Chinle Comprehensive Health Care Facility
Performance Work Statement (PWS)
for Non-Personal Services

NURSE ADVICE/NURSE TRIAGE TELEPHONE SERVICES

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NURSE ADVICE/NURSE TRIAGE TELEPHONE SERVICES

1.0 GENERAL: This performance work statement describes the requirements for Non-Personal Nurse Advice/Nurse Triage Telephone Services to support the mission of the Indian Health Service (IHS) raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

1.1 Background: The IHS, an agency, within the Department of Health and Human Services, is responsible for providing federal healthcare services to American Indians and Alaska Natives. The provision of healthcare services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for American Indians and Alaska Natives, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 573 federally recognized tribes in 37 states.

1.1.1 Navajo Area Indian Health Service (NAIHS) administers health centers and hospitals providing health care to approximately 244,209 members of the Navajo Nation. The Navajo Nation is the largest Indian tribe in the United States and has the largest reservation, which encompasses more than 25,516 square miles in northern Arizona, western New Mexico, and southern Utah, with three satellite communities in central New Mexico. The NAIHS is the primary provider of inpatient, ambulatory care, preventive and community health, and environmental health services for members of the Navajo Nation and the San Juan Southern Paiute Tribe.

1.1.2 Chinle Comprehensive Health Care Facility (CCHCF) is centrally located in the rural and remote area of the Navajo Reservation in Chinle, Arizona. Chinle has three (3) hotels, the Best Western, Holiday Inn and Thunderbird Lodge. There are several restaurants and fast-food establishments in the area, which include Denny's, Burger King and Church's Chicken. Chinle has one (1) grocery store, Bashas, with the next grocery store approximately 32 miles away. The nearest towns are Gallup, NM (approximately 90 miles away) and Farmington, NM (approximately 115 miles away). These towns offer more shopping opportunities with Walmart, Safeway, Albertsons, and various box stores.

The CCHCF provides medical care for approximately 35,000 Navajos; many of our patients travel 100 miles round trip to receive care. Some of the patients do not have electricity or running water in their homes. In addition, most of our elderly patients speak only Navajo, and live according to traditional Navajo cultural practices. The CCHCF and Ambulatory Care Center is a 60-bed inpatient hospital and outpatient facility. Services offered are:

- Adult Inpatient
- Adult Intensive Care
- Anesthesiology
- Audiology
- Clinical & Community Nutrition
- Dental
- Emergency Medicine
- General Surgery
- Integrated Behavioral Health
- Lab
- Labor & Delivery
- Mental Health
- Native Medicine
- Nurse Phone Triage Services*
- OB/GYN & Midwifery
- Occupational Therapy
- Optometry
- Outpatient Primary Care
- Pediatric Inpatient
- Pharmacy
- Physical Therapy
- Podiatry
- Public Health
- Radiology
- Respiratory Therapy
- School Health
- Speech Pathology
- Social Services
- Urgent Care
- Women's Health

*Available after hours.

The CCHCF receives a considerable amount of inbound calls and some calls result in being unanswered, as they are not properly screen or help. The nurse advice/nurse triage telephone services answer inbound calls from patients using the Rapid Triage Screening Model to address concerns and answer questions according to triage protocols. Through critical thinking and communication with the patient(s), the nurse will determine whether the patient needs pharmacy refill, clinical follow up, referral service or interpreter services.

1.2 Scope: The Key Personnel shall provide Nurse Advice/Nurse Triage Telephone Services in accordance with section 6.0 – Performance Based Requirements.

1.2.1 Duties and responsibilities will encompass nurse advice/nurse triage telephone services to IHS patients.

1.2.2 Place of Performance: Nurse Advice/Nurse Triage telephone services shall be performed through a dedicated toll-free number and simultaneously access the Arizona Health Information Exchange (HIE) for the purposes of retrieving electronic health records.

