SECTION C — PERFORMANCE WORK STATEMENT (PWS)

IDIQ — Telemedicine Emergency and Sexual Assault Forensic Support Services
Support for Five Rural Hospitals

C.1 Purpose

This Performance Work Statement (PWS) describes requirements under an Indefinite-Delivery/Indefinite-Quantity (IDIQ) contract for 24/7/365 telemedicine clinical support services for five (5) rural hospitals ("Spoke Sites"). The Contractor shall provide (1) Tele-Emergency (Tele-ED) high-acuity emergency support and (2) Telemedicine Sexual Assault Medical Forensic Evaluation (TeleSAMFE/TeleSANE) support, as ordered by task order.

C.2 Background

- Rural hospitals often have limited on-site specialty and critical care coverage and variable access to emergency-trained clinicians.
- Many rural hospitals lack consistent Sexual Assault Nurse Examiner (SANE) coverage, creating delays and inconsistency in forensic evaluations.
- Telemedicine-enabled specialty support improves access to expertise, stabilization, documentation quality, evidence collection consistency, and patient-centered trauma-informed care.

C.3 Scope of Work

The Contractor shall provide synchronous audio-video telemedicine support using a hub-and-spoke model for the following service lines, as ordered by task order. The work will support 5 rural hospitals in South Dakota and North Dakota. Approximately ED volumes as follows:

Facility	Location	Annual ED Volume
Pine Ridge Hospital	Pine Ridge, SD	27,794
Rosebud Hospital	Rosebud, SD	16,324
Eagle Butte Hospital	Eagle Butte, SD	14,141
Quentin Burdick Hospital	Belcourt, ND	12,762
Fort Yates Hospital	Fort Yates, ND	7,591

C.3.1 Tele-Emergency (Tele-ED) Support

Real-time consultative support for emergent and time-sensitive clinical events in the ED and other authorized settings, including but not limited to:

- Cardiac/respiratory arrest (ACLS/PALS guidance) and post-ROSC support
- Trauma resuscitation support and stabilization
- Airway emergencies and ventilatory support guidance
- Sepsis and septic shock stabilization

- Pediatric emergency stabilization
- Stroke and neurologic emergencies (triage/transfer support)
- Toxicology/overdose stabilization
- Obstetric emergencies (stabilization support within scope/privileges)
- Surge/mass casualty events upon request

Tele-ED Clinicians provide consultative guidance. On-site clinicians retain responsibility for direct patient care and local clinical decisions.

C.3.2 TeleSAMFE / TeleSANE Support

On-demand telemedicine support to enable timely, high-quality Sexual Assault Medical Forensic Evaluations (SAMFE), consistent with applicable standards of care and trauma-informed practices, including:

- Trauma-informed patient engagement, consent guidance, and patient autonomy support
- Medical and assault history guidance using non-leading techniques
- Physical assessment and injury identification guidance
- Forensic evidence collection and documentation support
- STI and pregnancy prophylaxis guidance per site protocol
- Safety planning and referral coordination
- De-identified case review and quality improvement support

C.4 IDIQ Structure and Ordering

C.4.1. Contract Type: IDIQ. Services will be ordered via task orders issued by the Contracting Officer (CO) or authorized Ordering Official.

C 4.2. Task orders may specify: covered Spoke Sites (up to five), service line(s) (Tele-ED, TeleSAMFE, or both), coverage model, staffing, response time standards, escalation, telehealth workflow integration, reporting requirements, and performance metrics (PRS).

C 4.3. The Government may provide anticipated event types and estimated count volumes by site for planning purposes. Estimated workloads provided by the Government are planning estimates only and do not guarantee volumes.

C.5 Period and Place of Performance

C.5.1 Period of Performance: Base Period of 12 months with four (4) additional 12-month option periods (if exercised).

