

**STATEMENT OF WORK
CERTIFIED NURSE ANESTHETIST
CLAREMORE INDIAN HOSPITAL
INDIAN HEALTH SERVICE**

I. General:

The Indian Health Service (IHS), a federal agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level and assure that comprehensive, culturally acceptable personal and public health services are available and accessible to members of the 573 federally recognized Tribes across the United States.

II. Background:

The Claremore Indian Hospital is a Joint Commission accredited federal facility in Oklahoma. To meet our mission, certified nurse anesthetist care is medical modality that has been deemed necessary to augment the services as such are necessary to support and supplement health care within the hospital. The mission of the Claremore Indian Hospital is to deliver quality care in order to attain positive health outcomes for all our valued patients with emphasis on cultural sensitivity and human dignity.

III. Scope:

The purpose of this non-personal services contract is for the placement of one Certified Registered Nurse Anesthetist (CRNA) in the surgical and inpatient clinic at the Claremore Indian Hospital. The contractor shall provide CRNA services for patients as required by this statement of work (SOW) and in accordance with the terms and conditions of this contract. The period of performance is for a period of three months with an option to extend. The contract effort shall be tailored to provide a wide range of anesthesia services and responding to rapidly changing and unexpected needs for temporary coverage. Periodically duties may include attending to patients in the Emergency Department. The care provided by the CRNA shall be as comprehensive as the Indian Health Service supplied facilities; equipment and support services permit. Contractor Certified Registered Nurse Anesthetist(s) shall provide services to eligible beneficiaries of the Indian Health Service who present themselves for treatment at the Claremore Indian Hospital in Claremore, Oklahoma.

IV. Key Deliverables:

Prior to performing services under this contract the contractor will be provided orientation to familiarize the contractor with the policies and procedures of the Claremore Indian Hospital. Orientation attendance shall be required of the contractor and will be scheduled by the Chief of Anesthesia Service or the Clinical Director.

The contractor shall perform or shall know how to perform the following tasks:

- Performs and documents a pre-anesthetic assessment and evaluation of the patient.
- Requests consultations and diagnostic studies.
- Selects, obtains, orders and administers pre-anesthetic medications and fluids.
- Obtains informed consent for anesthesia from the patient or legal guardian.
- Develops and implements a patient-specific anesthetic plan.
- Tailors plan to manage anatomical, physiological, psychological and behavioral differences related to a patient's age, gender, race, religion, nationality, and disability, social or economic status.
- Consults anesthesiologist on pediatric patients under age 2, patients designated ASA Class 3 or greater, and as needed for questions/concerns related to patient condition.
- Initiates the anesthetic technique which may include: general, regional, local, and sedation.
- Selects, applies, and inserts appropriate non-invasive and invasive monitoring modalities for continuous evaluation of the patient's physical status.
- Selects, obtains, and administers the anesthetics, adjuvant drugs, and fluids necessary to manage the anesthetic.
- Maintains the patient's physiologic homeostasis.
- Corrects abnormal responses to the anesthesia or surgery.