1.2.3 Period of Performance: Will be long term (1-year to 3-year) and, where feasible, include intermittent support to meet unplanned needs that develop on a frequent basis. The Key Personnel shall provide 24 x 7 x 365 access to Registered Nurse (RN) advices services via telephone.

1.3 Applicable Documents: Please see the web link listed unless document is reference as an attachment.

1.3.1 The Joint Commission http://www.jointcommission.org/

1.3.2 Centers for Medicare and Medicaid Services (CMS) Standards http://www.cms.hhs.gov/

1.3.3 Accreditation Association for Ambulatory Health Care (AAAHC) http://www.aaahc.org

1.3.4 Section 231 of Public Law 101-647, the Crime Control Act of 1990.
http://www.policyalmanac.org/crime/archive/crs_federal_crime_policy.shtml

1.3.5 Section 4087 of Public Law 101-630, the Indian Child and Family Violence Act.
http://www.nicwa.org/policy/law/protection/index.asp

1.3.6 Health Insurance Portability and Accountability Act (HIPAA) of 1996.
http://www.cms.hhs.gov/HIPAAGenInfo/Downloads/HIPAALaw.pdf

1.3.7 Privacy Act of 1974.
http://www.usdoj.gov/oip/privstat.htm

1.3.8 IHS Service Unit and Health Center Policies, Procedures and Protocols.
(See section 11.0 for a list of attachments and exhibits)

1.3.9 Computer Security Act of 1987
http://csrc.nist.gov/groups/SMA/ispab/documents/csa_87.txt

1.3.10 Federal Code of Conduct http://www.ihs.gov

1.3.11 IHS General Directives http://www.ihs.gov/adminmggrresouces

1.3.12 IHS Computer Security Directives http://www.ihs.gov/adminmggresources

2.0 Definitions

2.1 Acceptance: Constitutes acknowledgement that services conform to the applicable contract quality and quantity requirements, except as provided in FAR subpart 46.5 and subject to other terms and conditions of the contract.

2.2 Approval: Acknowledgment by the designated Government official that submittals, deliverables, or administrative documents (e.g., insurance certificates, installation schedules, planned utility interruptions, etc.) conform to the contractual requirements. Government approval does not relieve the Key Personnel from responsibility for compliance with contract requirements.

2.3 Area: A defined geographical region for Indian Health Service administrative purposes. Each Area Office may administer several Service Units.

2.4 Code of Ethics: The Code of Ethics and Standard of Practice and Care as listed with the Key Personnel's accrediting entity.

2.5 Contracting Officer (CO): A Government employee of IHS authorized and warranted to issue task orders and to make subsequent task order modification(s) under this contract. The Ordering Activity CO has the authority to make initial determinations on all matters of dispute regarding task orders.

2.6 Contractor: The organization awarded a legal binding contract to provide supplies and/or services; includes the organization's employees.

2.7 Contracting Officer's Representative (COR): A federal employee who assists the ordering/issuing activity or contracting officer in the administration of task orders issued under this contract. The COR is primarily responsible for the technical assistance and day-to-day program management of the ordering activity's task orders. Ordering activities may have different designators for this employee (e.g. GTR – Government Technical Representative, COTR–Contracting Officer's Technical Representative, or PO - Project Officer).

2.8 Cooperative Attitude: Behavior that is positive and displays a willingness to perform assigned patient care tasks and to be a team player.

2.9 Cultural Awareness: Realization and respect for American Indian and Alaska Native practices.

2.10 Customer: Patients, staff and visitors of an IHS service unit and health center.

2.11 Customer Evaluation/Input: Written comments made to the Contracting Officer regarding the Key Personnel's performance. This is one of the criteria used to evaluate the Key Personnel's performance.

2.12 Dependability: Qualities of being trusted and being able to repeat the same task to yield the same result.

2.13 Federal Acquisition Regulation (FAR): The FAR is the primary regulation for use by all Federal Executive agencies in their acquisition of supplies and services with appropriated funds.

2.14 Government Vehicle: An IHS owned motor vehicle or a vehicle leased by IHS through agreements with the General Services Administration (GSA) or through commercial rental agreements.

