Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

PERFORMANCE WORK STATEMENT

Requirement Summary

The Government requires non-personal professional Emergency Department Physician Services at Hopi Health Care Center in Polacca, Arizona. The primary purpose of this requirement is to provide qualified Emergency Department physicians to support safe and continuous emergency department operations when Federal staffing is unavailable or insufficient.

Contractor coverage is intended to support continuity of care and minimize disruptions in HHCC clinical services. Services shall be provided only as authorized by the contract, issued task order, this PWS, HHCC Medical Staff Bylaws, facility policies, credentialing and privileging requirements, and applicable Federal requirements.

Contractor physicians shall not perform clinical services until all required security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements are complete.

The Government's preferred staffing model remains Federal staffing when available. Contractor staffing supplements Federal staffing and is not intended to replace the Government's responsibility for Federal staffing recruitment or workforce planning.

Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance and Pricing Assumptions

The following assumptions apply to this requirement:

- Services are non-personal professional physician services.
- Contractor physicians shall perform only services authorized by an issued task order and within granted clinical privileges.
- HHCC Emergency Department services operate 24 hours per day, seven days per week.
- ED physician shifts are anticipated to be 12-hour shifts, generally 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m., unless otherwise identified in the task order or schedule.
- The Government will pay one fully burdened hourly rate for actual hours worked and accepted.
- Travel, lodging, per diem, meals, local transportation, premium pay, overtime, holiday, night, weekend, standby, pager, and call-back costs are not separately reimbursable unless expressly authorized in the contract or task order.
- Contractor physicians are expected to perform services at HHCC. Contractor physicians are not expected to drive Government vehicles or perform services outside HHCC unless separately authorized by the Contracting Officer.
- Government housing is not provided.
- Projected coverage hours are planning estimates only and are not guarantees of shifts, task orders, funding, or work volume.

Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

I. Purpose and Background

The purpose of this Performance Work Statement (PWS) is to obtain non-personal professional Emergency Department Physician Services for Hopi Health Care Center (HHCC) in Polacca, Arizona. Contractor physicians shall provide Emergency Department coverage and related clinical support services as authorized by the Government and within granted privileges.

HHCC is a rural, remote, The Joint Commission-accredited Critical Access Hospital and the only health care facility on the Hopi Reservation, with a catchment population of approximately 18,000. HHCC provides 24/7 Emergency Department services; a four-bed, short-stay inpatient unit for adult admissions; business-day ambulatory medical, dental, physical therapy, optometry, and public health services; limited 24/7 onsite pharmacy, laboratory, and radiology services; and co-located Hopi Tribal Behavioral Health Services.

The ED physician requirement is intended to maintain continuity of emergency care when Federal staffing is unavailable or insufficient. Contractor coverage supplements Federal staffing and is intended to minimize disruptions in clinical services at HHCC.

This PWS is written for contractor-provided professional services. It is not intended to create an employer-employee relationship between the Government and Contractor personnel.

II. Scope of Services

The Contractor shall recruit, screen, propose, onboard, schedule, manage, and replace qualified physician personnel capable of providing Emergency Department physician services at HHCC. Contractor physicians shall provide services consistent with this PWS, applicable task order requirements, HHCC Medical Staff Bylaws, Rules and Regulations, facility policies, granted privileges, and accepted standards of emergency medical practice.

The primary scope is Emergency Department coverage. Contractor physicians shall evaluate, diagnose, stabilize, treat, manage, admit, discharge, consult, transfer, and document care for patients presenting to the HHCC Emergency Department.

Contractor physicians may also provide after-hours inpatient coverage, Fast Track support, urgent follow-up, limited inpatient support, emergency response, disaster response, mass casualty response, or other

related clinical duties only when authorized by HHCC, within granted privileges, and consistent with facility policy and the applicable task order.

Emergency Department coverage remains the primary purpose of this requirement. Other duties are secondary and shall not compromise assigned ED responsibilities, patient safety, timely emergency care, or transfer coordination.

ED/IPU/Fast Track Boundary

Contractor ED physicians are being procured primarily to provide Emergency Department physician coverage. Contractor ED physicians may support after-hours inpatient coverage, Fast Track, urgent follow-up, limited inpatient support, emergency response, disaster response, mass casualty response, or other related clinical duties only when authorized by HHCC, within granted privileges, and consistent with facility policy and the applicable task order.

Emergency Department coverage remains the primary purpose of this requirement. Other duties are secondary and shall not compromise assigned ED responsibilities, patient safety, timely emergency evaluation, stabilization, treatment, transfer coordination, or Emergency Department throughput.

Contractor ED physicians shall not be used to fill routine inpatient/hospitalist coverage needs unless expressly authorized by the task order or by the Contracting Officer.

III. Non-Personal Services and Clinical Oversight

This is a non-personal services requirement. Contractor physicians shall function independently within their granted clinical privileges, HHCC Medical Staff Bylaws, facility policies, applicable standards of care, and task order requirements. Government clinical leadership may provide administrative direction, facility-specific requirements, patient safety oversight, peer review, quality assurance, and credentialing/privileging oversight. Such oversight does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel.

Clinical oversight for ED physician services may be provided by the HHCC Chief Medical Officer, Clinical Director, Emergency Department Chief, designated acting official, or other HHCC-designated clinical representative. If named positions are vacant, HHCC shall identify the appropriate acting or designated representative.

Government personnel shall not recruit candidates for the Contractor, negotiate compensation, manage candidate availability, supervise contractor personnel as employees, or perform the Contractor's staffing functions. The Contractor remains responsible for its personnel, candidate responsiveness, scheduling, quality control, and replacement coverage.

The Contracting Officer is the only individual authorized to change contract terms, order additional work, authorize hours beyond the funded task order amount, or modify the scope, price, schedule, or quantity of services.

IV. Place of Performance

Services shall be performed at Hopi Health Care Center, P.O. Box 4000, Highway 264, Mile Marker 388, Polacca, Arizona 86042.

Contractor physicians are not expected to drive Government vehicles or perform services outside HHCC under this PWS unless separately authorized in writing by the Contracting Officer. If offsite services or Government vehicle use are required, the Contractor physician must meet applicable licensing, safety, facility, and authorization requirements before performance.

V. Hours, Scheduling, and Shift Coverage

HHCC Emergency Department services operate 24 hours per day, seven days per week, including weekends and Federal holidays. Anticipated ED physician coverage is generally three 12-hour physician shifts per day, or 252 weekly planning hours, unless otherwise identified in the applicable task order or schedule.

Routine ED physician shifts are expected to be 12-hour shifts, generally 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. Shift times may be adjusted based on HHCC operational needs, patient care needs, Federal staffing, vacancies, leave, surge needs, and task order requirements. Scheduling may include days, nights, weekends, holidays, urgent coverage, and block scheduling.

Shifts commonly occur in blocks of five (5) to seven (7) consecutive day or night shifts, but may vary based on HHCC needs and physician availability. The Government will make reasonable efforts to limit shift duration to thirteen (13) hours. In extenuating circumstances, a Contractor physician shall not work more than sixteen (16) consecutive hours without appropriate clinical and contract administration review.

Projected coverage needs are for planning purposes only and are not authorization to perform or bill. Contractor performance is authorized only when coverage is incorporated into a funded task order or otherwise authorized in writing by the Contracting Officer.

The Contractor shall confirm candidate availability for proposed shifts before submitting the candidate to the Government. The Contractor shall notify the Government as soon as it becomes aware that a proposed or scheduled physician may be unable to perform.

Contractor physicians shall bill only for actual hours worked and accepted by the Government under an issued task order. A meal or rest break shall be deducted only when the Contractor physician is relieved of duties and able to take an uninterrupted unpaid break. If patient care needs prevent an uninterrupted break, the timesheet shall document actual hours worked and shall be reviewed by the designated Government representative.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

The Government will pay the single fully burdened fixed hourly rate for actual hours worked and accepted. Separate overtime, holiday, night, weekend, call, standby, wait-time, pager, or premium rates are not authorized unless expressly stated in the contract or task order. Travel, lodging, pre-shift arrival, standby time, and non-clinical waiting time are not separately reimbursable unless expressly authorized in the contract or task order.

VI. Minimum Qualifications for Contractor Physicians

Each Contractor physician proposed for performance shall meet the following minimum qualifications before providing services:

- Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) from an accredited institution.
- Current, active, full, and unrestricted license to practice medicine in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.
- Completion of an approved three- to four-year residency or other accredited training in Emergency Medicine, Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, or another relevant specialty, or a combination of training and experience acceptable to HHCC Medical Staff.

- Current and relevant board certification or board eligibility by an American Board of Medical Specialties (ABMS) member board or the American Osteopathic Association (AOA), consistent with HHCC Medical Staff requirements. Emergency Medicine is preferred. Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, or another relevant specialty may be acceptable when supported by recent and relevant Emergency Department experience and HHCC privileging approval.
- For physicians who did not complete Emergency Medicine residency or fellowship training, at least five (5) years of post-residency Emergency Department experience is preferred, including experience caring for high-risk patients requiring stabilization, transport, or transfer to a higher level of care.
- Current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Pediatric Advanced Life Support (PALS) certifications are required.
- Neonatal Resuscitation Program (NRP), Advanced Life Support in Obstetrics (ALSO), or other certifications may be preferred or required when necessary for specific privileges, patient population, assigned duties, or HHCC Medical Staff requirements.
- Recent procedure logs are required for Emergency Department privileges and any non-core privileges requested, and as otherwise required by HHCC Medical Staff.
- Recent and relevant Emergency Department, rural/remote, Critical Access Hospital, IHS/Tribal, limited-resource, high-acuity, transfer-dependent, or similar experience is preferred and may be considered a strength.
- Ability to independently evaluate, stabilize, treat, manage, discharge, admit, consult, transfer, document, and coordinate care for adult and pediatric Emergency Department patients in a rural Critical Access Hospital environment with limited in-house specialty support.
- Ability to speak, understand, read, and write the English language fluently and to use the electronic health record after training.
- Professionalism, tact, sensitivity, patience, cultural humility, and ability to work effectively with patients, families, HHCC staff, IHS personnel, Tribal/community partners, EMS, receiving facilities, and external referral partners.

Experienced American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) certified physicians are preferred due to HHCC's rural location, Critical Access Hospital status, limited number of medical providers, and limited in-house specialty support.

Board certification or board eligibility pathways not accepted by HHCC Medical Staff shall not be used to qualify a Contractor physician for performance. The National Board of Physicians and Surgeons (NBPAS) shall not be treated as acceptable unless HHCC Medical Staff specifically confirms acceptance for Emergency Department privileges.

VII. Candidate Submission, Security, Credentialing, and Privileging

No Contractor physician may provide clinical services until all required security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements are complete. Urgent coverage needs do not waive these requirements.

A. Candidate Lead Times

HHCC plans Emergency Department schedules in blocks. The Contractor shall submit candidates as early as practicable to support timely clearance, credentialing, privileging, orientation, and facility access.

For new physicians requiring full security clearance and credentialing/privileging, the Contractor should plan for a lead time of up to five (5) months before the physician is ready to perform. Physicians with prior HHCC, IHS, HHS, Federal, or Tribal clearance/credentialing history may be processed more quickly, but no start date is guaranteed until all required approvals are complete.

When urgent coverage is required, the Contractor shall make a good-faith effort to propose qualified candidates with the shortest feasible path to approval. Urgent need does not waive security, credentialing, privileging, orientation, EHR access, badging, or other facility onboarding requirements.

The Contractor is responsible for managing candidate responsiveness and timely submission of complete, accurate, and current documentation. Candidate non-responsiveness, incomplete packets, expired documents, or failure to meet onboarding milestones may be treated as Contractor performance issues.

