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

Mobile Breast Ultrasound Services

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria below:

1. Must have an *active* American Registry for Diagnostic Medical Sonography (ARDMS) with Breast Certification.
2. Must have no history of adverse medical board action, loss of licensure or suspended licensure.
3. Must have completed an accredited US Radiology Residency, a Breast Imaging Fellowship, and be board certified in radiology.
4. Must have no history of drug abuse, i.e. alcohol, narcotics, amphetamines, etc.
5. Must not have a lapse in practice > six (6) months leading up to assignment at CCHCF (**PLEASE** provide phone numbers, contact name and dates of affiliations with all hospital(s)/clinic(s) in the twelve months).
6. Must be able to read to XR, Ultrasound, CT and MRI; Mammogram and Obstetric Ultrasound NOT required.
7. **Must be able to read required modalities in a timeframe consistent with industry average.**

Table of Contents

Section		Page
1.0	General	1-2
2.0	Definitions	3-5
3.0	Government Furnished Information, Property, & Services	6
4.0	Contractor Furnished Property	7
5.0	Performance-Based Requirements	8-11
6.0	Contractor Qualification Requirements	12-13
7.0	Challenges to Conflicts	14
8.0	52.212-4 Contract Terms and Conditions-Commercial Items (MAY 2015) (m):	14
9.0	Performance-Based Matrix	15-16
10.0	List of Attachments and Exhibits	17

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

Mobile Breast Ultrasound Services

1.0 General: This performance work statement describes the requirements for a non-personal services Mobile Breast Ultrasound services to support the mission of the Indian Health Service (IHS) by 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 a NAIHS facility. CCHCF provides medical care for approximately 35,000 Navajo. Serving a rural area, many of our patients travel 100 miles round trip to receive care and 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.

1.2 Scope: The contractor shall provide mobile breast ultrasound imaging (as needed physician) services in accordance with Section 5.0 - Performance Based Requirements.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

1.2.1 Duties and responsibilities: Shall encompass outpatient and inpatient, medical services to IHS patients.

1.2.2 Place of Performance: Services are to be performed at the CCHCF.

1.2.3 Period of Performance: Will be flexible to allow for short term (13 weeks), long term (1-year to 3-year) and, where feasible, include intermittent support to meet unplanned needs that develop on a frequent basis.

1.3 Applicable Documents: Please see the web link listed unless document is listed 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 10.0 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

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

2.0 Definitions

2.1 Acceptance: Constitutes acknowledgement that the supplies or 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 Contractor 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 for Radiology Physicians approved by the American Board of Radiology and the Code of Ethics with the American Registry for Diagnostic Medical.

2.5 Contracting Officer (CO): A Government employee with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings.

2.6 Contractor: The individual awarded a legal binding contract to provide supplies and services.

2.7 Contracting Officer's Representative (COR) or Project Officer (PO): A federal employee who assists the ordering/issuing activity 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 Contractors performance. This is one of the criteria used to evaluate the Contractor'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.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

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 Non-Personal Services Contract: a contract under which the personnel rendering the services are not subject, either by the contract'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.

2.17 Ordering Activity: An authorized user of IHS that may issue a task order to obtain required services under this contract.

2.18 Ordering Activity Contracting Officer: 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.

2.19 Orientation: An activity designed to provide basic familiarization of the facility and transition the technician(s) and radiologist(s) into the IHS Service Unit and/or Health Center and the nursing unit where the services will be provided.

2.20 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.

2.21 Patient Outcome: End result of outpatient, sonographer and radiology physician care.

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

2.23 Personal Protective Equipment (PPE): The equipment used to protect medical personnel from exposure to biological, chemical, and radioactive hazards.

2.24 Service Unit: The local administrative unit of IHS.

2.25 Standards of Practice and Standards of Care: Authoritative statements by which the medical profession describes the responsibilities for which its practitioners are accountable. The standards provide direction for professional medical practice and a framework for the evaluation of practice. The standards of professional medical practice may pertain to general or specialty practice.

2.26 Supervisor. Government employee authorized to provide verbal and written performance direction to the Contractor that the Contractor must follow without exception.

2.27 Task Order: An order issued in accordance with the terms of the contract that details an ordering activity's specific requirements. An ordering activity's written order to obtain

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

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.