C.5.2 Place of Performance:

- Remote: Contractor telemedicine operations within the United States (unless otherwise authorized).
- On-site: Five rural Spoke Sites identified by the Government:

1. Pine Ridge Hospital, Pine Ridge, SD
2. Rosebud Hospital, Rosebud, SD

3. Eagle Butte Hospital, Eagle Butte, SD
4. Fort Yates Hospital, Fort Yates, ND
5. Belcourt Hospital, Belcourt, ND

C.6 General Requirements

C.6.1 Coverage and Availability

- Provide 24/7/365 coverage, including weekends and federal holidays, unless otherwise specified by task order.
- Maintain staffing sufficient to meet response times and continuous coverage, including handling concurrent events consistent with task order requirements.

C.6.2 Activation, Escalation, and Workflow Integration

- Provide a rapid activation process (dedicated call number and/or one-touch platform activation).
- Define on-site roles (e.g., telepresenter RN) and provide a documented escalation pathway if the primary remote clinician is unavailable.
- Provide real-time consultative guidance to the on-site care team, including differential diagnosis support and prioritization; resuscitation leadership support and closed-loop communication coaching; medication guidance (including weight-based dosing as applicable); procedural guidance within scope and privileges; transfer decision support; and post-event debrief support when requested. (On-site clinicians retain responsibility for direct patient care and local clinical decisions.)
- Support multi-party participation when needed and maintain a backup modality (audio-only) during outages when clinically appropriate and permitted.
- Remain connected for the duration of the emergency event/evaluation as clinically indicated.
- Support stabilization priorities before transfer, documentation of transfer rationale and recommendations, and communication support with receiving facilities when authorized by site process.

C.7 Technology and Telehealth Operations

- Use a secure, encrypted telehealth platform compatible with Spoke Site operations, supporting rapid audio-video connection and multi-party participation. System must be FedRAMP approved and approved by the Facility at which services will be performed.
- Provide technical support and troubleshooting during covered hours, including downtime procedures and a redundancy plan.
- Provide monthly platform uptime reporting when Contractor-managed.

C.8 Staffing, Qualifications, and Credentialing/Privileging

C.8.1 Tele-ED Clinician Qualifications

- Board-certified/board-eligible Emergency Medicine physicians or task-order approved equivalent qualified clinician model.
- Demonstrated experience in high-acuity emergency stabilization/resuscitation.
- Maintain current ACLS, PALS/NRP.
- Complete telehealth competency training prior to go-live.
- Hold active unrestricted licensure and meet site credentialing/privileging requirements. Proxy credentialing is authorized as per CMS and local medical staff bylaws.

C.8.2 TeleSANE / TeleSAMFE Clinician Qualifications

- Current SANE-A certification or equivalent documented SANE training and competency.
- Minimum two (2) years recent SAMFE/SANE experience.
- Training in trauma-informed care.
- Appropriate licensure for telehealth practice and meet site credentialing/privileging requirements.

C.8.3 Credentialing/Privileging

Contractor personnel shall be credentialed/privileged as required by each Spoke Site. Proxy credentialing may be used where permitted by policy and applicable regulations.

C.8.4 Key Personnel

- Program Manager
- Clinical Lead/Medical Director
- Tele-ED Clinicians
- TeleSANE Clinicians
- Technical Support Lead

C.9 Documentation Requirements

The Contractor shall document consult notes in the Government-designated EHR or approved workflow. Unless otherwise specified by task order, documentation shall be completed within 24 hours.

C.9.1 Tele-ED Minimum Documentation Elements

- Reason for consult/event type
- Key findings and clinical context
- Recommendations with rationale
- Medications/procedures discussed (as applicable)
- Transfer/escalation recommendations (as applicable)
- Time connected and response time markers (as available)

C.9.2 TeleSAMFE Minimum Documentation Elements

- Support provided for consent, trauma-informed approach, and patient autonomy
- History-taking guidance (non-leading) and key considerations
- Exam and injury identification guidance
- Evidence collection guidance and chain-of-custody considerations per site process
- Prophylaxis guidance per site protocol
- Safety planning/referral coordination guidance

C.10 Quality Assurance / Performance Improvement

- Maintain a Quality Control Plan (QCP) describing staffing assurance and escalation, response time monitoring, clinical peer review/chart audit process, training/competency monitoring, and corrective action tracking.
- Participate in periodic (e.g., quarterly) de-identified case reviews focused on quality improvement and system learning, covering both Tele-ED and TeleSAMFE service lines as applicable.