B. Required Candidate Information

For each proposed physician, the Contractor shall provide a complete profile and current work history, including, at a minimum:

- Current resume or curriculum vitae with month/year work history.
- Medical license information and license status/disclosures, including any past or current disciplinary action, limitation, suspension, revocation, investigation, malpractice claim history, or adverse privileging action, as applicable.
- Board certification or board eligibility documentation, as applicable.
- Current BLS, ACLS, ATLS, and PALS documentation.
- NRP, ALSO, or other certification documentation, if available or required.
- Recent procedure logs sufficient to support requested HHCC Emergency Department privileges and any non-core privileges requested.

- References and prior work history sufficient for Government review.
- Prior HHCC, IHS, HHS, Federal, Tribal, or comparable government health care clearance, credentialing, privileging, onboarding, or EHR access history, if applicable.
- Availability for the proposed coverage period and acknowledgment of HHCC's rural location and lodging limitations.
- Any other documentation requested for security, credentialing, privileging, orientation, access, or facility approval.

C. Credentialing and Security Documentation

The Contractor and Contractor physician shall participate in the HHCC security, credentialing, and privileging process in accordance with facility and Government requirements. The Contractor shall submit requested materials within four (4) business days of receiving the initial request unless the Government establishes a different timeframe. The Contractor shall promptly correct incomplete, inaccurate, expired, or deficient submissions.

The Contractor/Contractor physician shall be prepared to provide documentation required for security clearance, credentialing, privileging, suitability, onboarding, and facility access, including but not limited to:

- Current resume/CV.
- OF-306 and OF-306 Addendum, as required.
- IHS provisional access or access-related documentation, as required.
- Protecting Children from Sexual Abuse in Health Care Settings training certificate.
- No FEAR Act training certificate.
- Information Systems Security Awareness (ISSA) training certificate.
- OFI-86C or other required background investigation forms, fingerprint cards, and applicable state forms.
- HHS-745, Section A, as required.
- Two forms of unexpired identification with matching full legal names.
- Medical degree, educational certification, license, and board documentation.
- Current BLS, ACLS, ATLS, and PALS certifications.
- Other certifications required by HHCC privileges or clinical duties.
- Recent procedure logs for requested procedure privileges.
- Immunization and occupational health documentation required by HHCC/IHS policy.
- Any additional documentation identified during credentialing, privileging, suitability, onboarding, or access review.

The Contractor shall submit scanned originals when required. Wet signatures may be required for certain forms; electronic or PDF signatures may not be accepted if they delay administrative processing or are inconsistent with Government requirements.

D. Contractor Onboarding Responsibilities

The Contractor shall actively support candidate onboarding by collecting forms, signatures, identification documents, training certificates, credentialing materials, security documents, immunization/occupational health documents, and other required materials; following up with candidates; correcting deficiencies; and providing replacement candidates when necessary.

The Government retains responsibility for security, suitability, credentialing, privileging, facility access, and final approval determinations.

VIII. Contractor Program Management

The Contractor shall designate a Contractor Program Manager, Staffing Manager, or equivalent point of accountability for recruiting, candidate pipeline management, onboarding support, scheduling, candidate responsiveness, quality control, issue resolution, status reporting, and replacement coverage.

The Contractor shall actively manage contractor-side responsibilities without requiring HHCC, the COR, or Acquisitions to recruit, refer, screen, or chase candidates on the Contractor's behalf.

The Contractor Program Manager shall confirm candidate interest, availability, rural location awareness, lodging/travel expectations, shift expectations, and willingness to perform at HHCC before candidate submission.

The Contractor shall maintain an onboarding tracker or candidate readiness report for active candidates and provide updates to the COR or designated Government representative when requested. Candidate non-responsiveness, incomplete documentation, missed onboarding milestones, or failure to provide timely replacement coverage may be treated as Contractor performance issues.

IX. Major Duties and Responsibilities

Contractor physicians shall provide comprehensive direct care and consultation services within the scope of Emergency Department care and related authorized support duties. Contractor physicians shall provide timely, appropriate, patient-centered, culturally responsive, and coordinated care as members of the HHCC care team.

Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Duties may include, but are not limited to:

- Evaluate, diagnose, stabilize, treat, and manage patients presenting to the Emergency Department, including urgent, emergent, complex, critical, adult, pediatric, medical, traumatic, behavioral health, and other presentations within granted privileges.
- Interview and examine patients; review past medical history; request, order, perform, and interpret diagnostic tests and examinations as appropriate; and obtain information necessary to support clinical decision-making.
- Make preliminary and/or definitive diagnoses; prescribe or provide treatment; order medications, laboratory studies, imaging, and other diagnostic or therapeutic interventions; and provide emergency care within granted privileges and facility policy.
- Perform diagnostic and therapeutic procedures for which the Contractor physician is privileged.
- Provide emergency stabilization and arrange consultation, referral, transfer, or higher-level care when services required by the patient cannot be adequately provided at HHCC.
- Communicate necessary clinical information to receiving facilities, specialists, consultants, EMS, transport teams, and other care partners to support continuity of care and safe transfer.
- Coordinate care with nurses, other licensed independent practitioners, pharmacy, laboratory, radiology, behavioral health, case management, social work, public health, EMS, and other members of the care team.
- Provide after-hours inpatient coverage only when required by HHCC policy, the contract or task order, and the Contractor physician's granted privileges.
- Support Fast Track, urgent follow-up, or other non-ED activities only when required by HHCC operational needs, expressly authorized, within granted privileges, and when such duties do not compromise Emergency Department coverage.
- Complete medical records, progress notes, orders, transfer documentation, discharge instructions, and other required documentation in the EHR during the shift in which services are rendered unless HHCC policy permits a documented exception.
- Use the EHR and comply with HHCC downtime documentation requirements when the EHR is unavailable.
- Participate in quality assurance, peer review, patient safety, performance improvement, and other facility-required activities applicable to Contractor physicians.
- Comply with HHCC Medical Staff Bylaws, Rules and Regulations, credentialing/privileging requirements, infection control requirements, TJC/CMS standards, IHS policies, privacy/confidentiality requirements, and applicable facility procedures.

- Maintain confidentiality of patient medical records and all protected, sensitive, proprietary, or Government information accessed during performance.
- Maintain professional conduct, tact, sensitivity, patience, and cultural humility in all interactions with patients, families, staff, and external partners.

X. Emergency, Disaster, and Mass Casualty Response

During scheduled or ordered performance, Contractor physicians shall support HHCC emergency response, mass casualty, disaster, pandemic, facility surge, or similar emergency operations when directed by authorized HHCC clinical leadership and within the physician's granted privileges, competence, facility policy, and scope of work.

Contractor physicians shall not remain passive observers during an emergency event when their clinical services are needed and they are properly credentialed/privileged to assist. Duties may include triage, resuscitation, stabilization, treatment, transfer coordination, documentation, inpatient surge support, Fast Track support, and other clinically appropriate support consistent with this PWS and HHCC emergency operations procedures.

Emergency response duties shall not authorize performance outside the contract, task order, funding, or scope limits. Any hours beyond the authorized task order shall be handled in accordance with the additional hours and funding procedures in this PWS and the contract.

XI. Cultural Responsiveness and Tribal Health Care Environment

Contractor personnel shall provide respectful, patient-centered, culturally responsive care in HHCC's rural Tribal health care environment. Contractor physicians shall not dismiss, ridicule, or disregard patient-held beliefs, family or community decision-making practices, traditional or spiritual considerations, ceremonial needs, or cultural context.

Contractor physicians shall use respectful inquiry, plain-language communication, interpreter services when needed, and collaborative care planning to support trust, treatment adherence, and safe emergency care.

A Hopi cultural overview is part of HHCC staff/contractor orientation. Contractor personnel shall participate in required cultural orientation and comply with HHCC expectations for respectful communication, professional conduct, and culturally appropriate care.

The Contractor shall address concerns involving poor communication, disrespectful conduct, cultural insensitivity, inability to work effectively with HHCC patients, families, staff, or community context, or conduct that undermines patient trust. HHCC may require removal or replacement of Contractor personnel for cultural, professionalism, patient safety, communication, or conduct concerns consistent with the contract.

XII. Orientation, EHR, and Facility Requirements

Contractor physicians shall complete all required facility-specific and department-specific orientation before commencing clinical duties. Orientation may include facility overview, Emergency Department workflow, Medical Staff requirements, EHR training, downtime documentation procedures, privacy/security requirements, patient safety, infection control, cultural considerations including the Hopi cultural overview, local policies, transfer processes, and other requirements identified by HHCC.

Orientation is usually accomplished within two (2) days but may vary based on candidate readiness, system access, facility needs, and HHCC requirements. Contractor physicians must complete all required security, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements before beginning clinical duties unless HHCC authorizes a non-clinical orientation activity that does not involve patient care or system access.

Contractor physicians shall speak, read, write, and understand English fluently; be proficient enough in typing and computer use to complete required EHR documentation; and maintain confidentiality of all patient, business, financial, statistical, personnel, and technical data obtained during performance.

Government-Furnished Items, Facility Access, and Contractor Responsibilities

The following summary is provided to reduce pricing and performance assumptions. The final contract and task order control if there is any conflict.

Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Item	Government provides	Contractor responsibility
EHR training/access	Provided after required clearance, approval, and account processing.	Ensure each physician completes training and uses EHR/downtime procedures properly.
Badging/facility access	Provided after required processing and approval.	Ensure candidate cooperates, appears as required, and submits complete documentation.
Lodging/housing	Not provided or guaranteed.	Arrange and pay for lodging, housing, travel, meals, local transportation, and related logistics.
Pager/cell phone/standby equipment	Not expected for routine ED coverage unless a task order expressly requires it.	Use appropriate communication methods and comply with task order requirements if additional communication coverage is ordered.
Interpreter services	Provided through HHCC/facility process when needed.	Use interpreter services appropriately and communicate respectfully.

XIII. Accommodations, Travel, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel. HHCC does not guarantee Government housing, RV spaces, or local lodging.

Polacca is remote, local housing and lodging options are limited, and many contractor personnel may need to stay in Winslow or another community approximately one hour or more from HHCC. Contractor pricing shall account for these conditions.

XIV. Health, Safety, Infection Control, and Physical Requirements

Contractor personnel shall comply with HHCC/IHS infection control, employee health, immunization, safety, PPE, tobacco-free, and occupational health requirements. Work may involve exposure to contagious diseases, infectious materials, blood/body fluids, radiation, hazardous materials, behavioral health emergencies, intoxicated or combative patients, trauma, and other emergency clinical risks.

Contractor physicians must be able to perform the physical requirements of emergency clinical practice, including standing, walking, bending, stretching, assisting with patient care activities, and responding rapidly to emergency situations.

Contractor physicians may be covered by applicable Federal Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in this PWS guarantees FTCA coverage or relieves the Contractor of its responsibility to maintain required medical liability insurance.

The Contractor shall maintain professional medical liability insurance for each Contractor physician performing under this requirement. Minimum coverage shall be not less than $1,000,000 per occurrence, or such higher amount as required by the final contract clause or task order. Evidence of insurance shall be provided before performance and upon request by the Contracting Officer.

XV. Deliverables

Deliverable	Due/Timing	Recipient/Purpose
Candidate profile and credentialing packet	As requested, and before candidate performs	HHCC/COR/credentialing/security review
Candidate readiness/ onboarding status	Weekly or as requested during onboarding	Track security, credentialing, privileging, orientation, badging, and EHR access status
Weekly timesheet package	Weekly; compiled by Contractor and submitted within two business days after receipt from physician or as directed	Time tracking and service verification; not an invoice
Utilization/status report	Weekly or as required by task order	Track scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks
Replacement plan	Within two business days of known candidate failure/risk or sooner if urgent	Maintain continuity of coverage
Insurance evidence	Before performance and upon request	Confirm medical liability insurance compliance

XVI. Timesheets, Payment, and Invoicing

Weekly timesheets are used for time tracking, service verification, and contract administration. They are not invoices. Each on-site Contractor physician shall submit a weekly timesheet to the Contractor.