- Manages a patient's airway and pulmonary status which may include: endotracheal or nasotracheal intubation, fiberoptic laryngoscopy, mechanical ventilation, pharmacological support, respiratory therapy, and extubation.
- Facilitates emergence and recovery from anesthesia.
- Selects, obtains, orders and administers medications, fluids, and ventilation support to maintain homeostasis.
- Provides relief from pain and anesthesia side effects.
- Prevents or manages complications.
- Provides relief from nausea and vomiting.
- Discharges the patient from the post-anesthesia care unit.
- Provides post-anesthesia follow-up evaluation and care related to anesthesia side effects or complications.
- Orders, initiates or modifies pain relief therapy.
- Utilizes drugs, regional anesthetic techniques, or other accepted pain relief modalities.
- Ensures complete, accurate, and timely documentation of pertinent information on the patient's medical record.
- Inspects, maintains, and operates anesthesia machine and all adjunct equipment.
- Implements operator trouble-shooting and corrective actions.
- Responds to emergency situations.
- Provides airway management.
- Administers emergency fluids and drugs.
- Implements basic or advanced cardiac life support techniques, as indicated.
- Contractor providers shall perform procedures compatible with the medical facility's operating capacity and equipment. New medical procedures/services shall not be introduced without prior recommendation to, and approval of, the Chief of the Anesthesia Service and the Medical Executive Committee.
- Coordinates patient care activities with other health care team members (anesthesia; surgeons, OR and nursing units staff; ancillary services).
- Develops an anesthetic plan of case based upon comprehensive patient assessment, problem analysis, anticipated surgical procedure, patient and surgeon preferences, and current anesthesia principles.
- Consults the anesthesia care team and/or surgeon, as necessary, to review case management and problem areas.
- Follows criteria for reporting anesthetic incidents to Performance Improvement coordinator and prepares and presents case at RCAs meeting when requested to do so.
- Continuously assesses the patient's response to the anesthetic and/or surgical intervention and intervenes as required to maintain the patient in a satisfactory physiologic condition.
- Adheres to appropriate safety precautions to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.
- Monitors and assesses patient positioning and implements appropriate protective measures.
- Takes precautions to minimize the risk of infection to the patient, the CRNA, and other health care providers.
- Accurately reports the patient's condition and all essential information to the health care provider assuming responsibility for the patient.
- Documents all anesthetic interventions and patient responses to facilitate. Comprehensive patient care, provide information for retrospective review and establish a medical-legal record.
- Communicates clearly, concisely and courteously verbally and in writing.
- Maintains good interpersonal relationships through courtesy, sensitivity and respect
- Uses proper chain of command.
- Shares information, knowledge and expertise through formal and informal venues.
- Participates in feedback sessions to keep rater informed of accomplishments and goals.

Quality Assurance:

Priorities and guidelines are established by the supervisor of the surgery department (Chief of Anesthesia) or their designee who will monitor and evaluate contract performance. The contract CRNA shall perform day to day workload requirements to assure compliance with regulations, policies, standards of care, Joint Commission guidelines, CMS standards and completeness of timelines. The contract CRNA performs as an independent licensed practitioner responsible for detecting complications and correcting any deficiencies without physician intervention. The contracting

officer's representative (COR) will interpret the statement of work and assist the contractor with technical problems encountered during performance of the contract. The CRNA is responsible to complete all Joint Commission reporting requirements and shall review cases for effectiveness of anesthetic plans.

Although a nonpersonal services requirement, the Government will evaluate the quality of professional and administrative services provided and record in the Contractor Performance Assessment Reporting System (CPARS).

Quality assurance methods will include both written and verbal feedback from the Clinical Directors, staff and patients. Should the Government be made aware of a critical, major or minor non-conformance matter the locum company will be notified in writing and given the opportunity to remedy. All Non-Conformance Reports will be made a record of the locum company's past performance.

V. Professional Qualifications:

A. Verification of Licensure

To ensure that the CRNA providing services under this contract is properly licensed, and that the IHS is made aware of all disciplinary actions taken against each provider, the Contractor shall:

1. Verify through the Federation of State Medical/Nursing Boards database, all active, inactive, and lapsed licenses that are held or have been held by the CRNA who provide services in IHS hospitals and clinics under this contract.
2. Inform the IHS of the status of all licenses for each CRNA who would provide services under this contract in IHS hospital and clinics, including all reasons for each inactive or lapsed license.
3. Obtain at least two (2) letters of reference from health care providers whom have knowledge of the applicant's clinical practice skills. One letter shall be from the Chief of Staff, or Service at the hospital where the physician holds or last held staff privileges. If the physician has just completed a residency, one letter shall be from the residency program director or serve chief.
4. Provide all information regarding performance and disciplinary actions that is collected on providers who would be placed under this contract to the receiving IHS facility Clinical Director. This includes all information that is collected and compiled on such providers at the time of initial hire by the Contractor, and/or information that is reported during periods that the Contractor is an agent of such providers for a placement under this contract.
5. Certify that all information obtained on providers whom they would assign to IHS hospital and clinics has been reviewed and verified by the Contractor. The Certification shall include a statement that the Contractor has found no reason to reject the provider's application. The names of the contacts, their titles, telephone numbers, date of contacts and the name(s) of the Contractor's representative(s) collecting and reviewing such information shall be recorded in writing and made available to the IHS by the contractor.