2.28 Tour of Duty: The time of day the technician(s) and radiologist(s) is (are) scheduled to perform outpatient and inpatient, radiology duties; also considered the shift of the day, the time can vary according to the needs of each facility and/or clinic, e.g. 12-hour Tour of Duty, 8-hour Tour of Duty, 10 hour Tour of Duty.

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

2.30 Verifiable Emergency: An unexpected/unplanned absence by the contractor requiring valid documentation to confirm the occurrence.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

3.0 Government Furnished Information, Property and Services

3.1 Information: Government unique information related to this requirement, which is necessary for Contractor performance, will be made available to the Contractor. The Contracting Officer or designee will be the point of contact for identification of any required information to be supplied by the Government.

3.2 Joint Use by the Government and the Contractor: Except for the property and service listed in 3.3 and 4.0, the Government will provide, for joint use by the Government and the Contractor, all necessary equipment, supplies, and clinic space to perform the services under this contract.

3.2.1 Government Vehicle: If required by the position, authorization shall be in accordance with IHS Chapter 12, Section 13 Motor Vehicle Management.

3.3 Contractor Exclusive Use:

3.3.1 Personal Protective Equipment (PPE). The Government will furnish the contractor with appropriate PPE other than specified in Section 4. The Government will be responsible for any repair, cleaning, and inventory required for the PPE. This does not include any type of uniform or laboratory coat.

3.3.2 The Government will provide facility specific contractor identification badges for each contractor. A minimum fee of $10.00 will be charged for lost or destroyed badges.

3.4 Training: Facility specific orientation/training necessary for the contractor 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 contractor's service or includes mandates made by the IHS Service Units/Health Centers while the contractor is working under this contract. Training **will not** be provided for the purpose of continuing education, career development or individual development.

3.5 Inspection: All Mobile Breast Ultrasound Services rendered in the delivery of patient care services will be inspected, reviewed, and monitored by Raquel Collins, MD, Acting Assistant Clinical Director or her designee for this contract.

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

3.5.2 Point of Contact: Alfreda Lee, (928) 674-7017, and Katheleen Brown, (928) 674-7139 are the points of contact for this requirement.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

4.0 Contractor Furnished Property

4.1 Except for the property specified in paragraph 3 as government furnished, the contractor shall provide all uniforms and other personal medical instruments subject to the following:

4.1.1 Uniforms and Lab Coats: Uniforms and Lab Coats shall conform to the requirements of the Indian Health Service Manual, Part 3 Chapter 4 and meet the approval of the Clinical Director at each IHS facility.

4.1.2 Other personal medical instruments: "Other personal medical instruments" are defined as contractor owned items may include but not limited to stethoscope, scissors, as appropriate to the work unit. The contractor shall not use unsafe equipment or supplies at any time during performance of this contract. All contractor furnished equipment and supplies shall be subject to inspection by the Government and must be approved by the COR prior to use by the contractor. The Government reserves the right to prohibit the use of any materials, supplies, or equipment.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

5.0 Performance-Based Requirements. The contractor shall provide Mobile Breast Ultrasound Services in the delivery of patient care to the Indian Health Service.

5.1 Duties:

5.1.1 The contractor shall perform outpatient and inpatient, sonographer technician and as needed, radiology physician duties and manage patient's needs as described and identified by the CCHCF's position description and as directed by the Assistant Clinical Director or his designee.

5.1.2 The contractor shall provide outpatient and inpatient professional radiologic medical services or direct patient care services under the terms of this contract, appropriate and timely medical services in accordance with the standards of care established by recognized medical care organizations and in accordance with the policies and procedures of CCHCF's Medical Staff Bylaws and Rules & Regulations, including attendance at department and medical staff meetings at CCHCF. There is some variability of daily and weekly hours based on workload, emergency cases, scheduling of cases and staffing variability. The contractor shall be subject to working longer hours if patient load is high after their regularly scheduled shift during the week. The contractor will be required to work shifts as directed by the Assistant Clinical Director or her designee.