The Contractor shall compile all Contractor physician timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly timesheet package to the COR or designated Government representative within two (2) business days after receipt from the physician, unless a different timeframe is established by the Government.

Each weekly timesheet package shall identify, at a minimum, physician name, work location, scheduled shift(s), actual hours worked each day, unpaid break deduction if applicable, cancellations, no-shows, substitutions, and physician certification that the hours reported are accurate.

The Contractor's cursory verification shall include review for missing signatures/certifications, obvious date or hour discrepancies, consistency with scheduled coverage known to the Contractor, and identification of issues requiring Government review.

The COR or designated Government representative shall review the weekly timesheet package for service verification, acceptance support, and invoice reconciliation. Weekly timesheet submission does not authorize payment unless services are accepted and properly invoiced.

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items.

The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, or third-party payers for services provided under this contract.

XVII. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, Medical Staff requirements, professional standards, patient safety standards, documentation requirements, cultural/professional conduct expectations, attendance requirements, or facility policies.

The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required clearance, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements are complete.

If a Contractor physician fails to arrive for a scheduled shift, the Contractor shall immediately notify the designated Government representative, COR, and Contracting Officer/Contract Specialist and shall make every reasonable effort to provide replacement coverage with a physician who has appropriate security clearance, credentialing, privileging, orientation, facility access, and HHCC approval.

No unapproved physician may perform clinical services.

No-shows, late arrivals, unplanned absences, candidate non-responsiveness, incomplete credentialing packages, repeated documentation failures, professionalism concerns, cultural responsiveness concerns, or failure to provide replacement coverage may be treated as Contractor performance issues.

XVIII. Government Responsibilities

The Government will identify coverage needs, issue task orders or other written authorization, provide available facility orientation, identify credentialing/security requirements, review submitted candidate

documentation, make security, credentialing, privileging, facility access, and onboarding determinations, verify receipt of services, review weekly timesheet packages for acceptance and invoice reconciliation, and monitor Contractor performance.

Only the Contracting Officer may change contract terms, pricing, scope, quantity, schedule, or funding.

The COR is not authorized to change contract terms, order work beyond the funded task order amount, approve compensation changes, waive required security, credentialing, privileging, orientation, badging, EHR access, or facility onboarding requirements, or direct Contractor personnel in a manner that creates an employer-employee relationship.

XIX. Quality Assurance Surveillance and Performance Standards

The Government will monitor Contractor performance through a Quality Assurance Surveillance approach. Performance areas may include, but are not limited to, candidate qualifications, licensure/certifications, security/credentialing/privileging compliance, candidate packet completeness, candidate responsiveness, shift fulfillment, no-show prevention, replacement coverage, documentation timeliness, cultural/professional conduct, emergency support within scope, weekly timesheet accuracy, and utilization reporting accuracy.

Non-Personal Professional Emergency Department Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance Area	Standard	Method of Surveillance
Minimum qualifications/licensure/certifications	100% compliance before performance	Government review of documentation
Security, credentialing, privileging, orientation, and access	100% complete before clinical performance	Credentialing/security/facility verification
Candidate packet completeness and responsiveness	Complete, accurate, and timely submissions; delays managed by Contractor	Onboarding tracker and Government review
ED clinical competency	Physician demonstrates required ED experience, certifications, procedure logs, and privileges before independent performance	Government/facility review of license, certifications, resume, procedure logs, competency validation, and privileging records
Emergency response and stabilization support	Physician supports emergency response, stabilization, resuscitation, transfer coordination, and high-acuity workflows within granted privileges	Clinical feedback, incident reports, documentation review, facility quality review
Shift fulfillment and no-show prevention	Coverage as scheduled/ordered; avoidable no-shows are unacceptable	Timesheets, schedules, incident reports
Replacement coverage	Timely replacement plan when candidate is unavailable, delayed, rejected, or removed	Contractor reports and COR documentation
Documentation/EHR compliance	Medical records completed in accordance with HHCC policy	Chart review/quality monitoring
Cultural responsiveness/professionalism	Respectful, professional, culturally responsive communication and conduct	HHCC feedback, incident reports, performance review
Weekly timekeeping/utilization reporting	Accurate, complete, timely weekly submission	COR/facility review; timesheet and invoice reconciliation

Non-Personal Professional IPU/Hospitalist Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

PERFORMANCE WORK STATEMENT

Requirement Summary

The Government requires non-personal professional IPU/Hospitalist Physician Services at Hopi Health Care Center in Polacca, Arizona. The primary purpose of this requirement is to provide inpatient/hospitalist physician coverage for HHCC's short-stay inpatient unit.

When inpatient census and operational needs permit, Contractor physicians may also support limited ambulatory clinic services, primarily ED follow-up visits, Fast Track support in coordination with a credentialed and privileged Emergency Department physician, infusion clearance, laboratory follow-up, urgent care support, or other clinically appropriate duties within granted privileges.

Contractor physicians are not being procured as independent Emergency Department physicians under this PWS. Contractor physicians shall not perform clinical services until all required security, credentialing, privileging, orientation, badging, and system access requirements are complete.

Non-Personal Professional IPU/Hospitalist Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance and Pricing Assumptions

The following assumptions apply to this requirement:

- Services are non-personal professional physician services.
- Contractor physicians shall perform only services authorized by an issued task order and within granted clinical privileges.
- IPU shifts are anticipated to be 10 to 12 hours, beginning at approximately 7:30 a.m. and ending between approximately 6:00 p.m. and 7:30 p.m., depending on scheduling needs, assigned duties, and whether an unpaid 30-minute meal break is taken.
- Routine on-call, standby, pager, call-back, or after-hours coverage is not required for IPU physician services unless separately authorized in writing by the Contracting Officer.
- The Government will pay one fully burdened hourly rate for actual hours worked and accepted.
- Travel, lodging, per diem, meals, local transportation, premium pay, overtime, holiday, night, weekend, standby, pager, and call-back costs are not separately reimbursable unless expressly authorized in the contract or task order.
- Contractor physicians are expected to perform services at HHCC. Contractor physicians are not expected to drive Government vehicles or perform services outside HHCC unless separately authorized by the Contracting Officer.
- Government housing is not provided.

Non-Personal Professional IPU/Hospitalist Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

I. Purpose and Background

The purpose of this Performance Work Statement (PWS) is to obtain non-personal professional inpatient/hospitalist physician services for Hopi Health Care Center (HHCC) in Polacca, Arizona. Contractor physicians shall provide inpatient/hospitalist coverage and related clinical support services as authorized by the Government and within granted privileges.

HHCC is a rural, remote, Joint Commission-accredited Critical Access Hospital and the only healthcare facility on the Hopi Reservation. HHCC maintains a four-bed, short-stay inpatient unit, 24/7 Emergency Department services, and limited 24/7 pharmacy, laboratory, and radiology support. The inpatient/hospitalist requirement is intended to minimize disruptions in patient care when Federal staffing is unavailable or insufficient.

This PWS is written for contractor-provided professional services. It is not intended to create an employer-employee relationship between the Government and Contractor personnel.

II. Scope of Services

The Contractor shall recruit, screen, propose, onboard, schedule, manage, and replace qualified physician personnel capable of providing inpatient/hospitalist services at HHCC. Contractor physicians shall provide services consistent with this PWS, applicable task order requirements, HHCC Medical Staff Bylaws, Rules and Regulations, facility policies, granted privileges, and accepted standards of medical practice.

The primary scope is inpatient/hospitalist coverage. Given the limited capacity of the inpatient unit, Contractor physicians may, when inpatient census and operational needs permit, staff an ambulatory clinic in the afternoon, primarily ED follow-up visits, or provide care through Fast Track. When supporting Fast Track, the Contractor physician shall be accompanied by or coordinated with a credentialed and privileged Emergency Department physician as required by HHCC policy. Contractor physicians may also be asked to perform related duties such as clearing outpatients for infusion services or following up on laboratory results for outpatient providers who are out of the office, provided such duties are within granted privileges and do not compromise inpatient coverage or patient safety.

The on-duty Emergency Department physician may write initial admission orders for patients admitted overnight. The admission history and physical and ongoing inpatient management remain the responsibility of the inpatient/hospitalist physician unless otherwise directed by HHCC policy and granted privileges.

IPU / ED / Fast Track Boundary

Contractor IPU physicians are not being procured as independent Emergency Department physicians under this PWS. Contractor IPU physicians may support Fast Track, ED follow-up visits, or urgent care-related duties only when authorized by HHCC, within granted privileges, and when supported by or coordinated with a credentialed and privileged Emergency Department physician as required by HHCC policy.

Inpatient coverage remains the primary purpose of this requirement. Other duties are secondary and shall not compromise assigned IPU responsibilities.

III. Non-Personal Services and Clinical Oversight

This is a non-personal services requirement. Contractor physicians shall function independently within their granted clinical privileges, HHCC Medical Staff Bylaws, facility policies, applicable standards of care, and task order requirements. Government clinical leadership may provide administrative direction, facility-specific requirements, patient safety oversight, peer review, quality assurance, and credentialing/privileging oversight. Such oversight does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel.

First-line clinical oversight for IPU physician services is provided by the HHCC Chief of Staff. Second-line oversight is provided by the HHCC Chief Medical Officer. If either role is vacant, the designated acting official or designee will serve in that capacity.

Government personnel shall not recruit candidates for the Contractor, negotiate compensation, manage candidate availability, supervise contractor personnel as employees, or perform the Contractor's staffing functions. The Contractor remains responsible for its personnel, candidate responsiveness, scheduling, quality control, and replacement coverage.

IV. Place of Performance

Services shall be performed at Hopi Health Care Center, P.O. Box 4000, Highway 264, Mile Marker 388, Polacca, Arizona 86042. Contractor physicians are not expected to drive Government vehicles or perform services outside HHCC under this PWS unless separately authorized in writing by the Contracting Officer.

V. Hours, Scheduling, and Shift Coverage

HHCC inpatient services operate 24 hours per day, seven days per week. Anticipated inpatient/hospitalist coverage is generally one physician shift per day. Inpatient Department shifts are expected to be 10 to 12

hours, with the shift generally starting at 7:30 a.m. and ending between 6:00 p.m. and 7:30 p.m., depending on scheduling needs, patient care needs, additional clinical duties assigned, and whether the Contractor physician elects to take an unpaid 30-minute lunch break.

Scheduling needs may change based on patient census, Federal staffing, leave, vacancies, emergencies, recruitment gaps, or facility operational needs. Shifts may be scheduled in blocks, including seven-day stretches, or other patterns determined by HHCC.

No routine on-call, standby, pager, call-back, or after-hours coverage is required for IPU physician services under this PWS. Contractor physicians shall perform only the shifts authorized by the applicable task order or schedule. Any additional hours or emergency support must be authorized by the Contracting Officer or be consistent with emergency direction under facility policy and within the Contractor physician's scope and privileges.

Contractor physicians shall bill only for actual hours worked and accepted by the Government under an issued task order. A 30-minute unpaid meal break shall be deducted only when the Contractor physician is relieved of duties and able to take an uninterrupted meal break. If the physician remains responsible for patient care during the shift and is not relieved for an uninterrupted break, billable time shall be based on actual hours worked and accepted.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

The Government will pay the single fully burdened fixed hourly rate for actual hours worked and accepted. Separate overtime, holiday, night, weekend, call, standby, wait-time, pager, or premium rates are not authorized unless expressly stated in the contract or task order.