B. The services shall be performed by a licensed CRNA with full prescriptive authority up to and including CII drugs and/or medications that require a DEA license. The contract provider shall possess and maintain PALS, ACLS and BLS certification in order to provide CRNA services for all surgical and obstetric patients requiring services.

C. The Contractor shall provide CRNA(s) who meet the following minimum qualifications and requirements:

1. Current unrestricted license in the United States.
2. Be a graduate of a program accredited by the American Association of Nurse Anesthetists (AANA).
3. Certified Registered Nurse Anesthetist(s) provided by the Contractor shall apply and be accepted as Associate member of the Lawton Service Unit Medical Staff.
4. Shall provide a copy of documentation of physicians Basic Cardiac Life Support (BLS) Pediatric Advanced Life Support (PALS) and Advanced Cardiac Life Support (ACLS) certificates.
5. Shall speak, understand, read and write English fluently and communicate with sufficient clarity to be understood by IHS personnel and patients.
6. Shall be a United States Citizen.
7. Shall possess sufficient initiative, interpersonal relationship skills and social sensitivity such that he/she can relate constructively to patients of the Native American communities.

8. Shall maintain standards of personal hygiene and grooming such that his/her image as a CRNA that is compatible with the expectations of the Lawton Service Unit.

D. In providing such service, the CRNA shall comply with the policies, procedures and by-laws of the Lawton Service Unit. The CRNA shall also be required to perform this service in compliance with applicable standards of the Joint Commission and Quality Improvement.

VI. Immunization Record

The contractor shall provide written evidence prior to physician selection and during the term of the contract regarding rubella and measles immunity and negative tuberculosis skin tests of all medical physicians to be utilized in the performance of this contract. Documentation shall be uploaded in the current credentialing application software.

Physicians requesting privileges shall submit documentation of a current (within the past 12 months) TB skin test or chest x-ray if the skin test was previously positive. Special considerations may be allowed to individuals, who are allergic to component of a vaccine, has history of severe reaction of a vaccine or who are currently pregnant.

Vaccinations are to be complete prior to assignment, should follow CDC's Recommended Vaccines for Healthcare Workers.

Physicians shall provide documented evidence of annual current season influenza vaccination, unless medically contraindicated.

All contractors who provide direct care in a federally-operated IHS health care facility shall be fully vaccinated for COVID-19. Fully vaccinated is defined as having received two doses of COVID-19 vaccine of a two-dose series, or one dose of COVID-19 vaccine in a single-dose as recommended by the manufacturer and the CDC. Contractors shall be fully vaccinated unless you are granted one of the limited legal exceptions, i.e., medical exemption or sincerely held religious belief, practice, or observance.

VII. Security Clearance:

All contractors shall undergo a fingerprint check and background investigation and shall be cleared prior to hire. Contractor's continued employment is contingent upon the outcome of a complete and favorable background investigation as determined by the sensitivity level of the position. If contractors are found not suitable, they shall be removed.

This is a designated position covered by Public Law 101-647, 101-630, Crime Control Act of 1990, and the Indian Child Protection and Family Violence Prevention Act, requiring contact or control over Indian children. Contractors shall be required to complete, sign, and submit the Addendum to OF-306, Child Care & Indian Child Care Worker Position form. Due to this requirement, the agency shall ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes. Failure to comply with these statutes shall result in immediate removal.

In accordance with Indian Health Manual Part 3, Chapter 20 – Protecting Children from Sexual Abuse by Health Care Providers, all IHS providers have a responsibility to report any incident or reasonable suspicion of sexual abuse of a child by a health care provider directly to the proper child protective and/or law enforcement authorities following legally required timelines in consultation with OGC, and to the OIG Hotline at 1-800-447-8477.

Reporting any incident or reasonable suspicion of sexual abuse of a child directly to their supervisor, the CEO, or alert the next supervisor in the chain of command if the first line supervisor is the one suspected of child sexual abuse, and the IHS Hotline at 301-443-0658 within the same day of the incident and documenting the report in the IHS Incident Reporting System within five business days.