2.15 Health Center: A facility physically separated from a hospital, with a full range of ambulatory services including at least primary care providers, nursing, laboratory, and x-ray which are available at least 40 hours a week for outpatient care.

2.16 Key Personnel: Employees of the Contractor, and any subcontractor(s), affiliates, joint venture partners, or members, and consultants engaged by any of these entities.

2.17 Non-Personal Services Contract: A contract under which the personnel rendering the services are not subject, either by the contact's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees, as defined in FAR 37.401.

2.18 Orientation: An activity designed to provide basic familiarization of the facility and the transition of the Key Personnel into the IHS Service Unit and/or Health Center and the place of performance where the services will be provided.

2.19 Past Performance Information: Relevant information regarding a contractor's actions under previously awarded contracts. This includes the contractor's record of conformance to specifications and to standards of good workmanship; the contractor's record of containing and forecasting costs on any previously performed cost reimbursable contracts; the contractor's adherence to contract schedules, including the administrative aspects of performance; the contractor's history for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the contractor's business-like concern for the interest of the customer.

2.20 Patient Outcome: End result of Nurse Advice/Nurse Triage telephone services.

2.21 Performance Based Matrix: Lists the services to be monitored and the standards to be applied.

2.22 Service Unit (SU): The local administrative unit of IHS.

2.23 Standards of Practice and Standards of Care: Authoritative statements with the Key Personnel's accrediting entity that describes the responsibilities and accountability. The standards provide direction for the professional medical practice and a framework for the evaluation of practice. The standards of professional medical practice may pertain to general or specialty practice.

2.24 Supervisor: Government employee authorized to provide verbal and written performance direction to the Key Personnel that the Key Personnel must follow without exception.

2.25 Task Order: An order issued in accordance with the terms of the contract that details an ordering activity's specific requirements. An ordering activities written order to obtain services, at a minimum will include the following where applicable: description of services, skill categories, hours, price, period of performance, contract number, and the ordering activities task order number.

2.26 Valid Patient Complaint: Justifiable accusation made by a patient and supported by investigation.

3.0 Government Furnished Information, Property and Services

3.1 Information: The Government will provide the Key Personnel with user credentials of the Arizona Health Information Exchange (HIE) for the purposes of retrieving electronic health records to fulfill the requested services that are essential for Key Personnel performance. The Contracting Officer or designee will be the point of contact for identification of any required information supplied by the Government.

3.2 Training: Facility specific orientation/training necessary for the Key Personnel to perform the required duties, e.g., IHS Information Technology (IT) systems and operational procedures. Training will be provided ONLY if the subject matter is necessary to improve or enhance the quality of services or includes mandates made by the IHS Service Units/Health Centers while the services are performed under this contract. Training will not be provided for the purpose of continuing education, career development or individual development.

3.3 Inspection: All services rendered Nurse Advice/Nurse Triage Telephone services will be inspected, reviewed, and monitored by Donald Miles, MD, Acting Primary Care Director or designee for this order.

3.3.1 Contracting Officer Representative (COR): Alfreda Lee is primarily responsible for monitoring the technical progress including surveillance and assessment of performance for this order.

3.3.2 Points of Contact: Alfreda Lee, (928) 674-7017 and Georgina Nez, (928) 674-7450 are the points of contact for this requirement.

4.0 Key Personnel Furnished Property

4.1 Except for the property specified in Section 3 as government furnished, the Key Personnel shall provide all necessary personnel, supplies, equipment, and facilities to perform this contract.

5.0 Performance-Based Requirements: Contractor's Responsibilities. The contractor shall provide Nurse Advice/Nurse Triage Telephone services in the delivery of patient care to the Indian Health Service.