VI. Minimum Qualifications for Contractor Physicians

Each Contractor physician proposed for performance shall meet the following minimum qualifications before providing services:

- Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) from an accredited institution.
- Current, active, full, and unrestricted license to practice medicine in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

- Completion of an approved three- to four-year residency or other accredited training, or a combination of training and experience acceptable to HHCC, in a relevant specialty.
- Current board certification or board eligibility in the physician specialty or subspecialty by an American Board of Medical Specialties (ABMS) member board or the American Osteopathic Association (AOA), consistent with HHCC Medical Staff requirements. Family Medicine, Internal Medicine/Pediatrics, and Emergency Medicine are preferred. Internal Medicine is acceptable for IPU/Hospitalist coverage.
- Current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certifications are required.
- Advanced Trauma Life Support (ATLS) and Pediatric Advanced Life Support (PALS) are recommended. Additional certifications may be required if necessary for specific privileges or duties assigned under HHCC policy.
- Recent procedure logs are required for any non-core Emergency Medicine, Family Medicine, Internal Medicine, or other privileges requested, and as otherwise required by HHCC Medical Staff for privileges.
- Experience providing inpatient/hospitalist, outpatient, urgent care, Fast Track, rural/remote, Critical Access Hospital, IHS/Tribal, or limited-resource care is preferred and may be considered a strength.
- Ability to independently evaluate, admit, manage, discharge, consult, transfer, document, and coordinate care for adult patients and, if applicable, pediatric patients within granted privileges.
- Professionalism, tact, sensitivity, patience, cultural humility, and ability to work effectively with patients, families, HHCC staff, and Tribal/community context.

VII. Candidate Submission, Security, Credentialing, and Privileging

No Contractor physician may provide clinical services until all required security, suitability, credentialing, privileging, orientation, badging, EHR access, and facility onboarding requirements are complete. Urgent coverage needs do not waive these requirements.

A. Candidate Lead Times

For new physicians requiring full security clearance and credentialing/privileging, the Contractor should plan for a lead time of up to four (4) months before the physician is ready to perform. Physicians with prior HHCC, IHS, HHS, Federal, or Tribal clearance/credentialing history may be processed more quickly, but no start date is guaranteed until all required approvals are complete.

The Contractor is responsible for managing candidate responsiveness and timely submission of complete, accurate, and current documentation. Candidate nonresponsiveness, incomplete packets, expired documents, or failure to meet onboarding milestones may be treated as Contractor performance issues.

B. Required Candidate Information

- Current resume or curriculum vitae with month/year work history.
- Medical license information and license status/disclosures.
- Board certification or board eligibility documentation.
- Current BLS and ACLS documentation; ATLS and PALS documentation if available.
- Procedure logs for any non-core privileges requested or as required by HHCC Medical Staff.
- Prior HHCC, IHS, HHS, Federal, Tribal, or comparable clearance/credentialing history.
- Availability for the proposed coverage period and acknowledgment of HHCC's rural location and lodging limitations.
- Any other documentation requested for security, credentialing, privileging, orientation, access, or facility approval.

C. Contractor Onboarding Responsibilities

The Contractor shall actively support candidate onboarding by collecting forms, signatures, identification documents, training certificates, credentialing materials, and other required documents; following up with candidates; correcting deficiencies; and providing replacement candidates when necessary. The Government retains responsibility for security, suitability, credentialing, privileging, facility access, and final approval determinations.

VIII. Contractor Program Management

The Contractor shall designate a Contractor Program Manager, Staffing Manager, or equivalent point of accountability for recruiting, candidate pipeline management, onboarding support, scheduling, candidate responsiveness, quality control, issue resolution, and replacement coverage. The Contractor shall reduce administrative burden on HHCC by managing contractor-side responsibilities without requiring HHCC or the COR to recruit, refer, or chase candidates on the Contractor's behalf.

IX. Major Duties and Responsibilities

Contractor physicians shall provide comprehensive direct care and consultation services within the scope of inpatient/hospitalist care and related authorized support duties. Duties may include, but are not limited to:

- Interview and examine patients, review past medical history, and request and/or perform diagnostic tests and examinations necessary for clinical decision-making.
- Admit, manage, discharge, consult, and transfer patients as appropriate to the clinical situation and within granted privileges.

- Review medications, diet, therapy course, adherence to management plans, patient observations, and modify regimens of care as indicated.
- Provide or coordinate timely follow-up care, discharge planning, patient education, and family counseling as required.
- Perform or assist with inpatient, office-based, or hospitalist procedures when properly privileged.
- Refer or transfer patients to appropriate facilities when care, diagnostic procedures, or higher-level services cannot be adequately provided at HHCC; provide complete clinical information to receiving facilities.
- Coordinate care with ED physicians, outpatient providers, nurses, pharmacy, laboratory, radiology, behavioral health, social work, case management, discharge/utilization review, public health, and other members of the care team.
- Conduct authorized outpatient, ED follow-up, Fast Track, urgent follow-up, infusion clearance, outpatient laboratory follow-up, or similar support duties when assigned and within privileges.
- Teach and counsel patients and family members regarding treatment, prevention, adherence, discharge instructions, and follow-up needs.
- Complete medical records, progress notes, orders, discharge summaries, transfer documentation, and other required documentation in the EHR in accordance with HHCC policy. Charting should be completed during the shift or as soon as clinically feasible and no later than HHCC policy permits.
- Comply with HHCC downtime documentation requirements when the EHR is unavailable.
- Participate in facility-specific orientation, quality assurance, peer review, performance improvement, patient safety, and Medical Staff requirements applicable to contractor personnel.
- Comply with HHCC Medical Staff Bylaws, Rules and Regulations, TJC/CMS requirements, IHS policies, infection control requirements, privacy/confidentiality requirements, and facility procedures.

X. Emergency, Disaster, and Mass Casualty Response

During scheduled or ordered performance, Contractor physicians shall support HHCC emergency response, mass casualty, disaster, pandemic, facility surge, or similar emergency operations when directed by authorized HHCC clinical leadership and within the physician's granted privileges, competence, facility policy, and scope of work.

Contractor physicians shall not remain passive observers during an emergency event when their clinical services are needed, and they are properly credentialed/privileged to assist. Duties may include inpatient surge support, triage support, stabilization, treatment, transfer coordination, documentation, outpatient/Fast Track support, and other clinically appropriate support consistent with this PWS and HHCC emergency operations procedures.

Emergency response duties shall not authorize performance outside the contract, task order, funding, or scope limits. Any hours beyond the authorized task order shall be handled in accordance with the additional hours and funding procedures in this PWS and the contract.

XI. Cultural Responsiveness and Tribal Health Care Environment

Contractor personnel shall provide respectful, patient-centered, culturally responsive care in HHCC's rural Tribal health care environment. Contractor physicians shall not dismiss patient-held beliefs, family or community decision-making practices, traditional or spiritual considerations, or cultural context. Contractor physicians shall use respectful inquiry, plain-language communication, interpreter services when needed, and collaborative care planning to build trust and support treatment adherence.

A Hopi cultural overview is part of HHCC staff/contractor orientation. Contractor personnel shall participate in required cultural orientation and comply with HHCC expectations for respectful communication, professional conduct, and culturally appropriate care.

The Contractor shall address any concerns involving disrespectful conduct, poor communication, cultural insensitivity, inability to work effectively with HHCC patients/families/staff, or conduct that undermines patient trust. HHCC may require removal or replacement of Contractor personnel for cultural, professionalism, patient safety, or communication concerns consistent with the contract.

XII. Orientation, EHR, and Facility Requirements

Contractor physicians shall complete all required facility-specific and department-specific orientation before commencing clinical duties. Orientation may include facility policies, Medical Staff requirements, EHR training, downtime documentation, infection control, emergency procedures, privacy/security, patient safety, cultural considerations including the Hopi cultural overview, and local clinical workflows. Orientation normally requires approximately two days but may vary.

Contractor physicians shall speak, read, write, and understand English fluently; be proficient enough in typing and computer use to complete required EHR documentation; and maintain confidentiality of all patients, business, financial, statistical, personnel, and technical data obtained during performance.

Government-Furnished Items, Facility Access, and Contractor Responsibilities

The following summary is provided to reduce pricing and performance assumptions. The final contract and task order control if there is any conflict.

Item	Government provides	Contractor responsibility
EHR training/access	Provided after required clearance, approval, and account processing.	Ensure each physician completes training and uses EHR/downtime procedures properly.
Badging/facility access	Provided after required processing and approval.	Ensure candidate cooperates, appears as required, and submits complete documentation.
Lodging/housing	Not provided or guaranteed.	Arrange and pay for lodging, housing, travel, meals, local transportation, and related logistics.
Pager/cell phone/standby equipment	Not expected for routine IPU coverage unless a task order expressly requires it.	Use appropriate communication methods and comply with task order requirements if additional communication coverage is ordered.
Interpreter services	Provided through HHCC/facility process when needed.	Use interpreter services appropriately and communicate respectfully.

XIII. Accommodations, Travel, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel. HHCC does not guarantee Government housing, RV spaces, or local lodging. Polacca is remote, local housing and lodging options are limited, and many contractor personnel may need to stay in Winslow or another community approximately one hour or more from HHCC. Contractor pricing shall account for these conditions.

XIV. Health, Safety, Infection Control, and Physical Requirements

Contractor personnel shall comply with HHCC/IHS infection control, employee health, immunization, safety, PPE, tobacco-free, and occupational health requirements. Work may involve exposure to contagious diseases, infectious materials, blood/body fluids, radiation, hazardous materials, behavioral health emergencies, and other clinical risks. Contractor physicians must be able to perform the physical requirements of clinical practice, including standing, walking, bending, stretching, and assisting with patient care activities.

Contractor physicians may be covered by applicable Federal Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in this PWS guarantees FTCA coverage or relieves the Contractor of its responsibility to maintain required medical liability insurance.

The Contractor shall maintain professional medical liability insurance for each Contractor physician performing under this requirement. Minimum coverage shall be not less than $1,000,000 per occurrence,

or such higher amount as required by the final contract clause or task order. Evidence of insurance shall be provided before performance and upon request by the Contracting Officer.

XV. Deliverables

Deliverable	Due/Timing	Recipient/Purpose
Candidate profile and credentialing packet	As requested, and before candidate performs	HHCC/COR/credentialing/security review
Candidate readiness/ onboarding status	Weekly or as requested during onboarding	Track security, credentialing, privileging, orientation, badging, and EHR access status
Weekly timesheet package	Weekly; compiled by Contractor and submitted within two business days after receipt from physician or as directed	Time tracking and service verification; not an invoice
Utilization/status report	Weekly or as required by task order	Track scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks
Replacement plan	Within two business days of known candidate failure/risk or sooner if urgent	Maintain continuity of coverage
Insurance evidence	Before performance and upon request	Confirm medical liability insurance compliance

XVI. Timesheets, Payment, and Invoicing

Weekly timesheets are used for time tracking, service verification, and contract administration. They are not invoices. Each on-site Contractor physician shall submit a weekly timesheet to the Contractor. The Contractor shall compile all timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly package to the HHCC Medical Staff Professional for review. The Chief Medical Officer, or designated acting official/designee, shall approve time for Government acceptance and contract administration purposes. The COR shall receive or have access to the approved timesheet package for contract administration and invoice reconciliation.

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items. The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, or third-party payers for services provided under this contract.

XVII. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, Medical Staff requirements, professional standards, patient safety standards, documentation

requirements, cultural/professional conduct expectations, or facility policies. The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required clearance, credentialing, privileging, orientation, and access requirements are complete.

No-shows, late arrivals, unplanned absences, candidate nonresponsiveness, incomplete credentialing packages, repeated documentation failures, or failure to provide replacement coverage may be treated as Contractor performance issues.

