |