PERFORMANCE WORK STATEMENT (PWS)
SURGICAL NURSING SERVICES FOR THE PINE RIDGE SERVICE UNIT GREAT PLAINS AREA INDIAN HEALTH SERVICE

C.1) Background

The mission of the Pine Ridge Service Unit (PRSU) Indian Health Service is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. To meet this mission, The Pine Ridge Service Unit requires contractor support to assist the nursing department during times of acute nursing staff shortages in the Surgery Department. The Pine Ridge Reservation located in the southwestern corner of South Dakota, approximately 100 miles from Rapid City. Surrounded by rolling prairies, Badlands and Black Hills, the Pine Ridge Reservation is home to the Oglala Lakota Nation.

C.2) General Requirements

C.2.1 Purpose of Contract

The Contractor shall provide qualified Registered Nurses to work at the PRSU for acceptance by the Surgery Nurse Supervisor, Deputy Chief Nurse Executive, and/or Chief Nurse Executive at PRSU. The purpose of this non-personal service contract is to provide direct patient care, supporting the current Surgical Nursing staff, especially in times of staffing shortages. The contract resulting from this solicitation shall:

1. Require the contractor to be an independent Registered Nurse or temporary nursing agency. Contractor personnel shall work in a Surgery Nursing Department, but may infrequently be floated to the Emergency Room, Outpatient Clinic or Acute Care In-Patient units to act as a patient observer or pass medications or other intermittent care needs as staffing needs arise. Contractor personnel will work five 8-hour shifts. Monday – Friday, 0700-1530.
2. Require Contractor to assume sole and exclusive responsibility for withholding federal and State taxes, paying federal social security taxes.

The minimum staffing requirement for this contract is the equivalent for up to two full-time Registered Nurse services to the Pine Ridge Service Unit over the course of the contract. Since the PRSU operates 365 days a year, ***this contract may require multiple individual Contractor Personnel to meet this requirement***. The Government may significantly increase or decrease the level of effort of this task order at any time by contract modification in response to staffing requirements. It is of utmost importance that the contractor renders seamless coverage and provides continuity care. The contractor shall furnish licensed, experienced personnel, with the relevant background in accordance with the terms and conditions specified in the resulting contract.

C.2.2 Contract Type

This is a firm-fixed-price performance-based service contract for Surgery Nursing Unit, located within Pine Ridge IHS Hospital.

There are significant constraints on the contractor's solution to achieving the purpose of this contract.

The PRSU staffing levels are determined by acuity and standards of care. Therefore, this contract establishes a minimum level of support coverage that must be maintained during each shift. While there are no restrictions on the maximum number of Contractor Personnel hired for this contract, the nursing service physical presence cannot fall below contractually established minimums regardless of patient workload. The practical consequence of this for the Contractor is that although it is a firm fixed price performance-based contract, the staffing requirement takes on the

characteristics of a labor hour contract in that the contract identifies specified skill types/levels for a stipulated number of hours.

Throughout this contract, all references to "Contractor" refer to the awardee. All references to "Contractor Personnel" refer to Contractor staffing provided in support of the contract.

C.2.3 Contract Performance Period

The fixed contract performance period will be for a base ordering period of twenty-four weeks and 7 option periods consisting of twenty-four weeks each; October 18, 2026 to June 22, 2030. In addition, this contract can be terminated for the convenience of PRSU if a sufficient number of permanent government providers are hired to serve in this work capacity. In this event, an authorized government CO shall provide a preliminary written notice to contractor, 60 days in advance.

*****The Government may require the removal and replacement of Personnel as a result of security actions or other reasons, e.g., removal of unqualified or habitually careless Personnel or the removal of Personnel that cannot perform the assigned tasks or display unacceptable conduct and behavior.**

C.2.4 Contract Place of Performance

Pine Ridge Service Unit 607 Indian Health Road, Pine Ridge, SD 57770.

C.3) Performance Requirements

C.3.1 Scope

The contractor shall furnish Surgery Nursing services. These services will be compatible with the facility's operating capacity and equipment. The contractor shall report to the Surgery Nurse Supervisor, Deputy Chief Nurse Executive, and/or Chief Nurse Executive at PRSU. Contract services shall cover the range of Surgery nursing services typically provided in rural civilian practice, including but not limited to the following: Adult and Neonatal Venipuncture and Skin puncture for placement of an IV or for collection of blood samples, operate and maintain sterile operating suites and equipment, perform sterile supply passes, perform surgical timeouts, perform surgical counts, post-op pain management, pre-op assessment, IV infusions, assist with paracentesis procedures, extremity tourniquets, use of surgical equipment and machines, placement and monitoring of oxygen therapy, medication and vaccine administration, administration (oral, transdermal, intravenous, intramuscular, sublingual subcutaneous, nasal, rectal, nebulized, etc) medication, placement and care of urinary catheters, positioning of surgical patients, EKG completion, cardiac monitoring, patient education related to wellness and chronic illness appropriate to patient learning preference and education level, wound care including vacuum assisted closure dressings, general diabetes education, head-to-toe physical examination and documentation of normal and abnormal findings for all ages, preventative wellness screenings including for intimate partner violence, diabetes foot checks, alcohol use disorder, smoking practices, breast feeding use, falls risk, social determinants of health, Depression screening, vital sign assessment and reassessment, mini-mental screening, measurement and fitting of DME supplies, Point of care testing, lab sample collection, intravenous catheter placement and removal, foley catheter care and placement, administering of blood and blood products.

The services to be delivered under this contract by the Contractor to the Government are non-personal services and no employer-employee relationship exists or will exist under the contract between the Government and the Contractor Personnel.

Contractor Personnel under this contract shall not be:

Placed in a position where they are under the supervision or evaluation of a government employee (except for

mandatory peer review and authorized "work direction"): or
Placed in a position of supervision, management, or control over government personnel, or personnel of other contractors, or become a part of the government.

Given the nature of the contract requirements and the medical working environment, it may be necessary for specifically designated Government supervisory personnel to provide "work direction" to the Contractor Personnel. This is accomplished while preserving the non-personal services nature of the contract. The operational need to work as a team is accomplished in a manner consistent with preserving the management responsibilities of the Contractor.

The Contractor is at all times responsible for the quality of Contractor Personnel work. It is the direct responsibility of the Contractor to perform all tasks normally associated with an employer-employee relationship, e.g., completing timecards, resolving quality of work issues, ensuring high motivation and morale, and resolving Government-identified Contractor performance concerns.

The physical absence of an on-site Contractor direct line supervisor does not relieve the Contractor of these responsibilities. For example, the completion and accuracy of timecards is a direct responsibility of the Contractor, not the Government. It is also the direct responsibility of the Contractor to ensure any documents needing to go with timecards are also submitted (eg. HIM deficiencies form). Since this is a non-personal services contract, the Government will not assume supervisory functions except to the extent of providing the work direction addressed above.

The Contractor Personnel will be required to work in surgery clinics, pre-op, post-op and operating rooms. The Contractor Personnel may infrequently be assigned to work in the emergency department, outpatient clinic and the acute care in-patient department as needed for nursing actions such as comprehensive patient care, patient observation, medication passes, vitals collection, or point of care testing. The Contractor shall be flexible in rotating temporarily, or permanently moving into, other shifts upon notification by the COR. The Contractor Personnel identified for rotation or temporary move into a new shift will be required to undergo orientation to the new shift and unit. Hours may vary; day shifts with additional standby call in the evenings, weekends and holidays. Standby call requires contractor to present to hospital within 15 minutes of phone call for any urgent or emergent surgical need.

The Contractor Personnel are expected to complete their shift to the end of their scheduled shift. Approval to leave early may be requested and may be approved by the Supervisor or designee. In cases of expected inclement weather, contractor personnel are expected to secure quarters close enough to the facility to present for their scheduled shift during snowstorms, blizzards, icy road conditions, or cold/heat extremes.

To function effectively and efficiently as a team member in this environment, **the work demands Contractor Personnel with a high degree of knowledge, skills, and abilities. Contractor management plays a key role in sustaining this high performing, highly motivated, and responsive Registered Nurses and Licensed Practical Nurses to support effort that enhances the image of the PRSU and gains the confidence of the supported Native American population.**

MAJOR TASKS: Position provides direct care in assessing, planning, implementing and evaluating care for patients. Responsible for performing direct patient care duties to all ages of patients with diverse acute & chronic health problems.

1. Provides direct patient care for our surgery department patients of all ages with diverse medical and nursing diagnoses.
2. Receives patients, conducts proper patient identification x 2.

3. Intervention includes but is not limited to: Dressing changes; ambulation; assists with activities of daily living; range of motion - limited physical therapy; administering medications and vaccines as prescribed by the provider including all routes of administration (PO, IM, IV, etc); respiratory treatment and oxygen therapy; fitting of assistive devices, splints, or durable medical equipment; patient education adjusted to appropriate level; urinary catheter placement; collection of tissue and biological samples, venipuncture for collection of blood samples; and full spectrum of care for a patient in a perioperative setting using aseptic techniques.
4. Preforms nursing reassessments independently to evaluate patient response to nursing interventions and updates/revises plan of care based on changes in health status and reassessments.
5. The Contractor shall provide coverage in other departments as needed during staff vacancies, vacation, sick leave, etc.
6. Provides instruction to patients on disease process, procedures, plan of care, use of equipment, specimen's collection of health maintenance and documents per educational plans and policies.
7. Assess the biophysical, psychosocial, emotional, educational, spiritual, and cultural needs of all medical, surgical and pediatric patients in accordance with established patient care standards. Plan nursing care for patients utilizing the nursing process and in accordance with established unit standards and license scope.
8. Initiate treatments, medications, emergency and resuscitative measures based on appropriate utilization of standing orders and unit protocols. Document observations, nursing interventions, therapeutic measures administered and patient response to treatment and reevaluation of nursing care according to facility standards.
9. Maintains complete nursing documentation, medical record confidentiality and safeguards medical information. Follows CMS, TJC requirements for nursing documentation, utilizes approved forms and participates in the overall monitoring and compliance with these standards.
10. Consult with primary care providers and other healthcare professionals on patients to coordinate diagnostic and therapeutic regimens for patients.
11. Provide patient and family education which includes counseling and assisting the patient/family to understand and accept implications of care, diagnosis, and treatment.
12. The contract Registered Nurse will perform primary functions of assessing, planning, implementing and evaluating the care of all assigned patients in the Surgery Department. The contract Registered Nurse is responsible for meeting established Unit Standards of Nursing Practice; for managing supplies and equipment on the unit, and promoting teamwork with primary care providers, personnel of other departments and the patient community.
13. The contract Registered Nurse shall generate and maintain appropriate electronic health care information on beneficiaries to whom treatment is provided in accordance with IHS regulations.
14. The contract Registered Nurse shall comply with all IHS facility infection control and safety procedures, practices, and standards. Operate specialized equipment such as Olympus surgical tower, Suction D&C machine, Endometrial ablation equipment, extremity tourniquets, positioning devices, resuscitation units, cardiac monitors, defibrillators, pulse oximeters, infusion pumps, vital sign machines, EKG, infant incubators, oxygen equipment, suction equipment, point of care glucometers, ventilator equipment, etc. Maintain equipment checklists per unit protocol.
15. Develops a plan of care for individual patients identifying problems, needs of the patient, and patient driven health goals, adjusts the plan of care as needed, and evaluates the plan of care.
16. Contractor personnel must be able to assist in a cardiac arrest situation. This will include knowing CPR and recognizing anaphylaxis and responding to other emergency situations with other staff members. American Heart Association BLS, ACLS, and PALS is required by the Indian Health Service for consideration of a contract candidate.

The work may require prolonged periods of standing; walking, recurring bending, crouching, stooping, stretching, reaching; recurring lifting of moderately heavy items such as patients or equipment (occasionally over 50 pounds). The work may require specific, but common, physical characteristics of ability such as above average agility and dexterity. Extended or late shifts for patient care needs may cause physical and emotional stressors unique to the role.

C.3.2 New Employee Orientation (NEO) & Annual Trainings

New Employee Orientation is required for all new staff, occurs every other week & is held at the PRSU. Contract staff shall complete all PRSU required orientation training, and mandatory and annual training.

Comply with the requirements of Section 231 of Public Law 101-6&7, the Crime Control of 1990 and Section 4087 of Public Law 101-630, the Indian Child Protection and Family Violence Act. Report any information or all circumstances of which Contractor Personnel are aware that may pose a violation to the COTR.

C.3.3 Qualifications

Before Contractor Personnel commence work and prior to the arrival of Contractor Personnel at the PRSU, the contactor shall ensure the Contractor Personnel meet or exceed the following requirements:

The contract Registered Nurse must hold a current, unrestricted state nursing license from any of the 50 United States, District of Columbia, or any US territory and have passed the NCLEX-RN.

The contract Registered Nurse must have current American Heart Association Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and Pediatric Advance Life Support (PALS).

The contract Registered Nurse must have at least one (1) year or more experience in surgical service departments.

The Contractor Personnel shall read, understand, speak, and write English well enough to effectively communicate with Native American Patients and other health care workers.

The Contractor Personnel shall possess knowledge of computer operations and have proficiency in the use of word processing, email, and electronic patient records. Hospital information systems, and other similar software as required.

The Contractor Personnel shall possess sufficient initiative, interpersonal relationship skills and social sensitivity such that Contractor Personnel can relate constructively to patients from the Native American community.

Only perform procedures consistent with the PRSU and PRSU operating capacity and equipment. Performs quality control checks on point of care equipment, defibrillators, isolation room environment compliance, alarm system functionality, and any other equipment assigned for routine quality control review. This position will be expected to personally perform the full range of nursing procedures offered by the Pine Ridge Service Unit Surgery Clinic Nursing Department. These include, but are not limited to Adult and Pediatric Venipuncture and Skin puncture for IV placement and/or blood sample collection, assisting physician with cast application or cast removal placement of nasogastric tubes, oral and nasal airway suction, cardiac telemetry placement and monitoring, placement and monitoring of oxygen therapy, wide range of wound care including vacuum assisted closure dressings, medication and vaccine administration (oral, transdermal, intravenous, intramuscular, sublingual subcutaneous, nasal, rectal, nebulized, etc), application and use of defibrillator including pacing functions, use of patient ambulation assistive devices, fitting of supportive splint devices, durable medical equipment and supplies, orogastric feeding tube devices, placement and care of urinary catheters, care of gastric ostomy and replacement of collection bags, and set up of procedure equipment and supply trays using aseptic technique, operate specialized equipment such as Olympus

surgical tower, Suction D&C machine, Endometrial ablation equipment, extremity tourniquets, positioning devices, resuscitation units, pulse oximeters, infusion pumps, vital sign machines, EKG, infant incubators, suction equipment, point of care glucometers, ventilator equipment, and maintain equipment checklists per unit protocol.

Professional knowledge of Nursing principles, concepts and methodology sufficient to perform a broad range of routine and complex nursing care. Skill and Knowledge sufficient to use and maintain complicated instruments and equipment, knowledge of normal and abnormal physical assessments of all patient ages, knowledge of a wide range of acute and chronic medical conditions and appropriate standard nursing interventions to include appropriate infection control precautions and use of personal protective equipment, knowledge and interpersonal skills sufficient to provide appropriate patient education related to disease process, nursing care interventions, patient self-management support and care coordination instructions. Should have knowledge of regulatory agency requirements sufficient to ensure work is consistent with standards of the agency. The contractor personnel will handle problems and document corrective actions in accordance with the established policies, procedures and instructions. Guidelines include hospital policies, instructions for use manuals, handbooks, clinical care guidelines, logs, and procedural manuals.

Collect, interpret and record; and communicate pertinent patient data relevant to the patient's care before, during and after patient visit.

Accurately review, confirm, and complete orders for each patient as placed by medical provider: admission, transfer, discharge, medication, diagnostic testing, diet, code status, ambulation, infection control precautions, fall risk precautions, and assessment/reassessment orders. Have knowledge of and appropriately utilize facility standing orders.