XVIII. Government Responsibilities

The Government will identify requirements, issue task orders or other written authorization, provide available facility orientation, identify credentialing/security requirements, review submitted candidate documentation, make security/credentialing/privileging/facility access determinations, verify receipt of services, and perform contract administration through the Contracting Officer and COR. Only the Contracting Officer may change contract terms, pricing, scope, quantity, schedule, or funding.

XIX. Quality Assurance Surveillance and Performance Standards

The Government will monitor Contractor performance through a Quality Assurance Surveillance approach. Performance areas may include, but are not limited to, candidate qualifications, licensure/certifications, security/credentialing/privileging compliance, candidate packet completeness, candidate responsiveness, shift fulfillment, no-show prevention, replacement coverage, documentation timeliness, cultural/professional conduct, emergency support within scope, weekly timesheet accuracy, and utilization reporting accuracy.

Non-Personal Professional IPU/Hospitalist Physician Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance Area	Standard	Method of Surveillance
Minimum qualifications/licensure/certifications	100% compliance before performance	Government review of documentation
Security, credentialing, privileging, orientation, and access	100% complete before clinical performance	Credentialing/security/facility verification
Candidate packet completeness and responsiveness	Complete, accurate, and timely submissions; delays managed by Contractor	Onboarding tracker and Government review
Shift fulfillment and no-show prevention	Coverage as scheduled/ordered; avoidable no-shows are unacceptable	Timesheets, schedules, incident reports
Replacement coverage	Timely replacement plan when candidate is unavailable, delayed, rejected, or removed	Contractor reports and COR documentation
Documentation/EHR compliance	Medical records completed in accordance with HHCC policy	Chart review/quality monitoring
Cultural responsiveness/professionalism	Respectful, professional, culturally responsive communication and conduct	HHCC feedback, incident reports, performance review
Weekly timekeeping/utilization reporting	Accurate, complete, timely weekly submission	COR/Medical Staff Professional/CMO review

Non-Personal Professional

Emergency Department Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

PERFORMANCE WORK STATEMENT

Requirement Summary

The Government requires non-personal professional Emergency Department Registered Nurse services to support safe and continuous Emergency Department operations at HHCC. This PWS establishes the scope of non-personal professional registered nursing services that may be ordered under the resulting multiple-award IDIQ. Contractor nursing personnel shall not perform services until all required security, suitability, credentialing, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete.

Non-Personal Professional

Emergency Department Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance and Pricing Assumptions

- Services are non-personal professional clinical staffing services.
- Contractor personnel shall perform only services authorized by an issued task order and within their license, competencies, facility orientation, and assigned role.
- The Government will pay the applicable fully burdened hourly rate for actual hours worked and accepted.
- Travel, lodging, per diem, meals, local transportation, premium pay, overtime, holiday, night, weekend, standby, pager, and call-back costs are not separately reimbursable unless expressly authorized in the contract or task order.
- Government housing is not provided.
- Projected coverage hours are planning estimates only and are not guarantees of shifts, task orders, funding, or work volume.

Non-Personal Professional

Emergency Department Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

I. Purpose and Background

The purpose of this Performance Work Statement (PWS) is to obtain non-personal professional Emergency Department Registered Nurse Services at Hopi Health Care Center (HHCC) in Polacca, Arizona. Contractor personnel shall provide services as authorized by the Government, within license, competency, facility orientation, assigned role, and accepted standards of nursing practice.

HHCC is a rural, remote, Joint Commission-accredited Critical Access Hospital and the only healthcare facility on the Hopi Reservation. This requirement is intended to minimize disruptions in patient care when Federal staffing is unavailable or insufficient.

II. Scope of Services

The Contractor shall recruit, screen, propose, onboard-support, schedule, manage, and replace qualified registered nursing personnel capable of providing Emergency Department Registered Nurse Services at HHCC. Contractor personnel shall provide services consistent with this PWS, applicable task order requirements, facility policies, assigned duties, and accepted standards of nursing practice.

III. Non-Personal Services and Clinical Oversight

This is a non-personal services requirement. Contractor nursing personnel remain employees, agents, subcontractors, or independent contractors of the Contractor and are not Government employees. Government clinical leadership may provide facility direction, patient safety oversight, competency expectations, schedule coordination, and quality feedback. Such direction does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel, candidate responsiveness, scheduling, quality control, and replacement coverage.

IV. Place of Performance

Services shall be performed at Hopi Health Care Center, P.O. Box 4000, Highway 264, Mile Marker 388, Polacca, Arizona 86042, or other location expressly authorized by the Contracting Officer through a task order or written authorization.

V. Projected Coverage Scope, Hours, Scheduling, and Shift Coverage

The table below provides the Government's current projected coverage scope for planning purposes. These estimates are provided to help Offerors understand the potential scale of performance, candidate pipeline needs, and pricing assumptions. They are not guarantees of shifts, hours, task orders, funding, or work volume.

Non-Personal Professional

Emergency Department Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Service Area	Daily Coverage Model	Weekly Planning Hours
ED Registered Nurse Services	6 x 12-hour shifts/day	504

Routine ED RN shifts are anticipated to be 12-hour shifts, generally 0630 to 1900 and 1830 to 0700, or as otherwise identified in the task order or schedule. ED services operate 24 hours per day, seven days per week. Scheduling may include days, nights, weekends, holidays, urgent coverage, and block scheduling.

Scheduling needs may change based on patient census, Federal staffing, leave, vacancies, emergencies, recruitment gaps, or facility operational needs. Contractor personnel shall perform only the shifts authorized by the applicable task order or schedule.

A 30-minute unpaid meal break shall be deducted only when the Contractor personnel is relieved of duties and able to take an uninterrupted meal break. If the Contractor personnel remains responsible for patient care and is not relieved for an uninterrupted break, billable time shall be based on actual hours worked and accepted.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

VI. Minimum Qualifications for Contractor Registered Nurses

- Graduate of an accredited professional nursing educational program with a diploma, associate degree, bachelor degree, graduate degree, or other qualifying nursing education acceptable to HHCC and applicable licensing requirements.
- Current, active, full, and unrestricted Registered Nurse license in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.
- Minimum of two (2) years of experience as a Registered Nurse, with at least two (2) years of Emergency Department experience.
- Current BLS, ACLS, and PALS certifications are required.
- TNCC is preferred/recommended unless otherwise required by the task order or facility policy.
- Ability to provide emergency nursing care to neonate, infant, pediatric, adolescent, adult, and geriatric patients, as applicable to the ED setting.
- Ability to work effectively in a rural Critical Access Hospital, transfer-dependent, limited-resource, and Tribal health care environment.

VII. Candidate Submission, Security, Orientation, and Facility Onboarding

The Contractor is responsible for recruiting, screening, proposing, onboarding-support, scheduling, managing, and replacing qualified registered nursing personnel. No Contractor nurse may provide services until all required security, suitability, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete. Urgent coverage needs do not waive these requirements. The Contractor shall manage candidate responsiveness and timely submission of complete, accurate, and current documentation. Incomplete packets, expired documents, candidate nonresponsiveness, or failure to meet onboarding milestones may be treated as Contractor performance issues.

Required Candidate Information

- Current resume or curriculum vitae with month/year work history.
- Current unrestricted RN license information and license status/disclosures.
- Required certification documentation, including BLS, ACLS, PALS, and other applicable certifications.
- Education documentation and nursing degree/diploma/certification information.
- Prior HHCC, IHS, HHS, Federal, Tribal, or comparable clearance/onboarding history.
- Availability for the proposed coverage period and acknowledgment of HHCC rural location and lodging limitations.
- Any other documentation requested for security, suitability, orientation, competency validation, badging, EHR access, or facility approval.

VIII. Contractor Program Management

The Contractor shall designate a Contractor Program Manager, Staffing Manager, or equivalent point of accountability for recruiting, candidate pipeline management, onboarding support, scheduling, candidate responsiveness, quality control, issue resolution, and replacement coverage. The Contractor shall reduce administrative burden on HHCC by managing contractor-side responsibilities without requiring HHCC or the COR to recruit, refer, or chase candidates on the Contractor's behalf.

IX. Major Duties and Responsibilities

Contractor nursing personnel shall provide comprehensive direct care and related nursing support within the scope of Emergency Department Registered Nurse Services and assigned duties. Duties may include, but are not limited to:

- Triage, assess, monitor, and provide nursing care for ED patients ranging from non-critical to critical acuity, within license, competency, and facility policy.
- Initiate the nursing process; assess, plan, implement, and evaluate nursing interventions and patient education.

- Receive, initiate, and carry out provider orders, including medications, oxygen, blood/blood products, treatments, and interventions within scope and facility policy.
- Recognize life-threatening emergencies and initiate/maintain resuscitation measures and emergency procedures in collaboration with medical providers.
- Support trauma, high-acuity stabilization, transfer preparation, and interfacility transfer coordination as assigned.
- Manage therapeutic devices and equipment, including monitoring equipment, drainage/suction devices, respiratory equipment, electrocardiograph equipment, and other ED supplies.
- Measure, assess, and document vital signs, neurological status, effects of medication/treatment, and changes in patient condition.
- Collect specimens and perform or support point-of-care testing and quality control activities as assigned.
- Collaborate with physicians, nurses, laboratory, radiology, pharmacy, EMS, behavioral health, social work, case management, and receiving facilities.
- Observe and document patient care, condition changes, interventions, patient education, handoffs, and other ED activities in the accepted format and EHR.
- Answer and screen telephone calls, support patient/family communication, and use interpreter services when needed.
- Complete unit-specific competencies before independent assignment and comply with ED policies, infection control, patient safety, and emergency procedures.

X. Emergency, Disaster, and Mass Casualty Response

During scheduled or ordered performance, Contractor nursing personnel shall support HHCC emergency response, mass casualty, disaster, pandemic, facility surge, or similar emergency operations when directed by authorized HHCC clinical leadership and within the nurse's license, competence, facility policy, assigned role, and scope of work. Emergency support does not authorize performance outside the contract, task order, funding, or scope limits.

XI. Cultural Responsiveness and Tribal Health Care Environment

Contractor personnel shall provide respectful, patient-centered, culturally responsive care in HHCC's rural Tribal health care environment. Contractor personnel shall use respectful communication, interpreter services when needed, and culturally appropriate patient/family engagement. A Hopi cultural overview may be part of HHCC staff/contractor orientation. HHCC may require removal or replacement of Contractor personnel for cultural, professionalism, patient safety, communication, or conduct concerns consistent with the contract.

XII. Orientation, EHR, and Facility Requirements

Contractor personnel shall complete all required facility-specific and department-specific orientation before commencing independent duties. Orientation may include facility policies, unit competencies, EHR training, downtime documentation, infection control, emergency procedures, privacy/security, patient safety, cultural considerations including the Hopi cultural overview, and local clinical workflows.

Contractor personnel shall speak, read, write, and understand English fluently; be proficient enough in typing and computer use to complete required EHR documentation; and maintain confidentiality of all patient, business, financial, statistical, personnel, and technical data obtained during performance.

XIII. Medical Chart Review, Documentation Compliance, and Billing Support

Contractor nursing personnel shall complete required EHR documentation, flowsheets, medication documentation, treatment documentation, patient education documentation, handoff documentation, and other nursing records in accordance with HHCC policy, CMS/TJC requirements, and facility workflows. Contractor personnel shall cooperate with HHCC chart review activities related to documentation completeness, patient care data accuracy, coding/billing support, quality assurance, patient safety, and record completion for services they personally provided. Contractor personnel shall not make official Government determinations regarding contract compliance, service acceptance, payment, coding finalization, billing adjudication, personnel discipline, credentialing, privileging, or contractor performance.

XIV. Accommodations, Travel, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel. HHCC does not guarantee Government housing, RV spaces, or local lodging. Polacca is remote, local housing and lodging options are limited, and Contractor pricing shall account for these conditions.

