PERFORMANCE WORK STATEMENT (PWS)
Non-Personal Services: Respiratory Therapy Services
Indian Health Service | Navajo Area | Gallup Indian Medical Center
Gallup, New Mexico

SECTION 1.0 — GENERAL

1.1 Background

The Indian Health Service (IHS), an agency of the U.S. Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives. Gallup Indian Medical Center (GIMC), Navajo Area IHS, provides inpatient, outpatient, emergency, critical care, surgical, women's health, pediatric, and newborn services. Respiratory Therapy is an essential clinical service supporting patients across the lifespan. GIMC requires reliable contract staffing support to maintain continuity of respiratory care and safe hospital operations when permanent staffing is insufficient to meet operational needs.

1.2 Scope of Work

The primary scope of this contract is professional Respiratory Therapy staffing services. The Contractor shall recruit, credential, clear, schedule, supervise, and provide qualified Registered Respiratory Therapists (RRTs) to fill required coverage positions at GIMC throughout the period of performance. The Contractor's core organizational obligation is to ensure fully qualified, credentialed, cleared, and clinically competent personnel are available for required shifts.

Services may be required throughout GIMC, including Medical/Surgical, Outpatient, Emergency/Trauma, Pediatrics, Newborn Nursery, Intensive Care Unit (ICU), Women's Health/Labor and Delivery, and other patient-care areas as clinically necessary. This is a non-personal services contract as defined in FAR 37.101. The Government will not exercise continuous supervision or control over Contractor personnel in a manner that creates an employer-employee relationship.

1.2.1 Staffing Management as the Primary Performance Obligation

- Maintain a continuous pipeline of qualified, credentialed, and cleared Respiratory Therapists.
- Fill required shifts and sustain contract staffing/fill-rate standards.
- Provide accurate staffing rosters and timely notice of personnel changes.
- Proactively schedule qualified replacement coverage for known or approved extended leave.
- Respond promptly to unplanned vacancies and prevent avoidable staffing gaps.
- Ensure zero shifts are worked by personnel with expired or non-compliant required credentials.

1.3 Place of Performance

Gallup Indian Medical Center (GIMC)
516 E. Nizhoni Boulevard
Gallup, New Mexico 87301

1.4 Period of Performance

The anticipated period of performance consists of a twelve (12) month base period and option period(s) as established in the solicitation and award. Exercise of options is at the sole discretion of the Contracting Officer (CO), subject to continuing need, availability of funds, and satisfactory Contractor performance.

1.5 Contract and Pricing Structure

This requirement is structured as a non-personal, performance-based commercial services acquisition. The solicitation and award shall establish the final contract type and pricing arrangement. Where fixed hourly unit prices are used, rates shall be all-inclusive unless otherwise stated. Only hours actually worked and accepted are payable. Overtime or premium hours require authorization in accordance with the contract.

1.6 Applicable References

- FAR 37.101 and 37.104 — Non-Personal Services
- FAR Subpart 37.6 — Performance-Based Acquisition
- FAR Part 46 — Quality Assurance
- FAR Part 12 / FAR 52.212-4, as applicable
- The Joint Commission (TJC) standards
- CMS Conditions of Participation
- HIPAA, 45 CFR Parts 160 and 164
- Privacy Act of 1974
- National Board for Respiratory Care (NBRC) standards
- Current IHS, Navajo Area, and GIMC policies, procedures, protocols, and IT security requirements

SECTION 2.0 — DEFINITIONS

- **Acceptance:** Acknowledgment that services conform to contract quality and quantity requirements.
- **CO:** Government employee with authority to enter into, administer, modify, and terminate the contract.
- **COR:** Federal employee designated by the CO to perform authorized technical monitoring. The COR does not supervise Contractor employees.
- **Contractor:** Legal entity awarded the contract and solely responsible for recruiting, supervision, scheduling, discipline, compensation, and personnel management.
- **Key Personnel:** Respiratory Therapists satisfying all qualification, credentialing, health, security, and orientation requirements.
- **Non-Personal Services:** Services under which personnel are not subject to Government supervision and control characteristic of an employer-employee relationship.
- **Tour of Duty:** Scheduled shift, which may include 8-, 10-, or 12-hour tours, days, nights, weekends, and federal holidays.
- **PRS:** Performance Requirements Summary identifying critical outcomes, standards, surveillance, and potential remedies.