5.1.3 The contractor shall provide sonographic imaging with on-site interpretation and as-needed on-site biopsy abnormalities in the the delivery of patient care as follows:

A. The contractor shall evaluate and interpret diagnostic imaging examinations (including US, XR, CT, and MRI, and Mammogram) and prepare comprehensive interpretive reports of findings. The contractor shall read required modalities in a timeframe consistent with industry average. The contractor shall perform a wide variety of common and special radiologic diagnostic roentgenologic procedures. The contractor shall prepare interpreted studies reports using voice recognition technology and assess the adequacy of patient care and/or services rendered to identify causes of inadequacies and correct deficiencies.

B. The contractor shall provide sonography imaging procedures of the Breast, Abdomen and Small Parts, Obstetrics/Gynecology, Vascular Ultrasound. Assists physicians in ultrasound-guided fine needle biopsies and procedures of thoracentesis and paracentesis; practices sterile und aseptic techniques. Use proper patient positioning tools, devices, equipment adjustment, and ergonomically correct scanning techniques to ensure patient comfort and safety.

C. The contractor shall provide consultant services to other department heads and visiting/contract physician to interpret radiological findings and assist in determining appropriate methods and extent of treatments necessary. The contractor shall provide only plain films at Tsaile and Pinon Health Stations.

D. The contractor shall review examination images, synthesize examination results, and prepare the preliminary findings and refer specific diagnostic, treatment or prognosis questions to the appropriate physician or healthcare professional. The contractor shall ensure that the sonography examination results meet the facility standards for Quality

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

Assurance before findings are released for interpretation. The contractor shall also assist with the education and training of CSU sonographers and physicians.

E. The contractor shall contact the ordering physician immediately if the interpretation of a study suggests a significant health risk to the individual. All other x-ray discrepancies (without major clinical significance) will be documented through a reporting system established in the Department of Radiology.

F. The contractor shall document any incidental findings that might impact patient safety or patient care and provide that information to the interpreting physician. The contractor shall provide preliminary report of sonography examinations for use by the interpreting physician

G. The contractor's routine duties shall include providing medical care and public health services to individuals eligible for services provided by the IHS in homes, schools, clinics, job sites, and other community locations within the service unit.

H. The contractor shall provide consultative services by determining and recommending methods and procedures for coordination of radiology services. The contractor shall provide leadership and guidance to the radiology technicians to secure maximum utilization of skills and abilities. The contractor shall assist with the education and training of other radiology staff and physicians/ physician residents and assist with the daily operation of the sonography facility.

I. The contractor shall familiar with the cultural, social, political, geographic, demographic, economic, and epidemiological characteristic of the patients and the communities served. The contractor shall be receptive and respectful of the culture at CSU. Cultural awareness and cultural diversity include language barriers, rural Native lifestyles and native ceremonies. The contractor shall be aware of the basic traditional medicines and ceremonies that are available to patients, from the womb to geriatrics. CSU has traditional providers on staff providing traditional diagnostic care for all patients who seek it. The contractor shall embrace and incorporate these elements into the care of the patients for positive outcomes. The contractor shall complete a mandatory on-line training made available during orientation.

J. The contractor shall provide appropriate documentation on rendered patient care utilizing CCHCF's EHR system. The contractor is responsible for utilizing the CCHCF EHR system to obtain, dictate, electronically enters and assures preparation of appropriate medical records for all patients seen to assure the accumulation and organization of all pertinent clinical data needed to provide comprehensive medical care. Clinical data reports shall be completed in a timely manner and shall be maintained in compliance with Joint Commission standards. It is the responsibility of the contractor to use the training resources provided by the CCHCF to develop competency in utilizing the EHR system.

5.1.4 The contractor shall be subject to peer review per Joint Commission standards.

5.1.5 The contractor shall meet the Safety management reporting requirements will be in accordance with the CCHCF's Safety Measure Policy.

5.1.6 The contractor shall be responsible for all applicable federal, state and local taxes, meals and travel/transportation. Lodging is provided but must be paid for by the contractor or contract agency. 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.

5.1.7 The contractor shall submit a proper invoice as required for payment of services rendered and attach timesheet/work record to verify the hours worked, by uploading to IPP.gov. A certification statement of service rendered will be included with a signature from the designated COR for this contract.

5.2 Work Schedule:

5.2.1 The contractor shall work 100% of the contracted hours. The contracted hours shall be arranged by the Assistant Clinical Director or her designee.
Two (2) to Three (3) On-site Clinic Day Services per month from 8:00 am to 5:00 pm.
Overtime after 5:00 pm: Contractor shall be subject to working longer hours if patient load demands are present.