XV. Health, Safety, Infection Control, and Physical Requirements

Contractor personnel shall comply with HHCC/IHS infection control, employee health, immunization, safety, PPE, tobacco-free, and occupational health requirements. Work may involve exposure to contagious diseases, infectious materials, blood/body fluids, radiation, hazardous materials, behavioral health emergencies, and other clinical risks. Contractor personnel must be able to perform the physical requirements of clinical nursing practice, including standing, walking, bending, stretching, lifting/assisting patients, and responding to emergency situations.

The Contractor shall maintain professional liability/medical liability insurance as required by the solicitation, resulting contract, or task order. Contractor personnel may be covered by applicable Federal

Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in this PWS guarantees FTCA coverage or relieves the Contractor of its insurance obligations.

XVI. Deliverables

Deliverable	Due/Timing	Recipient/Purpose
Candidate profile and onboarding packet	As requested, and before candidate performs	HHCC/COR/security/facility review
Candidate readiness/onboarding status	Weekly or as requested during onboarding	Track security, orientation, competency validation, badging, and EHR access status
Weekly timesheet package	Weekly; compiled by Contractor and submitted within two business days after receipt from nurse or as directed	Time tracking and service verification; not an invoice
Utilization/status report	Weekly or as required by task order	Track scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks
Replacement plan	Within two business days of known candidate failure/risk or sooner if urgent	Maintain continuity of coverage
Insurance evidence	Before performance and upon request	Confirm insurance compliance

XVII. Timesheets, Payment, and Invoicing

Weekly timesheets are used for time tracking, service verification, and contract administration. They are not invoices. Each on-site Contractor nurse shall submit a weekly timesheet to the Contractor. The Contractor shall compile all timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly package to the Government/facility official identified in the task order for review. The COR shall receive or have access to the approved timesheet package for contract administration and invoice reconciliation.

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items. The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, or third-party payers for services provided under this contract.

XVIII. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, facility requirements, professional standards, patient safety standards, documentation

requirements, cultural/professional conduct expectations, or facility policies. The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required clearance, orientation, competency validation, and access requirements are complete.

No-shows, late arrivals, unplanned absences, candidate nonresponsiveness, incomplete onboarding packages, repeated documentation failures, or failure to provide replacement coverage may be treated as Contractor performance issues.

XIX. Government Responsibilities

The Government will identify requirements, issue task orders or other written authorization, provide available facility orientation, identify security and onboarding requirements, review submitted candidate documentation, make facility access determinations, verify receipt of services, and perform contract administration through the Contracting Officer and COR. Only the Contracting Officer may change contract terms, pricing, scope, quantity, schedule, or funding.

XX. Quality Assurance Surveillance and Performance Standards

The Government will monitor Contractor performance through a Quality Assurance Surveillance approach. Performance areas may include candidate qualifications, licensure/certifications, security/onboarding compliance, candidate packet completeness, candidate responsiveness, shift fulfillment, no-show prevention, replacement coverage, documentation timeliness, cultural/professional conduct, emergency support within scope, weekly timekeeping accuracy, and utilization reporting accuracy.

Non-Personal Professional

Emergency Department Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance Area	Standard	Method of Surveillance
Minimum qualifications/licensure/certifications	100% compliance before performance.	Government/facility review of documentation.
Security, orientation, competency validation, badging, EHR access, and facility onboarding	100% complete before independent performance.	Security/facility/onboarding verification.
Candidate packet completeness and responsiveness	Complete, accurate, and timely submissions; delays managed by Contractor.	Onboarding tracker and Government review.
ED clinical competency	Nurse demonstrates required ED experience, certifications, and unit competencies before independent performance.	Government/facility review of license, certifications, resume, competency validation, and orientation records.
ED shift fulfillment and no-show prevention	Coverage provided as scheduled/ordered; avoidable no-shows are unacceptable.	Schedules, timesheets, incident reports, COR/facility feedback.
Emergency response and stabilization support	Nurse supports emergency response, stabilization, resuscitation, trauma/high-acuity workflows, and transfer preparation within role and competency.	Clinical feedback, incident reports, documentation review, facility quality review.
Replacement coverage	Timely replacement plan when candidate is unavailable, delayed, rejected, or removed.	Contractor reports and COR documentation.
Documentation/EHR and medical record completion	Required nursing documentation and documentation needed for patient care, coding/billing support, quality, and record completion are accurate, complete, and timely in accordance with HHCC policy.	EHR review; documentation deficiency tracking; coding/billing query tracking; clinical feedback; Government/facility compliance review.
Cultural responsiveness/professionalism	Respectful, professional, culturally responsive communication and conduct.	HHCC feedback, incident reports, performance documentation.
Weekly timekeeping/utilization reporting	Accurate, complete, timely weekly submission.	COR/facility review; timesheet and invoice reconciliation.

Non-Personal Professional Inpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

PERFORMANCE WORK STATEMENT

Requirement Summary

The Government requires non-personal professional Inpatient Registered Nurse services to support HHCC inpatient/medical-surgical operations. This PWS establishes the scope of non-personal professional registered nursing services that may be ordered under the resulting multiple-award IDIQ. Contractor nursing personnel shall not perform services until all required security, suitability, credentialing, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete.

Performance and Pricing Assumptions

- Services are non-personal professional clinical staffing services.
- Contractor personnel shall perform only services authorized by an issued task order and within their license, competencies, facility orientation, and assigned role.
- The Government will pay the applicable fully burdened hourly rate for actual hours worked and accepted.
- Travel, lodging, per diem, meals, local transportation, premium pay, overtime, holiday, night, weekend, standby, pager, and call-back costs are not separately reimbursable unless expressly authorized in the contract or task order.
- Government housing is not provided.
- Projected coverage hours are planning estimates only and are not guarantees of shifts, task orders, funding, or work volume.

Non-Personal Professional Inpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

I. Purpose and Background

The purpose of this Performance Work Statement (PWS) is to obtain non-personal professional Inpatient Registered Nurse Services at Hopi Health Care Center (HHCC) in Polacca, Arizona. Contractor personnel shall provide services as authorized by the Government, within license, competency, facility orientation, assigned role, and accepted standards of nursing practice.

HHCC is a rural, remote, Joint Commission-accredited Critical Access Hospital and the only healthcare facility on the Hopi Reservation. This requirement is intended to minimize disruptions in patient care when Federal staffing is unavailable or insufficient.

II. Scope of Services

The Contractor shall recruit, screen, propose, onboard-support, schedule, manage, and replace qualified registered nursing personnel capable of providing Inpatient Registered Nurse Services at HHCC. Contractor personnel shall provide services consistent with this PWS, applicable task order requirements, facility policies, assigned duties, and accepted standards of nursing practice.

III. Non-Personal Services and Clinical Oversight

This is a non-personal services requirement. Contractor nursing personnel remain employees, agents, subcontractors, or independent contractors of the Contractor and are not Government employees. Government clinical leadership may provide facility direction, patient safety oversight, competency expectations, schedule coordination, and quality feedback. Such direction does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel, candidate responsiveness, scheduling, quality control, and replacement coverage.

IV. Place of Performance

Services shall be performed at Hopi Health Care Center, P.O. Box 4000, Highway 264, Mile Marker 388, Polacca, Arizona 86042, or other location expressly authorized by the Contracting Officer through a task order or written authorization.

V. Projected Coverage Scope, Hours, Scheduling, and Shift Coverage

The table below provides the Government's current projected coverage scope for planning purposes. These estimates are provided to help Offerors understand the potential scale of performance, candidate pipeline needs, and pricing assumptions. They are not guarantees of shifts, hours, task orders, funding, or work volume.

Non-Personal Professional Inpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Service Area	Daily Coverage Model	Weekly Planning Hours
IPU Registered Nurse Services	4 x 12-hour shifts/day	336

Routine IPU/Med-Surg RN shifts are anticipated to be 12-hour shifts, generally 0730 to 2000 and 1930 to 0800, or as otherwise identified in the task order or schedule. Inpatient services operate 24 hours per day, seven days per week. Scheduling may include days, nights, weekends, holidays, urgent coverage, and block scheduling.

Scheduling needs may change based on patient census, Federal staffing, leave, vacancies, emergencies, recruitment gaps, or facility operational needs. Contractor personnel shall perform only the shifts authorized by the applicable task order or schedule.

A 30-minute unpaid meal break shall be deducted only when the Contractor personnel is relieved of duties and able to take an uninterrupted meal break. If the Contractor personnel remains responsible for patient care and is not relieved for an uninterrupted break, billable time shall be based on actual hours worked and accepted.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

VI. Minimum Qualifications for Contractor Registered Nurses

- Graduate of an accredited professional nursing educational program with a diploma, associate degree, bachelor degree, graduate degree, or other qualifying nursing education acceptable to HHCC and applicable licensing requirements.
- Current, active, full, and unrestricted Registered Nurse license in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.
- Minimum of two (2) years of experience as a Registered Nurse, with at least two (2) years of Medical/Surgical or comparable inpatient nursing experience.
- Current BLS, ACLS, and PALS certifications are required unless otherwise modified by the task order or facility policy.
- Ability to provide inpatient nursing care to adult and pediatric patients, as assigned and within competency.
- Ability to work effectively in a rural Critical Access Hospital, limited-resource, and Tribal health care environment.

VII. Candidate Submission, Security, Orientation, and Facility Onboarding

The Contractor is responsible for recruiting, screening, proposing, onboarding-support, scheduling, managing, and replacing qualified registered nursing personnel. No Contractor nurse may provide services

until all required security, suitability, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete. Urgent coverage needs do not waive these requirements. The Contractor shall manage candidate responsiveness and timely submission of complete, accurate, and current documentation. Incomplete packets, expired documents, candidate nonresponsiveness, or failure to meet onboarding milestones may be treated as Contractor performance issues.

Required Candidate Information

- Current resume or curriculum vitae with month/year work history.
- Current unrestricted RN license information and license status/disclosures.
- Required certification documentation, including BLS, ACLS, PALS, and other applicable certifications.
- Education documentation and nursing degree/diploma/certification information.
- Prior HHCC, IHS, HHS, Federal, Tribal, or comparable clearance/onboarding history.
- Availability for the proposed coverage period and acknowledgment of HHCC rural location and lodging limitations.
- Any other documentation requested for security, suitability, orientation, competency validation, badging, EHR access, or facility approval.

VIII. Contractor Program Management

The Contractor shall designate a Contractor Program Manager, Staffing Manager, or equivalent point of accountability for recruiting, candidate pipeline management, onboarding support, scheduling, candidate responsiveness, quality control, issue resolution, and replacement coverage. The Contractor shall reduce administrative burden on HHCC by managing contractor-side responsibilities without requiring HHCC or the COR to recruit, refer, or chase candidates on the Contractor's behalf.

IX. Major Duties and Responsibilities

Contractor nursing personnel shall provide comprehensive direct care and related nursing support within the scope of Inpatient Registered Nurse Services and assigned duties. Duties may include, but are not limited to:

- Initiate the nursing process for admitted patients; assess, plan, implement, and evaluate nursing interventions and patient education.
- Receive, initiate, and carry out provider orders, including medications, oxygen, blood/blood products, treatments, and interventions within scope and facility policy.
- Provide direct patient care, assist with activities of daily living and ambulation, and monitor changes in patient condition.
- Measure, assess, and document vital signs, height, weight, neurological status, effects of medication/treatment, and other required patient data.