SECTION 3.0 — GOVERNMENT-FURNISHED INFORMATION, PROPERTY, AND SERVICES

3.1 Information: The Government will provide facility-unique policies, procedures, protocols, schedules, and information necessary for performance.

3.2 Equipment and Supplies: The Government will provide, for joint use, hospital respiratory therapy equipment, clinical equipment, supplies, workspace, and systems necessary for authorized patient care, except Contractor-furnished items.

3.3 Personal Protective Equipment (PPE): The Government will furnish appropriate facility-required PPE, excluding uniforms and personal items.

3.4 Identification Badge: The Government will provide facility-specific contractor identification badges subject to applicable security requirements.

3.5 Information Technology: Authorized access to IHS clinical and IT systems will be provided after completion of applicable security, privacy, and training requirements.

3.6 Orientation: GIMC will provide facility-specific orientation necessary for safe performance. Orientation does not constitute continuing education or professional development.

SECTION 4.0 — CONTRACTOR-FURNISHED PROPERTY

The Contractor shall furnish uniforms/lab coats and personal medical instruments customarily carried by Respiratory Therapists, as applicable. Contractor-furnished equipment shall be safe, maintained appropriately, and subject to Government approval when required.

SECTION 5.0 — PERFORMANCE-BASED REQUIREMENTS

5.1 Scope of Clinical Services

Contractor Respiratory Therapists shall provide competent care to patients of all ages, neonates through geriatric patients, including but not limited to:

- Oxygen administration using appropriate delivery devices.
- Ventilator setup and management for neonatal, pediatric, adult, and geriatric patients.
- Assistance with intubation; endotracheal/tracheostomy care; suctioning; weaning; and extubation.
- BiPAP/CPAP and neonatal bubble CPAP, as applicable.
- Nebulized and metered-dose respiratory medication administration and monitoring.
- Arterial puncture, blood gas specimen handling, analysis and interpretation within scope and policy; venous blood gas testing as applicable.
- Chest physiotherapy, postural drainage, percussion/vibration, peak-flow monitoring, pulse oximetry, and capnography.
- Electrocardiograms (ECGs/EKGs) on applicable patient populations.
- Emergency/trauma, rapid response, code, critically ill, high-risk, and disaster response support.
- Patient/family education and appropriate documentation.
- Respiratory equipment setup, safety checks, cleaning/disinfection, troubleshooting, and readiness.
- Timely, complete, and accurate electronic clinical documentation.

5.2 Work Schedule and Staffing Coverage

5.2.1 The Government will identify required coverage positions and tours of duty in the solicitation, award, or authorized staffing schedule. Coverage may include days, nights, weekends, and federal holidays.

5.2.2 The Contractor is responsible for assigning qualified, credentialed, and cleared personnel and resolving internal scheduling conflicts without avoidable gaps.

5.2.3 Planned/Extended Leave: When extended leave is known, requested, or approved in advance, the Contractor shall proactively schedule qualified replacement personnel prior to the absence to ensure uninterrupted required coverage throughout the absence.

5.2.4 Unplanned Vacancy: The Contractor shall promptly notify the CO/COR of an unplanned vacancy and use its active staffing pipeline and contingency plan to restore qualified coverage as rapidly as practicable. Specific notification/replacement timeframes shall be established in the award.

5.2.5 Fill Rate: The Contractor shall maintain a minimum monthly fill rate of ninety-five percent (95%) of Government-required scheduled coverage positions unless otherwise established in the award.

5.2.6 Staffing Methodology: The Contractor shall maintain an active recruitment and backup staffing strategy sufficient for GIMC's rural and underserved location.

5.2.7 Transition and Onboarding: Personnel shall not begin independent performance until all applicable credentialing, health, security/background investigation, and orientation requirements are satisfied. Following Human Resources Background Investigation clearance and completion of all other pre-placement requirements, initial personnel shall be onboarded and available to report for duty within seven (7) to ten (10) business days, unless otherwise approved by the CO.

5.3 Conduct and Professionalism

Personnel shall maintain professional conduct, cultural awareness and respect for American Indian/Alaska Native patients and communities, comply with applicable codes of conduct, and work cooperatively in the interdisciplinary environment.