5.2.2 Continuity of Patient Care: The contractor shall ensure the continuity of patient care and shall provide a qualified replacement to authorize the approval of time off and within the time frame specified by the Contracting Officer.

5.2.3 Work Flexibility. As directed by the Supervisor, the contractor shall rotate into other duty sections as needed to support patient care.

5.2.4 The contractor shall obtain approval of the department Supervisor or designee prior to any absence from work. If the length of the absence exceeds eight (8) work hours the contractor shall request approval at least fifteen (15) days, (the exception is verifiable emergencies) in advance of the desired absence. The contractor is not authorized sick leave, annual leave and compensatory time hours.

5.2.5 The contractor shall provide written documentation from a qualified health care provider for absences of three (3) or more consecutive days, due to illness, stating:

A. The cause of the current illness or incapacitation AND

B. Indicating the contractor as contagious or non-contagious.

The Government reserves the right to examine and or re-examine any contractor who meets the criteria.

5.3 Conduct: The contractor shall meet standards as listed in the Federal Code of Conduct.

5.3.1 The contractor shall be subject to character investigation as required by Public Law 101-360, the Indian Health Child Protection and Family Violence Prevention Act prior to performance of a contract by utilizing the US Office of Personnel Management (OPM), Electronic Questionnaire for Investigation Processing (eQIP) system and this shall include all fingerprinting procedures and clearances. The contractor shall provide all requested information necessary to perform Level I and Level II background checks. The contractor

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

shall comply with the requirement to obtain security investigations. The contractor 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 contractor and forwarded to the government personnel. The contractor 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.

5.4 Performance Evaluation:

5.4.1 The contractor's performance will be evaluated in accordance with the standards set forth in the contract and Performance-Based Matrix of Section 9.0.

5.4.2 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.

5.5 Identification of Contractor:

5.5.1 The contractor shall wear a government issued contractor identification badge during performance of duty.

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

5.6.1 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.).

5.6.2 The contractor shall ensure adherence to DHHS IT system security policies and procedures. The IT policies and procedures will be made available to the Contractor.

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

5.7 IHS Information Technology Systems:

5.7.1 In performance of this contract, the contractor shall adapt to and successfully utilize IHS information technology systems that are deemed by the Supervisor as necessary for acceptable contractor performance.

5.7.2 The contractor 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 contractor at each IHS facility.

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

6.0 Contractor Qualification Requirements: The contractor shall meet the qualifications and credentialing standards and retain the qualifications and certification throughout the term of this contract.

6.1 Training/Experience.

The contractor, MD/DO, shall have forty-eight (48) months of Radiology Residency Training with a minimum of **six (6) months experience** in the specialty required by the contract and Breast Imaging Fellowship, unless otherwise approved by the CCHCF's Credentials Committee. *There must be no lapse of services of no more than 6 months prior to beginning tour of duty with CCHCF.*

The contractor, Tech, shall demonstrate competencies in the specialty area(s) to be performed including breast ultrasound, including sonographer certification by the American Registry for Diagnostic Medical Sonography (ARDMS), American Registry of Radiologic Technologists (ARRT), and/or Cardiovascular Credentialing International (CCI).

6.2 Certification/License/Registration.

The contractor, MD/DO, shall be board certified with the American Board of Radiology and shall possess a current, valid, unrestricted medical license in any state or, the District of Columbia. If the contractor is asked to perform outside the normal training parameters of his/her specialty, then the contractor shall provide certification of hospital privileges in those additional scope of practice(s).

The contractor, Tech, shall have an *active* American Registry for Diagnostic Medical Sonography (ARDMS) with Breast Certification.

6.2.1 Drug Enforcement Administration (DEA) License. The contractor, MD/DO, shall maintain a valid, current, full and unrestricted DEA license with schedule types II through V and maintain certification throughout the term of the contract.

6.2.2 The contractor shall maintain a valid and current Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications and are mandatory for Radiology.

6.2.3 Motor Vehicle Operator's License. If required by the position, the contractor shall possess a valid state driver's license throughout the term of this contract.

6.3 Health Requirements/Conditions of Employment:

6.3.1 Medical Evaluation. The contractor, MD/DO, shall provide a fitness for duty certificate issued by a licensed physician to perform the proposed job without significant risk to personal health or the health and safety of others.