5.1 Contractor Duties:

5.1.1 The contractor shall provide comprehensive support to accomplish CSU's mission by ensuring the highest continuity of care with providing Nurse Advice/Nurse Triage Telephone Services. The contractor shall drive service excellence by exemplifying solutions to operational inefficiencies and integrated strategic planning and management in accordance with the standards of care under the auspices of accrediting entities (Identified in Section 5.6.4) and in accordance with the contractual terms and conditions.

5.2 Patient Care Enablement/Delivery: The contractor shall ensure the continuity of patient care.

5.2.1 The contractor shall provide key information showing evidence of competencies and experience in providing Nurse Advice/Nurse Triage Telephone Services.

5.2.2 The contractor shall provide evidence of experience in providing Nurse Advice/Nurse Triage Telephone n Services to the Federal Government or other large entities with in the last three (3) years showing past performance in meeting the requirements of Performance Work Statement.

5.2.3 The contractor shall be knowledgeable with CSU expectations and demographics with a vast understanding of the intricacies of serving Native patients, unique needs with remoteness, underserved patient care challenges, and requirements of both the Key Personnel and CSU; thus, leads to more reliable shift fulfillment with appropriate matches securing longer continuity of care fostering a stronger relationship with patients and the Key Personnel.

5.3 Medical Record Documentation: The contractor shall ensure their Key Personnel maintains accurate and thorough patient medical records with documentation of consultations, diagnoses, treatment plans, and medications administered during the contractual period. Payment will be withheld for inaccurate or incomplete medical records per Section 9.0 and 10.0 of this performance work statement.

5.4 Adaptability: The contractor shall acclimate and adjust to CSU's practice environment with accurate electronic medical records systems, patient demographics, specific clinical protocols, and collaborating with other CSU healthcare staff.

5.4.1 The contractor shall strongly support CSU to ensure all interests align with CSU's requirement for a Nurse Advice/Nurse Triage Telephone Services to bridge staffing gaps during high patient volume periods and maintain access to care. This will keep CSU's clinics operating, preventing staff burnout, and ensuring CSU patients receive the care they need.

5.5 Communication: The contractor shall be transparent with CSU healthcare professionals regarding placements (red flags), onboarding processes, contract performance, and contract close-out.

5.5.1 The contractor shall be solution-focused and provide program oversight with contract management and shall coordinate Nurse Advice/Nurse Triage Telephone scheduling. The contractor shall be familiar with position details, present candidates with follow-up candidate discussions, and coordinate completion of the onboarding process with debriefing and status updates. In addition, the contractor shall parallelly see to CSU regulatory compliance with performance, credentials certification renewals, manage reporting with receivables, declining contract balances, pre and post Nurse Advice/Nurse Triage Telephone workforce staffing, and deliverables with providing accurate invoices to alleviate IPP invoice rejections and accurate timesheets.

5.6 Collaboration, Compliance, and Credentialing/Accreditation: The contractor shall leverage specialized support to handle all the logistical details such as licensing, certifications, credentialing, travel, housing, malpractice insurance, etc. This allows the contractor to focus on the human relationship and career matching of this Nurse Advice/Nurse Triage Telephone requirement achieving "A Good Fit for Chinle".

5.6.1 The contractor shall collaborate with CSU healthcare team members and administrative staff to fulfill Nurse Advice/Nurse Triage Telephone requirement.

5.6.2 The contractor shall adhere to all relevant healthcare regulations, licensing requirements (see Section 7.2), and practice guidelines during the Key Personnel's contractual period at CSU.

5.6.3 The contractor shall work with the Key Personnel to provide all required documentation and credentials to CSU and be appointed to the CSU Consulting Medical Staff. At CSU, quality and competency are paramount. The contractor shall have and be able to provide evidence of a rigorous internal credentialing process that ensures that every Key Personnel presented to CSU meets the highest standards of competence and professionalism.

5.6.4 The contractor shall be accredited under the auspices of one of the healthcare accrediting entities and shall be maintained throughout the term of the contract without any lapses.