Communicate/document the psychosocial health status of the patient to include patients' perception of care, expectations/goals of care, coping mechanisms, knowledge level, ability to understand, philosophical and religious beliefs and cultural practices.

Respect and maintain the basic rights of patients, to include but not be limited to personal dignity.

Accurately document according to PRSU policies and the PRSU Nursing Department policies and procedures within EHR, RPMS, and within other systems as required by PRSU.

Ensure the appropriate equipment and supplies are available based upon patient Nursing needs. Monitor and control the environment to include temperature and humidity, sensory environment, and cleanliness. The Nurse must be able to operate equipment like weight scales, IV pumps, Accucheck glucometers, Vital Signs, EKG and Defibrillator and other equipment related to regular Nursing duties. Enter appropriate work orders to BIOMED or FACILITIES for proper resolution of downed instruments or other equipment etc. and tag the equipment appropriately.

Ensure equipment is properly- cleaned and monitored. Ensure preventive maintenance is performed as necessary and as needed.

C.3.4 Health Information Management (HIM)/Electronic Health Record (EHR)

The contractor shall use PRSU Electronic Health Record (EHR) system to maintain accurate and up-to-date information on clinical care provided to patients. Experience with EHR is highly recommended. All patient health record documentation initiated by the Contractor shall be completed per the PRSU policy.

Prepare all medical record documentation to meet or exceed the established standards of the PRSU, the PRSU Nursing policies and procedures, and TJC/CMS guidelines to include, but not be limited to timeliness, legibility, accuracy, content, and signature. All medical record information generated in the performance of this contract will remain the property and subject to the exclusive control of the Indian Health Service. Use only PRSU approved

abbreviations to document care in the health care record.

Ensure complete patient identifying information is on all documentation that is to become part of the health care record.

The approving authority of the Contractor's timesheets will not sign off on/approve the final time sheets unless the Contractor has successfully completed all required patient nursing encounter documentation (medical records). To ensure medical records are complete with no deficiencies, the Contractor shall submit a Health Information Management Clearance From (HIMCF) with each timesheet. The Contract Officer (CO) and Contract Officer Representative (COR) shall be notified within two business days, should the HIMCF indicate deficiency.

C.3.5 Tour of Duties

The contract Surgery Nursing Service hours may vary due to changing needs of PRSU, varying complexity of medical needs and/or patient volume. The Surgery Nursing Supervisor, Deputy Chief Nurse Executive, and/or Chief Nurse Executive at of PRSU IHS will address these changes to the contract company. The contract company must make all contractor staff aware of the Surgery Nursing Department hours.

Regular Schedule: 80 hours per 2-week rotations. Clinic Hours: Shifts will be 10 (ten) 8-hour shifts or 8 (eight) 10-hour shifts with a 30-minute lunch break. Shift will be assigned by the Supervisor of the department or designee based on the staff needs. Potential shifts: Day Shift 0700-1530 (8 hours), 0700-1730 (10 hours), in addition to rotating standby call. The schedule will be maintained and monitored by the Department Nurse Supervisor and will be reassigned as necessary to cover all shifts. Flexibility is expected. Overtime will be paid as regular hours of work. These are the shifts that will need coverage. However, the scheduling of these shifts will be determined by the Department Nurse Supervisor.

Standby Call Schedule: Contractor will be assigned a range of standby call hours ranging from 15.5 hours to 86 hours per week. Standby call hours are paid at a lower negotiated rate and require the contractor to respond to the surgical department within 15 minutes. Contractors will receive call-back rate of pay for any hours required to perform circulatory nursing duties for urgent/emergent surgical cases they are called back in for.

A thirty (30) minute lunch break is required, is not billable and is not to adversely affect patient care. If work is performed over the 12:00 pm (Noon) lunch period, a 30-minute lunch may be taken at a more convenient time.

The Contractor shall ensure the contractually required support level is maintained at all times. This contract is for specified skill types/levels - not for specific individuals. The Contractor shall ensure that all Contractor Personnel are present for all hours of the workday. If for any reason the specified staffing levels are not maintained, due to vacation, leave, appointments, etc. and replacement Personnel will not be provided, the Contractor shall obtain the written approval of the Supervisor/ designee or the COR II prior to the Contractor Personnel's absence. Otherwise, the Contractor shall provide a fully qualified replacement so there is no gap in service.

The Contractor Personnel shall be available for work in the work area per work direction schedule. The contract Registered Nurses can be scheduled to work in any area determined by service unit need. (Outpatient, Acute Care and any of the specialty clinics, Pediatrics, Midwife Clinic, Orthopedics, Podiatry, or Mobile unit)

The Contractor shall ensure Contractor Personnel provide professional effort and conform to Government policies regarding daily lunch breaks and other breaks. The Contractor shall ensure Contractor Personnel communicate to the Supervisor for reporting to work as it relates to inclement weather (late due to travel conditions etc.).

Contractor Personnel shall obtain approval of the Contractor prior to any absence from work. The Contractor shall

then coordinate with the COR II to determine if backfill is necessary. The Contractor shall request approval from the COR II at least 30 calendar days in advance of any planned absence. The exception is verifiable emergencies.