- Manage therapeutic devices and equipment, including drainage, feeding and suction tubes, respiratory equipment, electrocardiograph equipment, and other inpatient supplies.
- Recognize life-threatening emergencies, adverse reactions, and patient deterioration; initiate appropriate interventions in collaboration with medical providers.
- Collect specimens and perform or support quality control activities, including crash cart checks, lab checks, and capillary blood glucose monitoring checks as assigned.
- Collaborate with physicians, nurses, pharmacy, laboratory, radiology, case management, discharge planning, social work, and other members of the care team.
- Appropriately assign, coordinate, or direct patient care provided by ancillary nursing staff when assigned and within facility policy.
- Observe and document patient care, condition changes, interventions, patient education, discharge needs, and other inpatient activities in the accepted format and EHR.
- Complete unit-specific competencies before independent assignment and comply with IPU/Med-Surg policies, infection control, patient safety, and emergency procedures.

X. Emergency, Disaster, and Mass Casualty Response

During scheduled or ordered performance, Contractor nursing personnel shall support HHCC emergency response, mass casualty, disaster, pandemic, facility surge, or similar emergency operations when directed by authorized HHCC clinical leadership and within the nurse's license, competence, facility policy, assigned role, and scope of work. Emergency support does not authorize performance outside the contract, task order, funding, or scope limits.

XI. Cultural Responsiveness and Tribal Health Care Environment

Contractor personnel shall provide respectful, patient-centered, culturally responsive care in HHCC's rural Tribal health care environment. Contractor personnel shall use respectful communication, interpreter services when needed, and culturally appropriate patient/family engagement. A Hopi cultural overview may be part of HHCC staff/contractor orientation. HHCC may require removal or replacement of Contractor personnel for cultural, professionalism, patient safety, communication, or conduct concerns consistent with the contract.

XII. Orientation, EHR, and Facility Requirements

Contractor personnel shall complete all required facility-specific and department-specific orientation before commencing independent duties. Orientation may include facility policies, unit competencies, EHR training, downtime documentation, infection control, emergency procedures, privacy/security, patient safety, cultural considerations including the Hopi cultural overview, and local clinical workflows.

Contractor personnel shall speak, read, write, and understand English fluently; be proficient enough in typing and computer use to complete required EHR documentation; and maintain confidentiality of all patient, business, financial, statistical, personnel, and technical data obtained during performance.

XIII. Medical Chart Review, Documentation Compliance, and Billing Support

Contractor nursing personnel shall complete required EHR documentation, flowsheets, medication documentation, treatment documentation, patient education documentation, handoff documentation, and other nursing records in accordance with HHCC policy, CMS/TJC requirements, and facility workflows. Contractor personnel shall cooperate with HHCC chart review activities related to documentation completeness, patient care data accuracy, coding/billing support, quality assurance, patient safety, and record completion for services they personally provided. Contractor personnel shall not make official Government determinations regarding contract compliance, service acceptance, payment, coding finalization, billing adjudication, personnel discipline, credentialing, privileging, or contractor performance.

XIV. Accommodations, Travel, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel. HHCC does not guarantee Government housing, RV spaces, or local lodging. Polacca is remote, local housing and lodging options are limited, and Contractor pricing shall account for these conditions.

XV. Health, Safety, Infection Control, and Physical Requirements

Contractor personnel shall comply with HHCC/IHS infection control, employee health, immunization, safety, PPE, tobacco-free, and occupational health requirements. Work may involve exposure to contagious diseases, infectious materials, blood/body fluids, radiation, hazardous materials, behavioral health emergencies, and other clinical risks. Contractor personnel must be able to perform the physical requirements of clinical nursing practice, including standing, walking, bending, stretching, lifting/assisting patients, and responding to emergency situations.

The Contractor shall maintain professional liability/medical liability insurance as required by the solicitation, resulting contract, or task order. Contractor personnel may be covered by applicable Federal Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in this PWS guarantees FTCA coverage or relieves the Contractor of its insurance obligations.

XVI. Deliverables

Deliverable	Due/Timing	Recipient/Purpose
Candidate profile and onboarding packet	As requested, and before candidate performs	HHCC/COR/security/facility review
Candidate readiness/onboarding status	Weekly or as requested during onboarding	Track security, orientation, competency validation, badging, and EHR access status
Weekly timesheet package	Weekly; compiled by Contractor and submitted within two business days after receipt from nurse or as directed	Time tracking and service verification; not an invoice
Utilization/status report	Weekly or as required by task order	Track scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks
Replacement plan	Within two business days of known candidate failure/risk or sooner if urgent	Maintain continuity of coverage
Insurance evidence	Before performance and upon request	Confirm insurance compliance

XVII. Timesheets, Payment, and Invoicing

Weekly timesheets are used for time tracking, service verification, and contract administration. They are not invoices. Each on-site Contractor nurse shall submit a weekly timesheet to the Contractor. The Contractor shall compile all timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly package to the Government/facility official identified in the task order for review. The COR shall receive or have access to the approved timesheet package for contract administration and invoice reconciliation.

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items. The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, or third-party payers for services provided under this contract.

XVIII. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, facility requirements, professional standards, patient safety standards, documentation requirements, cultural/professional conduct expectations, or facility policies. The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required clearance, orientation, competency validation, and access requirements are complete.

No-shows, late arrivals, unplanned absences, candidate nonresponsiveness, incomplete onboarding packages, repeated documentation failures, or failure to provide replacement coverage may be treated as Contractor performance issues.

XIX. Government Responsibilities

The Government will identify requirements, issue task orders or other written authorization, provide available facility orientation, identify security and onboarding requirements, review submitted candidate documentation, make facility access determinations, verify receipt of services, and perform contract administration through the Contracting Officer and COR. Only the Contracting Officer may change contract terms, pricing, scope, quantity, schedule, or funding.

XX. Quality Assurance Surveillance and Performance Standards

The Government will monitor Contractor performance through a Quality Assurance Surveillance approach. Performance areas may include candidate qualifications, licensure/certifications, security/onboarding compliance, candidate packet completeness, candidate responsiveness, shift fulfillment, no-show prevention, replacement coverage, documentation timeliness, cultural/professional conduct, emergency support within scope, weekly timekeeping accuracy, and utilization reporting accuracy.

Non-Personal Professional Inpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance Area	Standard	Method of Surveillance
Minimum qualifications/licensure/certifications	100% compliance before performance.	Government/facility review of documentation.
Security, orientation, competency validation, badging, EHR access, and facility onboarding	100% complete before independent performance.	Security/facility/onboarding verification.
Candidate packet completeness and responsiveness	Complete, accurate, and timely submissions; delays managed by Contractor.	Onboarding tracker and Government review.
IPU clinical competency	Nurse demonstrates required inpatient/Med-Surg experience, certifications, and unit competencies before independent performance.	Government/facility review of license, certifications, resume, competency validation, and orientation records.
IPU shift fulfillment and no-show prevention	Coverage provided as scheduled/ordered; avoidable no-shows are unacceptable.	Schedules, timesheets, incident reports, COR/facility feedback.
Inpatient care and documentation support	Nurse supports safe inpatient care, medication/treatment administration, patient monitoring, discharge support, and complete documentation.	EHR review, clinical feedback, documentation deficiency tracking, facility quality review.
Replacement coverage	Timely replacement plan when candidate is unavailable, delayed, rejected, or removed.	Contractor reports and COR documentation.
Documentation/EHR and medical record completion	Required nursing documentation and documentation needed for patient care, coding/billing support, quality, and record completion are accurate, complete, and timely in accordance with HHCC policy.	EHR review; documentation deficiency tracking; coding/billing query tracking; clinical feedback; Government/facility compliance review.
Cultural responsiveness/professionalism	Respectful, professional, culturally responsive communication and conduct.	HHCC feedback, incident reports, performance documentation.
Weekly timekeeping/utilization reporting	Accurate, complete, timely weekly submission.	COR/facility review; timesheet and invoice reconciliation.

Non-Personal Professional Outpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

PERFORMANCE WORK STATEMENT

Requirement Summary

The Government requires non-personal professional Outpatient/Ambulatory Care Registered Nurse services to support HHCC outpatient clinic operations. This PWS establishes the scope of non-personal professional registered nursing services that may be ordered under the resulting multiple-award IDIQ. Contractor nursing personnel shall not perform services until all required security, suitability, credentialing, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete.

Performance and Pricing Assumptions

- Services are non-personal professional clinical staffing services.
- Contractor personnel shall perform only services authorized by an issued task order and within their license, competencies, facility orientation, and assigned role.
- The Government will pay the applicable fully burdened hourly rate for actual hours worked and accepted.
- Travel, lodging, per diem, meals, local transportation, premium pay, overtime, holiday, night, weekend, standby, pager, and call-back costs are not separately reimbursable unless expressly authorized in the contract or task order.
- Government housing is not provided.
- Projected coverage hours are planning estimates only and are not guarantees of shifts, task orders, funding, or work volume.

Non-Personal Professional Outpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

I. Purpose and Background

The purpose of this Performance Work Statement (PWS) is to obtain non-personal professional Outpatient Registered Nurse Services at Hopi Health Care Center (HHCC) in Polacca, Arizona. Contractor personnel shall provide services as authorized by the Government, within license, competency, facility orientation, assigned role, and accepted standards of nursing practice.

HHCC is a rural, remote, Joint Commission-accredited Critical Access Hospital and the only healthcare facility on the Hopi Reservation. This requirement is intended to minimize disruptions in patient care when Federal staffing is unavailable or insufficient.

II. Scope of Services

The Contractor shall recruit, screen, propose, onboard-support, schedule, manage, and replace qualified registered nursing personnel capable of providing Outpatient Registered Nurse Services at HHCC. Contractor personnel shall provide services consistent with this PWS, applicable task order requirements, facility policies, assigned duties, and accepted standards of nursing practice.

III. Non-Personal Services and Clinical Oversight

This is a non-personal services requirement. Contractor nursing personnel remain employees, agents, subcontractors, or independent contractors of the Contractor and are not Government employees. Government clinical leadership may provide facility direction, patient safety oversight, competency expectations, schedule coordination, and quality feedback. Such direction does not create an employer-employee relationship and does not relieve the Contractor of responsibility for managing its personnel, candidate responsiveness, scheduling, quality control, and replacement coverage.

IV. Place of Performance

Services shall be performed at Hopi Health Care Center, P.O. Box 4000, Highway 264, Mile Marker 388, Polacca, Arizona 86042, or other location expressly authorized by the Contracting Officer through a task order or written authorization.

V. Projected Coverage Scope, Hours, Scheduling, and Shift Coverage

The table below provides the Government's current projected coverage scope for planning purposes. These estimates are provided to help Offerors understand the potential scale of performance, candidate pipeline needs, and pricing assumptions. They are not guarantees of shifts, hours, task orders, funding, or work volume.

Non-Personal Professional Outpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Service Area	Daily Coverage Model	Weekly Planning Hours
Outpatient Registered Nurse Services	1 x 8-hour shift/day, Monday-Friday	40

Routine OPD/Ambulatory Care RN shifts are anticipated to be 8-hour shifts, generally 0800 to 1700, Monday through Friday, or as otherwise identified in the task order or schedule. Schedules may be adjusted based on clinic operations, patient care needs, Federal staffing, leave, vacancies, or other operational requirements.

Scheduling needs may change based on patient census, Federal staffing, leave, vacancies, emergencies, recruitment gaps, or facility operational needs. Contractor personnel shall perform only the shifts authorized by the applicable task order or schedule.

A 30-minute unpaid meal break shall be deducted only when the Contractor personnel is relieved of duties and able to take an uninterrupted meal break. If the Contractor personnel remains responsible for patient care and is not relieved for an uninterrupted break, billable time shall be based on actual hours worked and accepted.

Hours beyond the scheduled shift or funded task order amount must be authorized in advance by the Contracting Officer or, when immediate patient safety needs prevent advance authorization, promptly reported to the COR and Contracting Officer for contract administration and funding reconciliation.

