

Performance Work Statement
Southeast Louisiana Veterans Health Care System Medical Center Activation
Inpatient and Acute Care Transitional Simulation
New Orleans, LA
3/16/17

1. INTRODUCTION

1.1 Project Legacy has recently constructed a state-of-the-art replacement VA medical center in New Orleans, LA. Due to the destruction and devastation from Hurricane Katrina in 2005 this new facility was needed. This replacement medical center is a 1.6 million square foot state-of-the-art facility located in downtown New Orleans. This tertiary care regional referral medical center has 120 medicine/surgery beds, 20 acute inpatient psychiatric beds and 60 transitional care beds. The facility includes eight buildings and 2 parking garages. This new facility is expected to care for approximately 70,000 veterans annually with an anticipated 500,000 annual visits. The Southeast Louisiana Veterans Health Care System (SLVHCS) replacement medical center began seeing patients in December 2016. A phased plan for activation of this new medical center was utilized beginning with outpatient services. Inpatient services are projected to begin in July 2017.

2. PURPOSE:

2.1 The purpose of this requirement is to create and conduct inpatient service simulations (in a real life inpatient clinical environment) for the purpose of educating, orienting, and training Inpatient and Acute Care staff. These simulations/scenarios consist of a "hands on" curricula that involves the use of actual people (confederates) or substitutes (mannequins) in order to accomplish the following: identification/improvement of workflow processes and patient safety issues, and the mitigation of hazards/risks that may be encountered in an inpatient clinical environment.

SLVHCS currently collaborates with VHA (Veterans Health Administration) SimLEARN (VA's National Simulation program). SimLEARN is the VHA National Simulation Center responsible for development and delivery of national simulation based curricula, simulation resources for the field, and support for activating hospitals. SimLEARN is being used as a template from the National VA Simulation Center which supports activation projects for the Department of Veterans Affairs. Specific services are not being provided by/from/through SimLEARN. SimLEARN will provide one-time simulations for inpatient services. Any materials created by SimLEARN are proprietary and cannot be duplicated without written permission from SimLEARN. For this reason the SimLEARN template cannot be provided nor be made available until after a vendor has been selected for a contract award. Because many of the services are new for SLVHCS, and not merely relocation, additional more intensive educational support is needed.

The SimLEARN template is used only as a format to create the scenario. Some of the information contained within the SimLEARN template is listed below:

- Learning objectives and KSAs
- Scenario development
- Equipment and confederates
- Purpose of the scenario

3. SCOPE

3.1 An approximate timeline which shows the beginning of inpatient treatment services is outlined in the table below. While outpatient services have already begun, inpatient services have not yet started. The dates below reflect an estimate of when the first patient will be seen in each clinical area. Each clinical area has its own unique start date. It is expected that all phases of training are to be completed prior to the unique start date for that area. The table below is a general guideline of projected openings for different clinical areas. The dates below represent projected dates not actual dates.

July 2017	August 2017	September 2017	October 2017
Inpatient Mental Health	Inpatient Med/Surg ICU Inpatient Dialysis Pulmonary & GI Procedures Surgery – Standard Complexity Emergency Room	Inpatient Rehab Community Living Center Hospice, Palliative Care & Respite	Hybrid OR Interventional Radiology/EP Lab Interventional Cardiology Pain Clinic

3.2 The contractor shall provide all labor, supervision, materials and travel as necessary to satisfactorily perform the tasks detailed within this Performance Work Statement (PWS).

4. SPECIFIC TASKS & DEFINITIONS/GLOSSARY OF TERMS

4.1 Definitions / Glossary of Terms Used:

Acute care: acute care can be defined as care where a patient receives hospitalized care for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.

Confederate: a confederate is an individual other than the patient who is scripted in a simulation to provide realism, additional challenges, or additional information for the learner. The confederate is sometimes called or referred to as a Standardized Patient or Actor.

Go-Live Level 1 (Simulation): workflow scenarios and/or other interactive exercises conducted by representative staff; enables representative staff to be familiar with components of the proposed patient flow/workflow processes prior to formal Risk Assessment; participants may also identify workflow and safety issues.

Go-Live Level 2 (Simulation): workflow scenarios conducted by representative staff; using observers and participants to identify workflow and safety issues and identify actions/measures to solve problems. This will be conducted during a 4-hour or greater hospital shift.

Inpatient: inpatient can be defined as a patient who stays in a hospital while under treatment.