If a Contractor Personnel is absent due to illness for three or more consecutive days, the Contractor shall provide to the Nursing Supervisor/ designee or the COR II written documentation from a qualified health care provider that Contractor Personnel is free from communicable disease and state the cause of the Contractor Personnel's illness. Statement that Contractor Personnel is fit for service may be requested if deemed necessary.

If services are not provided by Contractor Personnel, the PRSU reserves the right to procure such services from another source and deduct these costs and all administrative costs from payments due the Contractor.

C.2.1 Quality of Care

The Contractor shall comply with the following quality of care protocol:

It shall be understood that eligible patients under treatment will be rendered services that provide the best medical care within the Contractor's professional training and experience. All services rendered shall be in accordance with current standard medical practices to ensure quality of care. A Work Schedule will be provided to the contractor by the Nursing supervisor prior to the dates a nurse is needed.

The contractor personnel will abide by all policies at the Pine Ridge Service Unit and within the Indian Health Service applicable to nursing department staff. The Contractor personnel shall agree to abide by the HIPAA and CMS standards.

The quality of work performed by the Contractor personnel will be subject to review by chart audits and site visits by the Contract Officer Technical Representative, Vendor Project Officer or designee. Quality Review audits will be conducted by the Nursing Supervisor for competency per CLIA guidelines. Quality Review audits will be conducted by the Nursing Supervisor monthly for compliance with critical value reporting, corrected reports, and workload statistics to evaluate the effectiveness of the services provided.

The quality of work performed by the Contractor personnel will also be subject to review by the Nursing Administration and Contract Officer Representative.

The Contractor shall ensure all Contractor Personnel on site comply with the following:

Balancing the need for complete patient care with the requirement to provide services to all assigned patients during a shift.

C.2.2 Employee Health Requirements

The Contractor shall adhere to PRSU Employee Health Program policy. The purpose is to provide uniform guidelines for ensuring all staff are free from communicable disease or any other diseases, which may be debilitating or render the Contractor not able to perform his/her, assigned duties. The Contractor shall also adhere to receiving annual vaccinations required. The immunization records are required to be turned into Employee Health Department prior to entrance on duty. Employee Health Requirements include current series of the following vaccinations or screening (see attached policy for full details):

- **a.** Measles, Mumps, & Rubella (MMR)
- **b.** Varicella (Chicken Pox)
- **c.** Tetanus, Diphtheria, Pertussis (Tdap)
- **d.** Tuberculosis-PPD Annually

- **e.** Hepatitis A
- **f.** Hepatitis B
- **g.** Influenza
- **h.** COVID-19 Vaccination series

C.4) Special Requirements

C.4.1 Security – Character Investigation

Contractor staff will be required to follow PRIHS procedures to obtain a full Federal background investigation. To obtain a Personal Identity Verification (PIV) card, contractor staff shall complete and pass a Federal background investigation conducted by the Office of Personnel Management. PRSU IHS will process the investigations through the Office of Personnel Management on all contractor staff.

1) Fingerprints must be captured for digital processing. Contractor may have fingerprints captured via hard copy, then sent to PRIHS by postal service (at contractor's expense), tracking is highly recommended. Note, FD-258 fingerprint card is the only acceptable hard copy. Two forms of identification are also required.
2) The OF-306, Declaration for Federal Employment shall be completed;
3) The Addendum to the OF-306, shall be completed;
4) Provisional Waiver form shall be completed;
5) Copy of Curriculum Vitae/Resume;
6) 86 C form shall be completed;
7) General Release form shall be completed;
8) E-APP;
9) The contractor shall be enrolled for PIV card;
10) State Packets, individualized documents shall be completed, please consult with PRSU IHS HSPD-12 representative for guidance.

The contractor shall ensure that the employees it proposes for work under this contract have a reasonable chance of approval. If at any point during the investigation process a contractor staff is deemed ineligible or found to have other than favorable suitability, the individual must be removed from providing services under this contract. PRSU IHS shall investigate personnel at no cost to the contractor.

C.4.1 Develop Staff Satisfaction Survey

Ongoing throughout the period of performance: Contractor shall develop a Staff Satisfaction Survey (see below) and shall be submitted to the COR II and Nursing Supervisor, and Quality Assurance Coordinator on a quarterly basis on the calendar year cycle (Jan, Apr, July, Oct)

C.4.2 Performance Evaluation Meeting

The Contractor shall meet with the CO at least annually and as requested by the CO. The Contractor may request a meeting with the CO when necessary. Contractor shall sign meeting minutes. Should the Contractor not concur with the minutes, such non-concurrence shall be provided in writing to the CO within ten (10) calendar days of receipt of the minutes.

C.4.3 Quality Assurance/Performance Improvement/Risk Management (QA/PI/RM)

The Contractor shall ensure Contractor Personnel participate in QA/PI/RM activities to the extent required by QA/PI/RM plan or regulation. None of the functions to be performed are inherently governmental. The Government will evaluate the Contractor's professional and administrative performance under this contract using quality assurance standards specified by The Joint Commission and CMS Conditions of Participation.

C.4.4 Work Identification Badge

When the contractor personnel are cleared to start providing service, upon arrival, he/she shall obtain a PRSU IHS work identification badge from PRSU IHS Information Technology Department. The contractor is required to always wear the work identification badge when in working status.