5.4 Medical Records and Documentation

Clinical documentation shall meet GIMC, IHS, TJC, CMS, HIPAA, and applicable professional standards for timeliness, completeness, accuracy, authentication, and designated profession. The Contractor bears organizational responsibility for correcting deficiencies attributable to its personnel.

5.5 Information Technology

Personnel shall be capable of using required IHS electronic health record and clinical systems and comply with IHS information security, privacy, access-control, and cybersecurity requirements.

5.6 Identification

Personnel shall wear Government-issued contractor identification during performance.

5.7 Contingency Planning

The Contractor shall maintain a contingency plan and backup staffing resources addressing resignations, credential lapses, illness, emergencies, planned extended leave, and other disruptions.

5.8 Contractor Point of Contact

The Contractor shall designate a responsible point of contact with authority to address staffing, credentialing, performance, and urgent coverage matters and an alternate POC.

5.9 Standards of Care and Clinical Governance

Personnel shall perform in accordance with federal law, accreditation standards, IHS/NAIHS requirements, GIMC policies, respiratory therapy protocols, medical staff requirements, and patient-safety standards. GIMC clinical leadership establishes facility clinical standards; the Contractor retains personnel-management responsibilities.

SECTION 6.0 — DELIVERABLES

The following table identifies all deliverables required under this contract, the applicable PWS section, the deadline or frequency, and the submission recipient. The Contractor is responsible for submitting all deliverables on time and in a format acceptable to the recipient. Late or non-compliant deliverables are subject to the remedies identified in Section 9.0.

Deliverable	Deadline/Frequency	Recipient
Quality Control Plan (QCP)	Within 15 calendar days of award; update after material changes	CO
Contractor POC designation	Prior to contract start	CO
Transition/Onboarding Plan	Within 15 calendar days of award, if required	CO
Staffing Methodology / Recruitment Pipeline	Within 30 calendar days; update annually/upon request	COR
Contingency Plan	Within 30 calendar days; update after material changes	COR
Credentialing/pre-placement documentation	Before each individual begins performance	COR/Designated Office
Coverage roster / staffing schedule	Per award/Government scheduling cycle	CO/COR
Notice of planned roster change with replacement	In advance per contract requirements	CO/COR
Notice of unplanned vacancy/replacement status	Promptly; updates until restored	CO/COR
Monthly staffing/fill-rate report	Monthly	CO/COR
Personnel closeout documentation	Upon departure, as required	CO/COR

SECTION 7.0 — CONTRACTOR KEY PERSONNEL QUALIFICATIONS AND CREDENTIALING

7.1 Experience

Personnel shall have at least one (1) year of recent acute-care Respiratory Therapy experience, including pediatrics, adult ICU/ventilator management, emergency/trauma, arterial blood gas procedures/analysis, medical/surgical care, patient transport support, ECG/EKG procedures, and respiratory medications. The solicitation may establish additional experience requirements.

7.2 Registration/Licensure

Personnel shall hold and maintain current, valid, unrestricted Registered Respiratory Therapist (RRT) credentials through the National Board for Respiratory Care (NBRC) and satisfy applicable federal/state licensure requirements.

7.3 Certifications
Current BLS, ACLS, and PALS certifications are mandatory. Neonatal Resuscitation Program/Provider (NRP) certification is strongly preferred and may be required for personnel assigned neonatal, newborn nursery, Women's Health/Labor and Delivery, or other neonatal coverage.

7.4 Health, Credentialing, and Security
The Contractor shall ensure each proposed individual satisfies all pre-placement credential verification, health/immunization, background investigation/security, training, and orientation requirements before beginning services.

- MMR immunity/vaccination documentation.
- Varicella immunity/vaccination documentation consistent with current IHS requirements.
- Current TB screening.
- Hepatitis B vaccination/immunity documentation or permitted declination.
- Td/Tdap within the applicable interval.
- Current seasonal influenza requirement or approved exemption consistent with policy.
- Required background investigation/security processing and favorable eligibility to begin work.
- Required privacy, security, infection-control, and facility orientation.

No individual may perform services with lapsed or non-compliant required credentials, certifications, health requirements, or security eligibility.