Mannequin: a mannequin is a model of the human body commonly in detachable pieces for exhibiting the parts and organs, their position, and relation to each other most commonly used for teaching/training in a clinical environment.

Patient Safety: the simplest definition of patient safety is the prevention of errors and adverse effects to patients associated with health care. Patient safety is a fundamental principle of health care. Every point in the process of caregiving contains a certain degree of inherent unsafety. Adverse events may result from problems in practice, products, procedures, or systems. The goal of patient safety is to mitigate these risks and avoid these adverse events.

Scenario: a scenario is a description of possible actions or events in the future, a description of what could possibly happen, and/or a series of events that is projected to occur. In a clinical setting a **workflow scenario** is often used and is defined as a simulation used to develop, improve, or refine a workflow or process (i.e. a scenario of a patient who fell in the cardiology clinic or how to evacuate patients from the building during an emergency).

Simulation: a simulation can be defined as acting out or mimicking an actual or probable real life condition, event, or situation to find a cause of a past occurrence (such as an accident), or to forecast future events (outcomes) of assumed circumstances or factors. In a clinical setting a simulation re-creates a setting for the purpose of clinical training or process improvement and is generally conducted using mannequins and/or confederates.

Workflow: a series of tasks to produce a desired outcome, usually involving multiple participants and several stages. In a clinical setting a **workflow scenario** is often used and is defined as a simulation used to develop, improve, or refine a workflow or process (i.e. a scenario of a patient who fell in the cardiology clinic or how to evacuate patients from the building during an emergency).

4.2 **Scenario identification and writing-** The contractor will consult with the Nursing Education Department and Key Clinical Staff regarding the selection of processes/scenarios to assess. The contractor will write the scenarios for programs using SimLEARN's national template for those scenarios/processes that will not be evaluated by SimLEARN. Development of scenarios will not involve interactions with patients in the facility, only clinical staff.

4.2.1 **Level 1 Simulations (Go-Live Level 1)-** These simulations include walk-throughs and scenarios with 5-10 key representative staff. These 5-10 key representative staff will consist of clinical managers who will observe the simulations/scenarios and patient care providers and non-patient care administrative support who will be the participants. The simulations will focus on reinforcing established standard operating procedures (SOP's) and patient/workflow processes which include identifying potential hazards and mitigating risks that can occur in a clinical inpatient environment. The key representative staff will become the "experts" or trainers for educating the rest of the staff. The contractor will conduct the simulations, as well as provide scenario-writing support. Standard Operating Procedures SOP's) will be provided/given to the contractor when scenarios are conducted. The contractor will not be required to create SOP's or to revise them.

The processes will be identified prior to the simulations by the clinical programs in collaboration with SLVHCS Simulation program. Additional processes may be identified based on consultation with the contractor's hospital inpatient simulation experience.

These simulations will include mannequins and/or confederates. SLVHCS will provide and operate all mannequins (when mannequins are needed for scenarios). The contractor will not have to provide mannequins and/or confederates because mannequins and confederates will be furnished by SLVHCS.

The objectives of these Level 1 scenarios are:

- To learn the steps of the process or procedure to ensure that the time VHA SimLEARN spends on evaluations is beneficial
- Identify workflow issues

The contractor will conduct simulations for the clinical units listed in the Deliverables Table below. The estimated time devoted to conduct level 1 scenarios is 1 scenario per hour (1 scenario/1 hour). A single scenario may include multiple steps and/or locations for a patient. For example, a patient checking into a clinic, falling in the bathroom, receiving an x-ray and ultimately being transferred to an inpatient unit may constitute 1 scenario. However the 1 scenario/1 hour timeframe is just an estimate. A single scenario may take less than one hour or may take more than one hour. The scenarios required for a particular clinical section will be different based on the specific needs of that section. The deliverables table below lists the different clinical sections for the level 1 simulations and the estimated time that may be required to conduct these scenarios. The Deliverables Table below is just a guideline and this sample schedule is a general idea of what may be required

to conduct these simulations. The final schedule will be mutually agreed upon between the contractor, Simulation Council and the sim champions. The schedule below is only a sample schedule and is not an actual schedule for the level 1 simulations.