- National Association of Locum Tenens Organizations (NALTO)
- National Association of Health Care Staffing (NAHSS)
- National Committee for Quality Assurance (NCQA)
- Joint Commission (JC)

5.6.5 The contractor shall be responsible for all applicable Federal, State, And Local Taxes, Meals, Travel/Transportation. Lodging is provided but must be paid for by the contractor. Government quarters are available at prevailing rental rates plus utilities, as applicable, if government quarters are utilized. The contractor shall be responsible and liable for the proper care of government owned or leased property furnished in occupied quarters.

5.7 Invoices and Timesheets: The contractor shall upload a proper invoice as required for payment of services rendered via IPP.gov. The contractor shall attach an approved timesheet/work record confirming worked hours.

6.0 Performance-Based Requirements: Key Personnel's Responsibilities. The Key Personnel shall provide professional Nurse Advice/Nurse Triage Telephone Services to CCHCF. Specific tasks include the following:

6.1 Key Personnel Duties

6.1.1 The Key Personnel shall provide professional Nurse Advice/Nurse Triage Telephone professional services to the patients of CSU under the terms of this contract, appropriate and timely services in accordance with the standards of care under the auspices of all accrediting entities and in accordance with CCHCF's policies and procedures, Medical Staff Bylaws and Rules & Regulations.

6.1.2 Nurse Triage and Health Information – Rapid Triage Screening (RTS) Model

a. The Key Personnel will accept calls transferred from CSU facilities directly through a dedicated toll-free number specific to CSU.

b. Incoming calls are routed to a dedicated toll-free number and are initially processed through an automated system that includes appropriate disclaimer language.

c. CSU patients are connected directly with a RN.

d. When the RN is connected with the patient, the RN shall:

i. Notify each patient that the call will be recorded;

ii. Select the appropriate Clinical Guideline to be used in assessing the patient's medical needs;

iii. Using clinical judgment and the clinical guidelines, the RN will do one of the following:

1. Determine that the call is a life-threatening emergency, direct the patient to the nearest emergency facility, and provide documentation of the emergency facility referral to a person designated by client within 24 hours of the referral or as soon as administratively possible;

2. Determine that the call is urgent but not a life-threatening emergency, advise the patient according to the clinical guideline and make a determination whether the patient should contact his or her physician, a page will be made to his or her physician, or the covering physician, or, given the disposition of the applied triage guideline, the local hospital Emergency Room when medically appropriate. The Key Personnel shall maintain a list of on-call medical staff at CSU to contact when medically appropriate.

3. Determine that the call is not urgent and not a life-threatening emergency, advise the patient according to the clinical guideline and recommend to the patient that he/she contact their physician in the morning for scheduling an appropriate visit;

4. Determine that the call is not urgent and not a life-threatening emergency, advise the patient according to the clinical guideline, and advise the patient that a visit to their physician is not required; or

5. Determine that the patient is seeking general health information and use established procedures to provide the patient with such information.

iv. Document each telephonic interaction with a patient and securely transfer documentation to CSU for import into the CSU Electronic Health Record.

e. Provide CSU access to specific call reports and tape recordings upon request.

f. Provide CSU with data reports regarding volume of calls, chief complaints, triage disposition, and other data upon request.

g. The RN will direct the caller to appropriate health care services as needed, and or provide the necessary health education.

h. Provide CSU with copies of clinical triage guidelines used by RN. CSU reserves the right to customize clinical guidelines to fit the needs of CSU patients.

6.1.3 Clinical Follow Up Calls

a. Follow up calls to patients will be scheduled based on parameters defined by CSU, nursing judgment and high-risk patients.

b. The nurse consultant will obtain the caller/patient's permission for a follow-up call and document this permission. The nurse must document the reason for the follow up, along with permission, in the nurse's notes.

c. The nurse will respect the patient's right to refuse follow up calls and will document all refusals in the Triage Encounter Document.

d. When Successful in Reaching the Patient: If the patient's symptoms have not improved or remain the same (and should have improved with time/home care advice per nursing judgment), the nurse will offer re- triage during the Follow Up call.

e. When Not Successful in Reaching the Patient: If unable to reach the caller after two (2) attempts, the call will be closed from the follow up queue with documentation in the Triage encounter document addendum reflecting the reason why the follow up was closed. (i.e. two outbound call attempts made – no answer; call closed).