6.3.2 Immunization. The contractor shall provide documentation as evidence of immunization as required by NAIHS immunization policy for the following:

- Hepatitis A - Two dose series at zero and six months.
- Hepatitis B - Three dose series at zero, one, and six months or documented immunity. A signed declination of Hepatitis B vaccination series will be accepted.
- Measles, Mumps, Rubella (MMR) - Two doses or titer documentation.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

- Varicella (chickenpox) – Two doses, titer documentation or history of varicella/shingles.
- Tetanus, diphtheria, pertussis (Tdap/Td) - one dose of Tdap, then tetanus (Td) booster every 10 years thereafter.
- Meningococcal - Two vaccines (MenACWY and MenB) recommended for microbiologists routinely exposed to N. *meningitidis*.
- Documentation of annual TB test- may include Mantoux TB skin test (PPD). All new employees will require the two step TST.
  Acceptable lab testing: Quantiferon Gold or T-Spot test.
  For positive TB test results, please submit a copy of recent chest x-ray results.
- Influenza – Mandatory annual vaccination.

6.4 Language Requirements and Cultural Awareness. The contractor shall read, understand, speak, and write English to effectively communicate with patients and other health care workers, and shall be respectful of the local, American Indian and Alaska Native culture.

6.5 Information Technology Skills. The contractor shall possess basic knowledge, skills, and abilities to use a computer.

6.6 Orientation. All contractors providing service under this contract shall attend mandatory orientations and training specified by the government.

6.7 Background Checks: As directed by the Contracting Officer, the contractor shall provide all requested information necessary to perform Level I and Level II background checks. The contractor shall comply with the requirement to obtain security investigations. The contractor shall work with the IHS 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 contractor and forwarded to the Supervisor. The contractor 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.

6.8 General Requirements:

6.8.1 The contractor shall provide at minimum three current letters of reference from other health care providers familiar with the candidate's clinical practice skills within the same discipline. One letter must be from the Chief of Staff/Medical Director or Immediate Supervisor at the hospital in which the provider either holds or last held staff privileges. If the contractor's provider has just completed a residency program, one of the letters shall be from the program director or service chief.

6.8.2 The contractor shall be subject to Medical Staff Ongoing Professional Practice Evaluation and Focused Provider Performance Evaluation as specified in the CCCHF Policy & Procedure, Focused Provider Performance Evaluation & Ongoing Professional Practice Evaluation.

6.8.3 The contractor shall work directly with the Chinle Service Unit Credentials Committee to attain approval of credentials and privileges and shall retain status of appointment throughout the term of this contract.

7.0 Challenges to Conflicts: For any inconsistency between supervisor directions, this Performance Work Statement, attachments and exhibits, the following order of precedence will apply:

(a) First Priority: Supervisor's Directions
(b) Second Priority: Position Description (attached)
(c) Third Priority: Performance Work Statement Exhibits
(d) Fourth Priority: Performance Work Statement Narrative

8.0 52.212-4 Contract Terms and Conditions-Commercial Items (MAY 2015) (m): Termination for cause. The Government may terminate this contract, or any part hereof, for cause in the event of any default by the contractor, or if the contractor fails to comply with any contract terms and conditions, or fails to provide the Government, upon request, with adequate assurances of future performance. In the event of termination for cause, the Government shall not be liable to the contractor for any amount for supplies or services not accepted, and the contractor shall be liable to the Government for any and all rights and remedies provided by law. If it is determined that the Government improperly terminated this contract for default, such termination shall be deemed a termination for convenience.

8.1 Any contractor employee demonstrating impaired judgment shall not be allowed to continue working on the contract. The Government reserves the right to remove from the facility any contractor employee who in the judgment of a licensed healthcare practitioner is impaired.

