
CUSTOMER SURVEY

ESTIMATE REPORTING BURDEN

This survey is estimated to average 20 minutes per response, including the time to review the instructions, gathering any relevant data, and briefly answering each question. If you feel that any of the following information cannot be formally documented here or if you need any clarification regarding this questionnaire, please contact John Young, Contracting Officer at john.young2@va.gov 401-455-4908.

[CONTRACTOR COMPLETE FIELD BELOW WITH **REFERENT** CONTACT INFORMATION (Name, facility (e.g. hospital, health care system) address, email, phone and fax).

NAME OF REFERENT:
FACILITY:
ADDRESS:
EMAIL:
PHONE:
FAX:

Dear Sir/Ma'am:

The VA Hospitals of New England intend to purchase, install, test and maintain an Intensive Care Unit - Clinical Information System (ICU-CIS).

[CONTRACTOR INSERT NAME OF **YOUR** COMPANY AND IDENTIFYING INFORMATION, NAME, ADDRESS] supplies such systems and has requested that you complete this survey. The Department of Veterans Affairs welcomes your comments regarding

[CONTRACTOR INSERT NAME OF COMPANY] and any information you may share regarding this contractor relative to the purchase, installation, testing or maintenance of your Intensive Care Unit - Clinical Information System (ICU-CIS).

Your responses with comprehensive feedback from various clinical, biomedical, informatics, and information technology customers are particularly welcome along with input regarding the contractor's management ability and adherence to your requirements.

Please complete the survey which concerns your experience of the contractor or subcontractor who is doing business (or has done business) with you and is interested in doing business with US Department of Veterans Affairs New England. Handwritten responses are sufficient; a typed response is preferred. If you need more space than that provided, please attach additional pages.

Referent: Please transmit your completed survey to the attention of:

[John Young, Contracting Officer, Network Contracting Office 1 \(NCO 1 – New England\)](#)

Phone: 401-455-4908

Email: john.young2@va.gov

Address:

John Young

NCO 1 – Uncas Building Floor 3

Eagle Square

623 Atwells Ave

Providence, RI 02909-2472

You may, but are not required, to share your survey with the contractor who referred you to use.

2. (Contractor) Please complete the following identifying information to begin the survey:

ICU-CIS Contractor :

3. Survey Elements

Customer

(3a) Contractor provided appropriate staffing levels to support project workload before, during, and after project implementation.

N/A Unacceptable Poor Fair Good Excellent
☐ ☐ ☐ ☐ ☐ ☐

Comments:

(3b) Contractor provides reliable access to remote support during all hours of system-use and provides timely onsite support when necessary.

N/A Unacceptable Poor Fair Good Excellent
☐ ☐ ☐ ☐ ☐ ☐

Comments:

(3c) Contractor successfully adhered to the agreed-to project implementation schedule and maintained an acceptable invoicing schedule.

N/A Unacceptable Poor Fair Good Excellent
☐ ☐ ☐ ☐ ☐ ☐

Comments:

(3d) Contractor exhibits cooperative behavior when dealing with unexpected changes to the project schedule and/or additional documentation needed to comply with changes in IT security and contracting requirements.

☐ N/A ☐ Unacceptable ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Comments:

(3e) Contractor demonstrates a clear understanding of existing VHA software (e.g. VistA) and complies with all IT security requirements.

☐ N/A ☐ Unacceptable ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Comments:

(3f) Problems are promptly resolved the first time around with little or no repeat problems.

☐ N/A ☐ Unacceptable ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Comments:

(3g) Contractor provides all resources necessary for clinical and biomedical staff to troubleshoot problems (e.g. admin access to workstations, user manuals, access keys, etc.).

N/A **Unacceptable** **Poor** **Fair** **Good** **Excellent**
☐ ☐ ☐ ☐ ☐ ☐

Comments:

(3h) Contractor was upfront with all project costs and did not attempt any “add on” or “non-disclosure” charges at the time of billing.

N/A **Unacceptable** **Poor** **Fair** **Good** **Excellent**
☐ ☐ ☐ ☐ ☐ ☐

Comments:

(4) Describe the greatest strength and weakness of the Contractor:

Strength:

Weakness:

(5) Given the choice, would you award to this Contractor again?

YES **NO**
☐ ☐

Comments:

(5) Referent: Please provide the following demographic information about yourself.

Name of Respondent:

Title:

Department:

Telephone Number:

Email Address:

Thank you for being part of our effort to serve those who have served.

/signed/
JohnYoung
Contracting Officer
US Department of Veterans Affairs