6.1.4 Interpreter Services

a. Provide Patients with access to a trained medical interpreter for Navajo to English translation when requested by the patient.

6.1.5 The Key Personnel shall be subject to Joint Commission standards.

6.2 Work Schedule: The Key Personnel shall provide 24 x 7 x 365 access to Registered Nurse (RN) advice services via telephone.

6.3 Conduct: The Key Personnel shall meet standards as listed in the Federal Code of Conduct and the Key Personnel shall be subject to and comply with the provision of Public Law 101-630: Occupational/Classification – Indian Children Protection and Family Violence Protection Act.

6.4 Performance Evaluation:

6.4.1 The Key Personnel's performance will be evaluated in accordance with the standards set forth in the contract and Performance-Based Matrix of Section 10.0.

6.4.2 Customer complaint: substantiated reports written by any customer dealing with patient safety, infection control, or other procedure that adversely affects patient outcome constitutes a breach of contract and shows cause for termination.

6.5 Management of Medical Information: The Key Personnel shall manage all patient information in accordance with HIPAA standards, Privacy Act, and IHS Service Unit and/or Health Center specific policies and protocols.

6.5.1 Medical Records and Other Required Documentation: 100% percent of all medical records (EHR) and other required documentation meets established IHS Medical Facility, Joint Commission, and CMS standards to include, but are not limited to, timeliness, legibility, accuracy, content, date, time, signature and designated profession. Note: payment will be withheld for inaccurate or incomplete medical records per Section 9.0 and 10.0 of this performance work statement.

6.5.2 The Key Personnel shall ensure adherence to DHHS IT system security policies and procedures. The IT policies and procedures will be made available to the Key Personnel.

6.5.3 The Key Personnel shall immediately report to the Contracting Officer or COR any information or circumstances that may violate any statute, policy, or procedure.

6.6 IHS Information Technology Systems:

6.6.1 In performance of this contract, the Key Personnel shall adapt to and successfully utilize IHS information technology systems deemed by the Acting Primary Care Director or designee as necessary for acceptable Key Personnel performance.

6.6.2 The Key Personnel shall obtain and maintain access to the Arizona Health Information Exchange (HIE) for the purpose of retrieving electronic health records when requested.

6.6.3 The Key Personnel shall ensure that IHS Information Technology System Security Policies and Procedures are adhered to. The IT policies and procedures will be made available to the Key Personnel.

6.6.4 The Key Personnel shall follow all appropriate federal and locally required Information Technology security requirements and will be operating under HIPAA and Privacy Act regulations.

7.0 Key Personnel Qualification Requirements:

7.1 Experience: The Key Personnel shall meet the qualifications, standards, and retain pertinent certification throughout the term of the contract.

7.1.1 The Key Personnel shall provide evidence of Registered Nurses with a current, valid, unrestricted nursing license in any state, the District of Columbia, the Commonwealth of Puerto Rico, or a Territory of the United States, throughout the term of this contract.

7.2 Language Requirements and Cultural Awareness. The Key Personnel shall read, understand, speak, and write English to communicate effectively with patients and shall be respectful of the local, American Indian and Alaska Native culture.

7.3 Information Technology Skills. The Key Personnel shall possess basic knowledge, skills, and abilities to use a computer.

7.4 Orientation. The Key Personnel shall attend mandatory orientations and training specified by the government.

7.5 Background Checks: The Key Personnel shall provide all requested information necessary to perform Level I and Level II background checks. The Key Personnel shall comply with the requirement to obtain security investigations. The Key Personnel shall work with the I.H.S. to ensure that the pre-employment screening process includes the appropriate investigation questionnaires and forms to be completed. All completed forms will be reviewed by the Key Personnel and forwarded to Credentialing Department. The Key Personnel will be immediately removed from the position if at any time the investigation receives unfavorable adjudication, or if other unfavorable information that would affect the investigation becomes known.