C.4.5 Contractor Furnished Property

The contract Registered Nurse shall wear/follow the uniform policy for the department. The Indian Health Service does not anticipate a need for any other contractor furnished equipment

C.5.1 Timesheet

Timesheet shall capture daily time in, time out and 30-minute (unpaid/required) lunch break. Please tally time to the time sheet in 15-minute increments. Contractor time from 1 to 7 minutes shall be rounded down, and thus not counted as hours worked, but contractor time from 8 to 14 minutes must be rounded up and counted as a quarter hour of time worked. Ensure prior approval for overtime is obtained from the Surgery Nursing Supervisor, Deputy Chief Nurse Executive, and/or Chief Nurse Executive. A Health Information Management Clearance Form (HIMCF) shall be submitted by the contractor with each timesheet. All timesheets & HIMCFs shall be signed by the Supervisory Nursing Supervisor, Deputy Clinical Director or designee for approval. No invoices will be processed unless the timesheet & HIMCF has been approved. The contractor shall send copy of these records to their company & submit all original copies to the Surgery Nursing Supervisor, Deputy Chief Nurse Executive, and/or Chief Nurse Executive. Note, the contractor personnel shall be responsible for returning the approved documents to their contract company.

C.5.3 Invoicing

The contractor shall submit an invoice on a minimum monthly basis via the Invoice Processing Platform (IPP). Contractor shall include the approved timesheet(s) and approved HICF(s) with each invoice. The contractor will be paid for their hours worked, at the fixed hourly rate, by labor category.

Please address invoices to the Surgery Nursing Supervisor, Contract Officer Representative (COR) assigned at contract award and Great Plains Area (GPA) Accounts Payable (AP) Accountant.

C.6) Additional Information

C.6.1 PRSU IHS Furnished Property

PRSU IHS will provide a patient examination area, all medical and non-medical equipment and supplies used in the facilities for the care and maintenance of patients as per the standards of care.

In the provision of medical services, the Contract Contractor Personnel will be authorized to use all areas of the medical treatment facility available to civil services and commissioned personnel in similar positions. The same restrictions apply to the Contractor Personnel as any other Indian Health Service personnel to use these areas for official business activities only.

The Contractor Personnel will be authorized to use all administrative and ancillary support available to PRSU personnel. This will include but not be limited to copy machines, fax machines, medical library, Internet, and telephone services. The same restrictions to use these items for official PRSU business apply.

The PRSU shall provide all required blank Government forms applicable for documentation in the Indian Health Service patient record system. Applicable forms shall include Patient Care Component (PCC) forms. An appropriate orientation to the necessity of such forms will be provided by PRSU personnel.

The Pine Ridge Service Unit shall provide all medical and non-medical equipment and supplies used in the care and management of patients for all locations identified in this Performance Work Statement. The PRSU shall assume the responsibility of patient care coordination. The service unit shall provide a multidisciplinary approach for patients to receive the best care possible. The PRSU shall encourage patients to be independent, well informed and active participants in their own healthcare. Therefore, coordinating care must balance between fostering this independence and ensuring that patients receive optimal and appropriate healthcare.

The Government will provide emergency health care for the Contractor Personnel for injuries incurred on duty at reimbursable cost to the government.

C.6.2 Work Environment

Exposure to contagious diseases is possible in the PRH, outlying clinics and mobile unit. Potential exposure to bodily fluids may occur while caring for trauma patients.

The Contractor Personnel shall present a professional, conservative and neat appearance. Contractor Personnel shall ensure hygiene, grooming, and dress must meet hospital and service unit standards, in compliance with TJC/CMS, and PRSU infection control and safety policies. The Contractor Personnel shall report for duty in a professional manner, in appropriate attire befitting a health care setting, and display a positive and cooperative attitude. A PRSU issued name tag will be provided designating "Contractor".

C.6.3 Weather

Pine Ridge, South Dakota, is a geographic area with wide temperature span. The winters can be very cold and windy. Contractors should expect to drive in weather conditions for which they may not be accustomed to. The sole authority to close PRH or outlying clinics rests with the Chief Executive Officer (CEO). **The Surgery Nursing Unit is an essential unit and may not be totally closed for inclement weather but may only open late. Contractor Personnel are expected to be present for scheduled shifts**. Contracted personnel will be expected to report to work on time, as all other hospital employees working in essential units will be required. Reliable transportation to report for duty within the specified timeframe of this contract is the contractor's responsibility and at their expense.

C.6.4 Housing

If available, PRSU housing can be offered to ensure timely response during times of inclement weather and for standby call purposes. The contractor is required to pay rent for offered housing. The rental rate is determined by PRSU IHS Guidelines. PRSU IHS will invoice the individual renting.

C.7) Deliverables

Technical Evaluation Criteria

Required Services	Performance Standards	Acceptable Levels	Method of Surveillance	Incentive
Problem and Approach	• Understanding of problems/ issues arising with nursing care in rural Indian Health Service Facility • Complexity and Logistical requirements of project • Possession of necessary organization, experience, and technical skills to accomplish Statement of Work	100%	• Performance Evaluation quarterly and annual during entire contract period of performance	Performance evaluation reflected on this element