Additionally, compliance with this federal law requires all federal employees and contractors take annual policy training.

VIII. Government Furnished Information, Property and Services:

The Government will provide medical supplies and pharmaceutical supplies necessary and prescribed by the Contractor in providing physician services in accordance with Area Formulary and Service Unit Resources. The Government will provide

nursing support, laboratory and x-ray services and medical and pharmaceutical supplies as necessary for physician services provided at the Lawton Indian Hospital.

All records of consultation, examination, surgeries/procedures and services of patients' required in the performance of this contract will remain the property of and subject to the exclusive control of the Indian Health Service. The Lawton Service Unit will provide materials, support staff and equipment necessary for the performance of this contract. The Contractor shall provide all services within the Lawton Indian Hospital.

IX: Work Schedule:

CRNA services are required in the Surgery Department during normal business hours from 7:00 a.m. to 4:00 p.m., with 24 hour immediate callback seven days a week. Call may include continuous coverage over several days or split tours with another staff or contract anesthetist. Work schedules and shifts are to be arranged with the Chief of Anesthesia.

- 1) The Contractor shall provide on-site anesthesia services and coordinate patient care with appropriate IHS Departments, i.e., Nutrition, Medical, Business Office, CHS.
- 2) The Contractor shall provide 8 hours per day, 40 hours per week of on-site anesthesia services during the period as scheduled.
- 3) The Contractor shall be required to perform services outside of normal work hours and is subject to call back on Federal Holidays.

Physicians shall report according to the following schedule:

| Item | Schedule | All-Inclusive Hourly Rate |
|------|--|---------------------------|
| a. | Weekday - Monday through Friday | \$ |
| b. | Weekday Night (On-call) - Monday thru Friday | \$ |
| c. | Weekend - Friday –Monday | \$ |
| d. | Weekend - (On-call) Friday –Monday | \$ |
| e. | Call-back Hours | \$ |
| f. | Holiday (On-call) | \$ |
| g. | Holiday Call-back | \$ |

Any changes to the preceding shall require mutual agreement of the Contractor and Contracting Officer.

X. Indemnity and Insurance:

The government assumes no responsibility of negligent acts of the Contractor. Therefore, the Contractor is responsible for personal insurance if the Contractor indicates that it is necessary. The Contractor shall hold harmless and indemnify the government against any or all loss, cost, damage, claims, expense or liability whatsoever as a result from the performance of the Contractor. The Contractor shall hold the Federal Government and its agents including the Clinical Director and the Governing Body immune from civil or professional liability for all acts related to quality care management and enforcement of this contract.

Contractor shall provide documentation of and maintain current professional liability insurance coverage in the amount of \$1 million per occurrence and \$3 million aggregate per provider.

XI. Reporting Requirements:

Reporting requirements shall include all patient care information required in performance of physician services in the individual patient charts utilizing the appropriate electronic medical record system for patient encounters furnished by the Government. Completes all required administrative paperwork in a timely manner to include electronic consults, co-signatures, completion of chart.

Contractors shall be proficient in data entry and shall be responsible for entering appropriate data into the IHS Electronic Health Record (EHR). IHS will provide appropriate training on the applicable system(s). The Contractor shall be responsible for completing all required training for usage of required clinical packages prior to their first scheduled tour of duty.

Contractors shall possess the proficiency to accurately and appropriately utilize E-mail, and enter/retrieve patient data in any and all EHR clinical application packages pertinent to the services being performed, such as Health Summary, Vitals, OERR (CPRS), and Text Integration Utility (TIU).

Contractors shall complete and electronically sign their encounter orders and progress notes daily within the parameters or requirements set forth in the local medical center policy.

XII. PROPER INVOICING PROCEDURES

Invoicing shall be submitted on a monthly basis only. In order to be paid in a timely manner, all invoices shall contain information as defined in Federal Acquisition Regulation 32.905, Payment Documentation and Process.

XIII. PLACE OF PERFORMANCE

Claremore Indian Hospital
101 South Moore Ave
Claremore, OK 74017