8.0 Performance – Based Matrix for Contractor

Performance-Based Task	Indicator	Standard	Quality Assurance	Incentives
Contractor shall provide Nurse Advice/Nurse Triage Telephone services in the delivery of patient care to the Chinle Comprehensive Health Care Facility, Navajo Area Indian Health Service, Chinle Comprehensive Health Care Facility.	a. Communication / Collaboration	Contractor collaborates and communicates monthly with CSU healthcare team members and administrative staff during the contract period on all contract activity. A rating of "very good" or "exceptional" must be attain for Communication / Collaboration.	Direct observation, 100% inspection, periodic inspection, and/or analysis of Key Personnel's progress reports shall be the surveillance methods for all the indicators (a – g).	Payment of contract price for "very good" or "exceptional" service. No payment for incomplete medical record documentation. Contractor performance will be evaluated using the Contractor Performance Assessment Report (CPAR). The evaluation will be considered when future IHS contract selections are made. ▪ CPARS evaluation will be submitted on-line.
	b. Registration / Healthcare Accreditation	Contractor shall maintain an active SAM UEI registration and healthcare accreditation throughout the term of the contract without any lapses. A rating of "exceptional" must be attain for Registration / Healthcare Accreditation.		
	c. Medical Record Document	Contractor's Key Personnel shall complete Medical Record Documentation within four (4) days of encounter. Contractor's Key Personnel shall have no Incomplete Medical Record(s). A rating of "very good" or "exceptional" must be attain for Medical Record Documentation.		
	d. Adaptability	Contractor's Key Personnel's full fulfillment of confirmed dates. A rating of "very good" or "exceptional" must be attain for Adaptability.		
	e. Invoice & Timesheet	Contractor shall submit accurate invoices and timesheets to prevent IPP rejections and duplicate invoice submissions. A rating of "very good" or "exceptional" must be attain for Invoice & Timesheet.		

9.0 PERFORMANCE – BASED MATRIX

Performance-Based Task	Indicator	Standard	Quality Assurance	Incentives
Key Personnel shall provide a Nurse Advice/Nurse Triage Telephone Services in the delivery of patient care to Chinle Service Unit and the patients of Chinle Service Unit.	a. Patient Care	No reports of breached patient safety and other procedures that might adversely affect patient outcome. A rating of "very good" or "exceptional" must be attain for Patient Care.	Surveillance systems will include periodic inspections and customer complaints.	Payment of contract price for "very good" or "exceptional" service. No payment for incomplete Medical Record Documentation. Key Personnel performance will be evaluated using the Contractor Performance Assessment Report (CPAR). The evaluation will be considered when future IHS contract selections are made. ▪ CPARS evaluation will be submitted on-line.
	b. Medical Record Documentation	100% of all medical records and other required documentation meets established IHS Medical Facility, Joint Commission, and CMS standards to include, but are not limited to, timeliness, legibility, accuracy, content, date, time, signature and designated profession. A rating of "very good" or "exceptional" must be attain for Documentation.		
	c. Service Quality	Satisfaction with quality of service is evidence by valid customer inputs. A rating of "very good" or "exceptional" must be attain for Professionalism.		

10.0 List of Attachments and Exhibits. To be provided by the Contracting Officer upon request.

10.1 Attachments

a. Certification Statement for Performance Work Statement No. CSU-26-01 NANTTS

10.2 Written Competency Assessments

a. Confidentiality/HIPAA/Patient's Rights
b. EMTALA Compliance Exam, 2004

10.2.1 Standard Emergency Codes
10.2.2 Confidentiality: Legal and Ethical Concerns in Healthcare
10.2.3 An Introduction to the Navajo Culture
10.2.4 Verbal and Telephone Orders
10.2.5 Pain Management
10.2.6 Focus Charting
10.2.7 Medical Staff Bylaws