C.11 Deliverables (Unless Modified by Task Order)

C.11.1 Monthly Report (Default due by 10th business day)

- Number of consults/events supported by site and service line
- Response time performance (initial and escalated)
- Consult duration aggregates and peak demand
- Technology issues and resolution; uptime summary (if Contractor-managed)
- Staffing coverage summary and any surge/concurrency impacts
- De-identified quality themes and training recommendations

C.11.2 Quarterly Quality Summary

- Chart audit/peer review themes (de-identified)
- Case review outcomes and system improvement recommendations
- Training delivered/planned and corrective action status

C.11.3 Annual Report

- Year-end performance summary and trend analysis
- Program improvement plan and recommendations

C.11.4 Incident Reports

Report critical incidents per site policy and task order requirements.

C.12 Government Surveillance and Performance Standards (PRS)

The Government may monitor performance through response-time logs and consult records, EHR/chart audits, validation of monthly/quarterly reports, stakeholder feedback from Spoke Sites, and periodic QCP review meetings.

Minimum PRS elements (task orders may add/modify):

- Tele-ED initial connection response time: default ≤ 10 minutes; AQL ≥ 95% monthly (per site and aggregate).
- TeleSAMFE initial response time: ≤ 15 minutes; AQL ≥ 95% monthly.
- Escalated response time: task-order defined (e.g., ≤ 15–25 minutes); AQL typically ≥ 99% monthly.
- Continuous coverage: 0 unplanned lapses.
- Documentation timeliness: ≤ 24 hours; AQL ≥ 95% monthly.
- Technology availability: ≥ 99.5% uptime monthly (excluding scheduled maintenance).
- Corrective Action Plan (CAP): required when AQL is not met (task-order specific remedies apply).

C.13 Privacy, Security, and Compliance

- Comply with applicable federal and state privacy and security requirements for PHI, including encrypted communications and role-based access.
- Ensure required training for all Contractor personnel with access to PHI.
- Execute required agreements (e.g., Business Associate Agreement) as applicable.

C.14 Transition Requirements

C.14.1 Transition-In

- Kickoff meeting and onboarding for all five sites.
- Connectivity testing and workflow mapping; activation training for on-site teams.
- Go-live readiness review and operational readiness within 60 days of award (unless modified by task order).

C.14.2 Transition-Out

- Support knowledge transfer, final reporting, and secure disposition/transfer of Government data per Government direction.

C.15 Non-Personal Services

This is a non-personal services requirement. Contractor employees shall not be supervised or controlled by Government personnel.

Attachment 1

Quality Assurance Surveillance Plan (QASP)
Tele-Critical Care (Tele-ED) and TeleSANE Services
IDIQ Contract – Five Rural Hospitals

---

1. Purpose

This QASP defines how the Government will monitor Contractor performance to ensure compliance with the PWS and delivery of timely, high-quality telehealth services.

2. Scope

Applies to Tele-ED, TeleSANE, technology, documentation, reporting, and staffing.

3. Roles and Responsibilities

CO: Contract authority. COR: Monitors performance. SMEs: Conduct clinical reviews.

4. Surveillance Methods

Includes automated monitoring, random sampling, periodic reviews, and stakeholder feedback.

5. Performance Standards

Tele-ED Response ≤10 min (95%)
TeleSANE Response ≤15 min (95%)
Escalation ≤25 min (99%)
Coverage: 24/7/365
Documentation ≤24 hrs (95%)
Uptime ≥99.5%

6. AQLs

Failure to meet AQL triggers corrective action.

7. Corrective Actions

CAP required within 5 days (or 24–48 hrs for critical issues).

8. Remedies

May include increased oversight, payment adjustments, or CPARS impact.

9. Reviews

Monthly, quarterly, and annual performance reviews.

10. Continuous Improvement

Contractor participates in quality improvement and training.

11. Documentation

All surveillance records maintained by COR.

12. Summary

Ensures services meet mission and clinical standards.