Deliverables Table – Level 1 Simulations (Estimated number of hours per section)
Emergency Department / 8-10 hours
ICU- / 8-10 hours
Med/Surg Inpatient / 8-10 hours
Interventional Cardiology / 8-10 hours
Interventional Radiology 8-10 hours
Pulmonary /GI Procedures / 8-10 hours
Surgery/Pre-op/Post-op (Standard Complexity) / 8-10 hours
Inpatient Mental Health / 8-10 hours
Pain Clinic / 8 scenarios / 4-6 hours
Inpatient Dialysis / 4-6 hours
Inpatient Rehab/ 4-6 hours
Hybrid OR / 8-10 hours
Community Living Center (CLC) /16-18 hours

- 4.2.2 **Level 2 Simulations (Go –Live Level 2)** - These simulations include mini-shifts (4 hours) with 5-10 key representative staff. These 5-10 key representative staff will consist of clinical managers who will observe the simulations/scenarios and patient care providers and non-patient care administrative support who will be the participants. The simulations will focus on identified standard operating procedures and patient/workflow processes. The simulations will focus on reinforcing established standard operating procedures (SOP's) and patient/workflow processes which include identifying potential hazards and mitigating risks that can occur in a clinical inpatient environment. These 5-10 key representative staff will become the “experts” or trainers for educating the rest of the staff. The contractor will conduct the simulations, as well as provide scenario-writing support. Standard Operating Procedures SOP's) will be provided/given to the contractor when scenarios are conducted. The contractor will not be required to create SOP's or to revise them.

The processes will be identified prior to the simulations by the clinical programs in collaboration with SLVHCS Simulation program. Additional processes may be identified based on consultation with the contractor's activation experience. These simulations may include mannequins and/or confederates. SLVHCS will provide and operate all mannequins (when mannequins are needed for scenarios). The contractor will not have to provide mannequins and/or confederates because mannequins and confederates will be furnished by SLVHCS.

The objectives of these Level 2 scenarios are:

- To learn the steps of the process or procedure to ensure that the time VHA SimLEARN spends on evaluations is beneficial
- Identify workflow issues

The contractor will conduct simulations for the clinical units listed in the Deliverables Table below. The estimated time devoted to conduct level 2 scenarios is 1 scenario per hour (1 scenario/1 hour). A single scenario may include multiple steps and/or locations for a patient. For example, a patient checking into a clinic, falling in the bathroom, receiving an x-ray and ultimately being transferred to an inpatient unit may constitute 1 scenario. However the 1 scenario/1 hour timeframe is just an estimate. A single scenario may take less than one hour or may take more than one hour. The scenarios required for a particular clinical section will be different based on the specific needs of that section. The deliverables table below lists the different clinical sections for the level 2 simulations and the estimated time that may be required to conduct these scenarios. The Deliverables Table below is just a guideline and this sample schedule is a general idea of what may be required to conduct these simulations. The final schedule will be mutually agreed upon between the contractor, Simulation Council and the sim champions. The schedule below is only a sample schedule and is not an actual schedule for the level 2 simulations.

Deliverables Table – Level 2 Simulations (Estimated number of hours per section)
Emergency Department / 4-6 hours
ICU- / 4-6 hours
Med/Surg Inpatient / 4-6 hours
Inpatient Mental Health / 4-6 hours
Community Living Center (CLC) / 4-6 hours

5. PERIOD OF PERFORMANCE:

5.1 The period of performance for this requirement is 12 months. The contract for this requirement will be a firm, fixed price contract.

Start Date: Within 10 business days following contract award date. Official performance period start date shall be established by the COR.

End Date: 12 months from start date of the performance period.

6. PLACE OF PERFORMANCE / WORKING HOURS

6.1 The place of performance is 2400 Canal St, New Orleans, LA 70119.

6.2 It is expected that the majority of work (i.e. execution of deliverables) will be performed during the VA's normal business hours, 8:00 a.m. through 4:30 p.m., Monday through Friday, excluding Federal holidays. Federal holidays are available at the Federal Holiday OPM Site (www.opm.gov). While the Government's primary operations are conducted Monday through Friday weekend and evening hours may be necessary in order to accomplish key activation milestones and to execute/complete the deliverables for this requirement.

7.0 TRAVEL:

The Government anticipates travel under this effort to perform the tasks associated with the effort, throughout the period of performance. Any and all travel that is required to accomplish the necessary tasks in this Performance Work Statement is the responsibility of the contractor. Travel costs and costs relating to travel shall be included and incorporated as part of the unit cost for line items/deliverables. Travel by the contractor shall be coordinated with the COR. The sample schedule listed below is a general overview of the travel demands that may be required. The final schedule will be mutually agreed upon between the contractor and Nursing Education Department/SLVHCS simulation team. (The schedule below is only a sample schedule and is not an actual schedule for travel).