7.5 Language/Cultural Awareness/IT Skills
Personnel shall communicate effectively in English, demonstrate respect for local American Indian/Alaska Native culture, and possess computer skills necessary for GIMC/IHS clinical systems.

7.6 Contractor Quality Control
The Contractor shall maintain internal quality control covering staffing, credential expiration tracking, qualification verification, documentation compliance, attendance/coverage, and corrective action.

SECTION 8.0 — PERSONNEL DEPARTURE AND CLOSEOUT
The Contractor shall coordinate departures with the CO/COR, ensure return of Government property and access media, completion of required records, and replacement coverage when continued staffing is required.

SECTION 9.0 — PERFORMANCE REQUIREMENTS SUMMARY (PRS)

Performance Indicator	Standard/AQL	Surveillance	Potential Consequence
Staffing Coverage / Fill Rate	≥95% of required scheduled coverage; planned extended leave covered in advance.	Roster,staffing reports,timesheets, COR surveillance	Corrective action and contractual remedies as applicable.
Credentialing / Security	100% compliant before performance; zero shifts with expired/non-compliant required credentials.	Credential audits/spot checks	Immediate removal/replacement; corrective action.

Clinical Competency	100% meet qualification/competency requirements and applicable standards of care.	Observation, incident review, competency records	Corrective action; removal/replacement for material/repeated deficiencies.
Patient Safety / Infection Control	No substantiated material breach attributable to Contractor noncompliance.	Incident/quality review, observation	Immediate corrective action and remedies as applicable.
Documentation	Timely, complete, accurate, authenticated, compliant documentation.	EHR/HIM audits	Correction and corrective action for repeated deficiencies.
Professionalism / Cultural Awareness	Continuous professional conduct and cultural respect.	Customer input, complaint review, COR observation	Corrective action; removal/replacement for serious/repeated issues.
Contingency / Vacancy Response	Prompt notification and active replacement action; continuity restored rapidly.	Notifications, vacancy logs, staffing records	Corrective action/remedies for avoidable unresolved gaps.

SECTION 10.0 — QUALITY ASSURANCE / GOVERNMENT SURVEILLANCE

The Government will monitor performance through a QASP or equivalent surveillance approach, which may include roster/fill-rate review, credential audits, documentation audits, incident/complaint review, periodic observation, and customer feedback. Surveillance does not constitute supervision of Contractor employees. Only the CO may change contract requirements, price, scope, or exercise contractual remedies reserved to the CO.

SECTION 11.0 — RESPIRATORY THERAPY CLINICAL KNOWLEDGE AND SKILLS

All Contractor Respiratory Therapists shall demonstrate and maintain competency appropriate to assigned duties and patient populations, including:

- Age-specific respiratory assessment and care from neonates through geriatric patients.
- Invasive/non-invasive ventilation, airway management support, oxygen systems, aerosol therapy, respiratory pharmacology, and ventilator weaning.
- Emergency/trauma response, critically ill/high-risk care, and resuscitation/code response within scope.
- Arterial/venous blood gas procedures, specimen handling, analysis, and applicable point-of-care/laboratory quality requirements.
- Respiratory equipment setup, safety checks, cleaning/disinfection, troubleshooting, and readiness.
- Accurate electronic charting, assessment/reassessment, patient-response documentation, and record completion.
- Patient/family education and interdisciplinary communication.
- Compliance with TJC, CMS, CLIA where applicable, IHS, GIMC, infection-control, and departmental standards.

SECTION 12.0 — ORDER OF PRECEDENCE / CONFLICT RESOLUTION

Any inconsistency among contract requirements shall be resolved in accordance with the order of precedence established by the solicitation/award and applicable FAR clauses. Clinical concerns shall be elevated through appropriate Contractor and GIMC clinical channels. Nothing in this section authorizes employer-like Government supervision of Contractor personnel.

SECTION 13.0 — ITEMS TO FINALIZE BEFORE SOLICITATION

The Program Office and Contracting Officer should confirm and insert the final: number of required FTEs/coverage positions; exact tours and coverage schedule; base/option structure; pricing/CLIN structure; roster deadlines; unplanned vacancy notification/replacement timeframes; NRP requirements by assignment; current IHS background investigation/onboarding requirements; and facility-specific respiratory equipment, laboratory, and clinical protocols incorporated by reference.