Candidates	Candidates meet identified criteria for suitability	100%	• Candidate submission packets by contractor • Acceptance/approval by GPA Governing Body for Security Background Clearance	Performance evaluation reflected on this element at onset of award
Past Performance and Experience	Accepted contracted services with other Indian Health Services to show effective and efficient completion of clinical requirements as outlined in Performance Work Statement	50%	Initial Annual Contract Performance Review of Past Performance and Final Performance Period	Performance evaluation reflected on this element
Quality of Care Activity 1	Consistent and Accurate vendor records entered directly into RPMS & EHR medical records.	100%	Monthly/Quarterly review of: • EHR Deficiency Reports • Timeliness of EHR completion	Used for Internal Monitoring of Contract
Quality of Care Activity 2	Contractor Personnel documented care will be reviewed and determined to meet or not meet Performance improvement and quality assurance projects monitoring: critical results notifications, completion and timeliness of medication orders, completion of preventative health screenings, completion of falls risk screening and implementation of interventions, completion of nursing notes, entry of vital signs and accurate weight (kg) and height (cm) into EHR, immunization administration, documented patient education, documented patient allergy, documented last menstrual period in reproductive tab, and any other measure activated during the contract period, effectiveness of pre-op and post-op teaching, obtaining surgical consents, accuracy of labeling labs and tissue samples, accuracy of patient positioning, surgical equipment use, and effective surgical timeout process, maintaining sterile field and sterile supply hand-off, maintaining accurate surgical counts.	90%	Monthly review of the QA/QC program after concurrence by IHS Performance Improvement Team– conducted by the Manager/ Supervisor will be provided to the Vendor upon request at any time. Shall be provided to the Vendor if at any time benchmarks are not met as per documentation towards reductions in price determinations	Performance evaluation reflected on this element – May be used for rate reductions

Quality of Care Activity 3- Deliverable #2	Review of complaints submitted by patients Vendor will create a satisfaction survey of their contract staff to assess: a. How orientation/ training went b. Feedback of quality of policy and procedure manual internal to nursing for assisting them to complete the required job duties c. Assessment of workload statistics	100%	• Patient Satisfaction Surveys Conducted by PRSU QA Dept • Staff Satisfaction Surveys Conducted by the Vendor and submitted quarterly to COTR and Manager/Supervisor	Performance evaluation reflected on this element
Pricing / Invoicing – Deliverable #3	Upon Completion of services – an invoice accounting will be provided to the government upon the agreed upon cycle for the duration of the contract	100%	• Accuracy of Invoicing • Review of Deliverables for evaluation of Rate/ Reductions	Performance evaluation reflected on this element

SECTION C.8 - QUALITY ASSURANCE SURVEILLANCE PLAN (QASP)

Surgical Nursing Services - Pine Ridge Service Unit (PRSU)

C.8.1 Purpose

This Quality Assurance Surveillance Plan (QASP) establishes the Government's method for monitoring, evaluating, documenting, and communicating Contractor performance under the Surgical Nursing Services contract. Surveillance will focus on measurable outcomes and contract compliance, while preserving the non-personal services nature of the requirement. The Government will not supervise Contractor Personnel; however, designated Government personnel may provide work direction necessary to coordinate patient care and validate contract performance.

C.8.2 Surveillance Roles and Responsibilities

- Contracting Officer (CO): Retains authority to interpret the contract, direct formal corrective action, authorizes deductions, modify the contract, or take other contractual remedies.
- Contracting Officer Representative (COR): Monitors performance, reviews documentation, validates deliverables, maintains the contract surveillance file, and promptly elevates performance concerns to the CO.
- Surgery Nurse Supervisor/Designee: Provides day-to-day work direction, validates shift coverage and clinical performance indicators, signs timesheets only after required documentation and HIM clearance requirements are met, and reports deficiencies to the COR.
- Health Information Management (HIM)/Performance Improvement (PI): Reviews EHR documentation timeliness, completeness, accuracy, coding/POV requirements, and unresolved deficiencies affecting billing or quality compliance.
- Contractor: Maintains internal quality control, provides qualified replacement personnel as needed, ensures employee compliance with contract requirements, resolves performance issues, and submits timely corrective action when requested.

C.8.3 Surveillance Methods

The Government may use one or more of the following surveillance methods, depending on risk, frequency of performance, and severity of deficiency:

- Direct observation of services and professional conduct in the clinical environment.
- Review of schedules, staffing coverage, standby call response, timesheets, and approved HIM Clearance Forms.
- Random or targeted EHR documentation reviews, deficiency reports, and PI/HIM quality reports.
- Patient/staff complaints, occurrence reports, incident reports, and risk management referrals.
- Review of credentialing, licensure, certifications, employee health, orientation, mandatory training, background clearance, and PIV compliance.
- Monthly or quarterly performance meetings, corrective action plans, and follow-up validation.

C.8.4 Performance Requirements Summary (PRS)

Performance Objective	Performance Standard	AQL	Surveillance Method	Frequency	Potential Remedy/Action
Qualified Staffing and Coverage	Contractor provides qualified Surgical Nursing personnel for scheduled shifts, standby calls, and approved rotations. No unapproved gaps in coverage.	100% for scheduled/accepted shifts; all absences coordinated in advance unless verifiable emergency.	Schedule review; timesheet review; supervisor/COR validation; contractor communications.	Each pay period; event driven.	Document deficiency; require replacement; invoice adjustment for hours not performed; CO consideration of cure notice or non-exercise of option for repeated failures.
Licensure, Certifications, Clearance, and Training	Personnel maintain current RN license, BLS, ACLS, PALS, employee health requirements, background clearance, PIV, orientation, and mandatory training.	100% before performance and throughout period of performance.	Credential packet review; employee health/training records; background/PIV status; COR file review.	Before starting; monthly file check; upon expiration.	Removal from schedule until compliant; replacement required; CO notification; possible disallowance of unsupported labor.
Surgical Nursing Clinical Performance	Personnel provide safe, competent perioperative nursing care, including patient identification, assessments, medication administration, sterile technique, surgical counts, timeouts, equipment checks, and post-op care consistent with PRSU policy.	95% compliance; zero tolerance for patient-safety events caused by reckless, unqualified, or noncompliant practice.	Direct observation; chart audits; PI/QA reviews; incident/occurrence reports; supervisor review.	Monthly; event driven.	Corrective action; retraining; removal request; possible deduction for reduced value; CO action for serious/repeated issues.
EHR/HIM Documentation	All EHR nursing documentation, POV/coding support,	95% timely completion; 100% HIMCF	EHR deficiency reports; HIMCF review; chart	Each time sheet/invoice;	Timesheet/invoice may be held until corrected;