VI. Minimum Qualifications for Contractor Registered Nurses

- Graduate of an accredited professional nursing educational program with a diploma, associate degree, bachelor degree, graduate degree, or other qualifying nursing education acceptable to HHCC and applicable licensing requirements.
- Current, active, full, and unrestricted Registered Nurse license in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.
- Minimum of two (2) years of experience as a Registered Nurse, with at least one (1) year of Ambulatory Care experience.
- At least one (1) year of experience with IV infusions and one (1) year of experience with IV starts, PICC lines, and/or ports is preferred or required when the task order includes such duties.
- Current BLS, ACLS, and PALS certifications are required unless otherwise modified by the task order or facility policy.
- Working knowledge of adult and pediatric immunization schedules and administration practices is preferred.
- Ability to work effectively in a rural, limited-resource, and Tribal health care environment.

VII. Candidate Submission, Security, Orientation, and Facility Onboarding

The Contractor is responsible for recruiting, screening, proposing, onboarding-support, scheduling, managing, and replacing qualified registered nursing personnel. No Contractor nurse may provide services until all required security, suitability, orientation, competency validation, badging, EHR access, and facility onboarding requirements are complete. Urgent coverage needs do not waive these requirements. The Contractor shall manage candidate responsiveness and timely submission of complete, accurate, and current documentation. Incomplete packets, expired documents, candidate nonresponsiveness, or failure to meet onboarding milestones may be treated as Contractor performance issues.

Required Candidate Information

- Current resume or curriculum vitae with month/year work history.
- Current unrestricted RN license information and license status/disclosures.
- Required certification documentation, including BLS, ACLS, PALS, and other applicable certifications.
- Education documentation and nursing degree/diploma/certification information.
- Prior HHCC, IHS, HHS, Federal, Tribal, or comparable clearance/onboarding history.
- Availability for the proposed coverage period and acknowledgment of HHCC rural location and lodging limitations.
- Any other documentation requested for security, suitability, orientation, competency validation, badging, EHR access, or facility approval.

VIII. Contractor Program Management

The Contractor shall designate a Contractor Program Manager, Staffing Manager, or equivalent point of accountability for recruiting, candidate pipeline management, onboarding support, scheduling, candidate responsiveness, quality control, issue resolution, and replacement coverage. The Contractor shall reduce administrative burden on HHCC by managing contractor-side responsibilities without requiring HHCC or the COR to recruit, refer, or chase candidates on the Contractor's behalf.

IX. Major Duties and Responsibilities

Contractor nursing personnel shall provide comprehensive direct care and related nursing support within the scope of Outpatient Registered Nurse Services and assigned duties. Duties may include, but are not limited to:

- Provide outpatient/ambulatory nursing care within license, competency, facility policy, and provider plan of care.
- Receive, initiate, and carry out provider orders, including medications, oxygen, treatments, immunizations, injections, IV therapies, and other ordered interventions as assigned.
- Assess patients, measure and document vital signs, height, weight, effects of medication/treatment, and other required patient data.

- Support IV starts, infusion services, PICC line/port access, medication administration, and monitoring when assigned and within competency.
- Recognize life-threatening emergencies, adverse reactions, and patient deterioration; initiate appropriate interventions in collaboration with the medical provider.
- Collect specimens and perform or support quality control activities, including lab checks and capillary blood glucose monitoring checks as assigned.
- Provide patient education, telephone screening, care coordination, follow-up support, and coordination with providers and clinic staff.
- Collaborate with physicians, nurses, pharmacy, laboratory, radiology, case management, public health, and other members of the care team.
- Observe and document patient care, condition changes, interventions, patient education, telephone contacts, and other outpatient activities in the accepted format and EHR.
- Complete clinic/unit-specific competencies before independent assignment and comply with outpatient policies, infection control, patient safety, and emergency procedures.

X. Emergency, Disaster, and Mass Casualty Response

During scheduled or ordered performance, Contractor nursing personnel shall support HHCC emergency response, mass casualty, disaster, pandemic, facility surge, or similar emergency operations when directed by authorized HHCC clinical leadership and within the nurse's license, competence, facility policy, assigned role, and scope of work. Emergency support does not authorize performance outside the contract, task order, funding, or scope limits.

XI. Cultural Responsiveness and Tribal Health Care Environment

Contractor personnel shall provide respectful, patient-centered, culturally responsive care in HHCC's rural Tribal health care environment. Contractor personnel shall use respectful communication, interpreter services when needed, and culturally appropriate patient/family engagement. A Hopi cultural overview may be part of HHCC staff/contractor orientation. HHCC may require removal or replacement of Contractor personnel for cultural, professionalism, patient safety, communication, or conduct concerns consistent with the contract.

XII. Orientation, EHR, and Facility Requirements

Contractor personnel shall complete all required facility-specific and department-specific orientation before commencing independent duties. Orientation may include facility policies, unit competencies, EHR training, downtime documentation, infection control, emergency procedures, privacy/security, patient safety, cultural considerations including the Hopi cultural overview, and local clinical workflows.

Contractor personnel shall speak, read, write, and understand English fluently; be proficient enough in typing and computer use to complete required EHR documentation; and maintain confidentiality of all patient, business, financial, statistical, personnel, and technical data obtained during performance.

XIII. Medical Chart Review, Documentation Compliance, and Billing Support

Contractor nursing personnel shall complete required EHR documentation, flowsheets, medication documentation, treatment documentation, patient education documentation, handoff documentation, and other nursing records in accordance with HHCC policy, CMS/TJC requirements, and facility workflows. Contractor personnel shall cooperate with HHCC chart review activities related to documentation completeness, patient care data accuracy, coding/billing support, quality assurance, patient safety, and record completion for services they personally provided. Contractor personnel shall not make official Government determinations regarding contract compliance, service acceptance, payment, coding finalization, billing adjudication, personnel discipline, credentialing, privileging, or contractor performance.

XIV. Accommodations, Travel, and Local Conditions

The Contractor is responsible for all travel, lodging, per diem, meals, local transportation, housing arrangements, and other logistical needs of its personnel. HHCC does not guarantee Government housing, RV spaces, or local lodging. Polacca is remote, local housing and lodging options are limited, and Contractor pricing shall account for these conditions.

XV. Health, Safety, Infection Control, and Physical Requirements

Contractor personnel shall comply with HHCC/IHS infection control, employee health, immunization, safety, PPE, tobacco-free, and occupational health requirements. Work may involve exposure to contagious diseases, infectious materials, blood/body fluids, radiation, hazardous materials, behavioral health emergencies, and other clinical risks. Contractor personnel must be able to perform the physical requirements of clinical nursing practice, including standing, walking, bending, stretching, lifting/assisting patients, and responding to emergency situations.

The Contractor shall maintain professional liability/medical liability insurance as required by the solicitation, resulting contract, or task order. Contractor personnel may be covered by applicable Federal Tort Claims Act or IHS-related authorities only to the extent authorized by law and confirmed by the Government. Nothing in this PWS guarantees FTCA coverage or relieves the Contractor of its insurance obligations.

XVI. Deliverables

Deliverable	Due/Timing	Recipient/Purpose
Candidate profile and onboarding packet	As requested, and before candidate performs	HHCC/COR/security/facility review
Candidate readiness/onboarding status	Weekly or as requested during onboarding	Track security, orientation, competency validation, badging, and EHR access status
Weekly timesheet package	Weekly; compiled by Contractor and submitted within two business days after receipt from nurse or as directed	Time tracking and service verification; not an invoice
Utilization/status report	Weekly or as required by task order	Track scheduled hours, actual hours worked, cancellations, no-shows, substitutions, and coverage risks
Replacement plan	Within two business days of known candidate failure/risk or sooner if urgent	Maintain continuity of coverage
Insurance evidence	Before performance and upon request	Confirm insurance compliance

XVII. Timesheets, Payment, and Invoicing

Weekly timesheets are used for time tracking, service verification, and contract administration. They are not invoices. Each on-site Contractor nurse shall submit a weekly timesheet to the Contractor. The Contractor shall compile all timesheets, perform a cursory verification for completeness and apparent accuracy, and submit the weekly package to the Government/facility official identified in the task order for review. The COR shall receive or have access to the approved timesheet package for contract administration and invoice reconciliation.

Invoices shall be submitted monthly in arrears through the U.S. Treasury Invoice Processing Platform (IPP) unless otherwise authorized by the Contracting Officer. Contractor invoices must align with accepted timesheets and applicable task order/contract line items. The Contractor shall not bill IHS patients, beneficiaries, alternate resources, Medicare, Medicaid, insurers, or third-party payers for services provided under this contract.

XVIII. Removal, Replacement, and Performance Issues

The Government may require removal or replacement of Contractor personnel who fail to meet contract requirements, facility requirements, professional standards, patient safety standards, documentation requirements, cultural/professional conduct expectations, or facility policies. The Contractor shall promptly relieve unacceptable personnel after written notice and provide a replacement plan. Replacement personnel may not perform until all required clearance, orientation, competency validation, and access requirements are complete.

No-shows, late arrivals, unplanned absences, candidate nonresponsiveness, incomplete onboarding packages, repeated documentation failures, or failure to provide replacement coverage may be treated as Contractor performance issues.

XIX. Government Responsibilities

The Government will identify requirements, issue task orders or other written authorization, provide available facility orientation, identify security and onboarding requirements, review submitted candidate documentation, make facility access determinations, verify receipt of services, and perform contract administration through the Contracting Officer and COR. Only the Contracting Officer may change contract terms, pricing, scope, quantity, schedule, or funding.

XX. Quality Assurance Surveillance and Performance Standards

The Government will monitor Contractor performance through a Quality Assurance Surveillance approach. Performance areas may include candidate qualifications, licensure/certifications, security/onboarding compliance, candidate packet completeness, candidate responsiveness, shift fulfillment, no-show prevention, replacement coverage, documentation timeliness, cultural/professional conduct, emergency support within scope, weekly timekeeping accuracy, and utilization reporting accuracy.

Non-Personal Professional Outpatient Registered Nurse Services

Hopi Health Care Center (HHCC) - Polacca, Arizona

Performance Area	Standard	Method of Surveillance
Minimum qualifications/licensure/certifications	100% compliance before performance.	Government/facility review of documentation.
Security, orientation, competency validation, badging, EHR access, and facility onboarding	100% complete before independent performance.	Security/facility/onboarding verification.
Candidate packet completeness and responsiveness	Complete, accurate, and timely submissions; delays managed by Contractor.	Onboarding tracker and Government review.
OPD clinical competency	Nurse demonstrates required outpatient/ambulatory experience, certifications, and clinic competencies before independent performance.	Government/facility review of license, certifications, resume, competency validation, and orientation records.
OPD shift fulfillment and no-show prevention	Coverage provided as scheduled/ordered; avoidable no-shows are unacceptable.	Schedules, timesheets, incident reports, COR/facility feedback.
Outpatient care and documentation support	Nurse supports outpatient care, medication/treatment administration, immunization/infusion support as assigned, patient education, follow-up, and complete documentation.	EHR review, clinical feedback, documentation deficiency tracking, facility quality review.
Replacement coverage	Timely replacement plan when candidate is unavailable, delayed, rejected, or removed.	Contractor reports and COR documentation.
Documentation/EHR and medical record completion	Required nursing documentation and documentation needed for patient care, coding/billing support, quality, and record completion are accurate, complete, and timely in accordance with HHCC policy.	EHR review; documentation deficiency tracking; coding/billing query tracking; clinical feedback; Government/facility compliance review.
Cultural responsiveness/professionalism	Respectful, professional, culturally responsive communication and conduct.	HHCC feedback, incident reports, performance documentation.
Weekly timekeeping/utilization reporting	Accurate, complete, timely weekly submission.	COR/facility review; timesheet and invoice reconciliation.