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

9.0 Performance – Based Matrix

Performance-Based Task	Indicator	Standard	Quality Assurance	Incentives
State the end results or outputs that you, the customer will formally accept or reject.	For the requirement, state the feature(s) of end result that will be surveilled.	For each "indicator," state a performance level that, when met, means the task has been performed satisfactorily. This Standard describes "What Success Looks Like."	For each "Standard", state the method used to check performance (i.e. random sampling, 100% inspection, periodic inspection, customer complaints).	List Positive and Negative Incentives. Address method of linking payment to quality of service.
Contractor shall provide Mobile Breast Ultrasound Services in the delivery of patient care to the Chinle Comprehensive Health Care Facility, Navajo Area Indian Health Service.	a. Patient Care	No reports of breached safety or other procedures that may have adversely affect patient outcomes. A rating of "very good" or "exceptional" must be attain for Patient Care.	Direct observation, 100% inspection, periodic inspection, and/or analysis of contractor's progress reports shall be the surveillance methods for all the indicators (a – e).	Payment of contract price for satisfactory service. No payment for incomplete work. 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. Compliance	No reprimands or disciplinary actions for violations of published Policies; Procedures; Standards of Care or Hospital Protocols. A rating of "exceptional" must be attain for Compliance.		
	c. Culturally Sensitivity	Contractors were compassionate and Culturally sensitive. A rating of "very good" or "exceptional" must be attain for Culturally Sensitivity.		
	d. Documentation	Contractors completed require documentation in clear and legible form in a timely manner. A rating of "very good" or "exceptional" must be attain for Documentation.		
	e. Professionalism	Contractors presented in professional appearance, demonstrated exceptional ethical conduct with effective communication, and exhibited exemplary attitude by being flexible and being adaptable. A rating of "very good" or "exceptional" must be attain for Professionalism.		

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

9.1 Quality Assurance Monitoring Form (QAMF). The QAMF will be completed for each contractor. The completed QAMF is a peer review document and is confidential as afforded under Arizona Revised Statutes 36.445 and 36.445-01. The QAMF will not be shared or disclosed.

QUALITY ASSURANCE MONITORING FORM

CHINLE SERVICE UNIT

****Peer Review is confidential as afforded under Arizona Revised Statutes 36.445 and 36.445-01.****

This is a peer review and is confidential. The information collected on this form is to determine the overall performance of the Contractor in meeting the contract requirements and will be reported onto the Contractor Performance Measurement Report (CPMR) and the Contractor's Performance Assessment Report (CPAR).

CONTRACTOR INFORMATION		
Contractor's Name (First, MI, Last):		
Specialty:		
Vendor Name:		
Purchase Order Number:		
Appraisal Period:	From:	To:

There are five (5) ratings. Please click on the ratings to view the rating definitions.

Exceptional (E)	Very Good (VG)	Satisfactory (S)	Marginal (M)	Unsatisfactory (U)

STANDARD: PATIENT CARE - Contractors provided fully successful or excellent patient care. No reports of breached safety or other procedures that may have adversely affect patient outcomes.

1. Patient Care Practice: Follows current guidelines and/or established Chinle Service Unit Policy & Procedures.
2. Medical/clinical knowledge: Use of most recently recommended guidelines and scientific evidence to evaluate and improve patient care.

STANDARD: CULTURAL SENSITIVITY - Contractors were compassionate and culturally sensitive.

3. Patient Care Practice: Compassion and culturally sensitivity.

STANDARD: DOCUMENTATION - Contractors completed required documentation in clear and legible form in a timely manner.

4. Timely completion of required paperwork/records: documents visits clearly and legibly.

STANDARD: PROFESSIONALISM - Contractors presented promptly in professional appearance for clinic, demonstrated exceptional ethical conduct with effective communication, and exhibited exemplary attitude by being flexible and being adaptable.

5. Professionalism: Ethical conduct, attitude, appearance, and prompt for clinic.
6. Flexibility – Adaptability.
7. Interpersonal/communication skills that promote multidisciplinary teamwork and mutual respect.

STANDARD: COMPLIANCE - No reprimands or disciplinary actions for violations of published Policies; Procedures; Standards of Care or Hospital Protocols (includes timely completion of mandatories).

8. Have any quality of care issues or disciplinary actions been brought forth by Peer Review Evaluations or Risk Management Evaluations?
9. Has contractor been reprimanded for compliance violations?

Submitted By: _____

REVISED 11/2023

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.

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-24-01 MBUS.
b. Position Description (Service Unit specific) – available upon request.

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

Provide a rate that will allow for NO interruption of services for the Fiscal Year. The personnel for the Mobile Breast Ultrasound Services must meet the minimum criteria list indicated on the Table of Contents page.