Performance Objective	Performance Standard	AQL	Surveillance Method	Frequency	Potential Remedy/Action
	signatures, required forms, and HIM Clearance Form submissions are accurate, complete, and timely.	submission with each timesheet; no unresolved deficiencies at final invoice.	audits; invoice package review.	monthly.	deficiency notice; corrective action; possible deduction for documentation failures affecting billing/compliance.
Infection Control, Safety, and Equipment Compliance	Personnel follow PRSU infection control, PPE, sterile processing, medication safety, equipment checklists, emergency response, and environment-of-care requirements.	95% routine compliance; 100% immediate correction for safety-critical deficiencies.	Observation; safety rounds; equipment logs; incident reports; supervisor/PI review.	Monthly; event driven.	Immediate correction; retraining; removal from duty for serious safety concern; CO notification.
Professional Conduct and Non-Personal Services Compliance	Personnel maintain professional conduct, patient privacy, cultural sensitivity, HIPAA compliance, and do not assume supervision/control over Government staff. Contractor retains employer responsibilities.	100% for privacy, conduct, and non-personal services compliance.	Complaint review; supervisor/COR observation; privacy/security reports.	Ongoing; event driven.	Contractor corrective action; removal/replacement request; CO action for material breach or repeated deficiencies.
Invoicing and Timesheet Accuracy	Invoices include approved timesheets, HIMCFs, correct labor category/rate, accurate hours, lunch deductions, call-back/standby distinctions, and required supporting documentation.	100% accurate and complete invoice package.	IPP/invoice review; timesheet validation; COR and AP review.	Each invoice.	Reject/return invoice; require correction; withhold processing until complete; report repeated errors to CO.

C.8.5 Deficiency Levels and Escalation

Level	Description	Government Response
Minor Deficiency	Isolated administrative or documentation issues that do not create immediate patient-safety, privacy, billing, or continuity risk.	Document and request correction by the next invoice cycle or within the timeframe established by the COR/CO.
Significant Deficiency	Repeated failure, unresolved documentation deficiency, unverified hours, staffing gap, training/credential lapse, or quality issue that affects contract compliance, billing, service continuity, or operational readiness.	Written deficiency notice; contractor corrective action plan; increased surveillance; CO notification; possible invoice delay or price reduction for reduced value.
Critical Deficiency	Patient-safety concern, unauthorized performance, unfavorable clearance/suitability issue, privacy breach, falsified/unsupported time,	Immediate CO/COR notification; removal or replacement may be required; invoice adjustment; formal CO remedy including

Level	Description	Government Response
	failure to respond to standby call, or conduct that creates immediate risk to patients, staff, or Government operations.	cure/show cause, termination consideration, or non-exercise of option.

C.8.6 Corrective Action Requirements

When performance deficiencies are identified, the Contractor shall respond within the timeframe established by the COR or CO. Unless otherwise directed, the Contractor's corrective action response shall include:

- Root cause of the deficiency.
- Immediate containment action taken to protect patient care and contract performance.
- Long-term corrective action to prevent recurrence.
- Responsible Contractor representative and target completion date.
- Evidence of completion, such as revised internal procedures, replacement staffing, retraining records, corrected documentation, or quality control review results.

Failure to submit or complete an acceptable corrective action plan may result in increased surveillance and may be considered by the CO when determining contractual remedies, including deductions, adverse past performance, non-exercise of option periods, or termination action when warranted.

C.8.7 Invoice, Timesheet, and HIM Clearance Controls

No invoice shall be considered complete unless it includes all required supporting documentation, including approved timesheets and approved HIM Clearance Forms. Unverified hours, incomplete documentation, missing HIM clearance, unsupported call-back/standby distinctions, or unresolved EHR deficiencies may prevent invoice processing until corrected. The Government will pay only for accepted, supported, and properly documented services performed in accordance with the contract.

C.8.8 Performance Documentation and Contract File

The COR shall maintain surveillance documentation in the contract administration file. Documentation may include schedules, approved timesheets, HIM Clearance Forms, invoice review notes, QA/PI reports, EHR deficiency reports, complaint summaries, corrective action records, meeting notes, and written correspondence with the Contractor and CO. Surveillance records may be used to support invoice determinations, CPARS/past performance input, option exercise decisions, and other contract administration actions.

C.8.9 Non-Exercise of Option Periods and Other Remedies

Continued poor performance, repeated documentation failures, unresolved staffing gaps, unverified hours, failure to maintain qualified personnel, or failure to correct significant or critical deficiencies may result in non-exercise of option periods, reduced future scheduling, removal/replacement requests, adverse past performance documentation, termination consideration, or other remedies available to the Government under the contract.