- A. Level 1 Planning trips - 5 days, 2 staff +/- 2 days
- B. Level 1 Scenarios trip - 14 days, 4 staff +/- 3 days
- C. Level 2 planning trips - 4 days, 2 staff +/- 2 days
- D. Level 2 Scenarios- 5 days, 4 staff +/- 2 days

8. REPORTING

8.1 Scenario Reports must be transcribed after the Level 1 and 2 simulations. These reports must document key findings, recommended actions or changes, champion, and due dates. These summaries will be distributed to the SLVHCS Simulation Council, Associate Nurse Executive for Education, and/or other another designees. These summary reports are due no later than 48 hours after the scenario has been completed.

8.2 Weekly Updates- The contractor shall meet with the SLVHCS Simulation Program leaders or designees on a weekly basis to discuss progress, challenges, schedule changes, and action plans.

9. Services Areas - The contractor shall provide services in the following areas:

9.1 Inpatient workflow/patient flow simulations

- Scenario identification and writing
- Level 1 Scenarios
- Level 2 Scenarios

10 Key Personnel

Skilled, experienced, professional and/or technical personnel are essential for successful contractor

accomplishment of the work to be performed under this effort (which includes successful performance of the orders issued and the programs being supported by those orders in accordance with solicitation requirements). Skilled, experienced, professional and/or technical personnel are those individuals who have experience in conducting/executing inpatient hospital simulations for direct patient care staff with a focus on patient safety and workflow efficiency. The subject matter experts should be a physician or nurse with acute care, simulation and inpatient experience. As two subject matter experts (SME's) are required the SME's can either be two (2) physicians, two (2) nurses, or one (1) physician and one (1) nurse. The subject matter expert and project manager shall be available for all simulations to include simulations that occur outside of normal duty hours. When staffing required personnel contractors shall refer to the deliverables tables for the estimated number of hours that may be required to successfully complete all level 1 and level 2 simulations.

The following labor categories are required:

- Transcriptionist- transcribe findings, issues identified during scenarios, actions recommended, and issue a scenario report.
- Six Project Manager/Lead- also serves as consultant regarding gaps in education needs related to this requirement. **(Key Personnel)**
- Two Clinical Subject Matter Experts (SME's) with acute care and/or nursing background with recent knowledge/experience in patient safety and workflow efficiency. These individuals should be a physician or nurse having acute care, inpatient, and hospital simulation experience. These subject matter experts will provide input for writing scenarios. **(Key Personnel)**

*Key personnel are defined as the Project Manager/Lead (6) and the Two Clinical Subject Matter Experts (SME's) (2). These key personnel shall be available for all simulations that are conducted. While the Key Personnel are not expected to be FTE's (Full Time Employees) they must be available/present when the simulations are being executed. While the transcriptionist is not a key personnel asset it is recommended (but not required) that they be available for all simulations. Transcriptionist duties still must be performed in the absence of the designated transcriptionist. For all Level 1 and Level 2 simulations the following must be carried out by the transcriptionist or their alternate: transcribe findings, issues identified during scenarios, and actions recommended and also issue a scenario report.

Substitution of Personnel: Any personnel the contractor offers as substitutes shall have the ability and qualifications, including educations and experience, equal to or better than the key personnel whose biography was submitted within the successful proposal. Requests to substitute personnel shall be provided to the COR and CO for review and approval. All notification of substitutions in key personnel shall be submitted to the COR and CO at least 15 calendar days prior to making and change in key personnel, to the maximum extent practicable. The notification shall be in writing and shall provide a detailed explanation of the circumstances necessitating the proposed substitution. The contractor shall submit a résumé for the proposed substitute, and other information requested by the CO. The CO will evaluate such requests and promptly notify the contractor of approval or disapproval in writing.

- 11 Documenting Performance. The table below will be used to document contractor performance and to ensure quality assurance during the execution of this requirement.

Requirement	Performance Standard	Surveillance Method	Incentives/Disincentives for Meeting or not Meeting the Performance Standards
PROJECT MANAGEMENT, MILESTONES, AND SCHEDULE	a. Notifies Simulation Team/Staff of potential problems within 1 hour of problem identification 100% of the time	Simulation Team/Staff feedback and complaints based on interactions with the contractor	<p>For all tasks, the following applies:</p> <p>Performance that meets requirements will result in a satisfactory CPARS rating. Performance that exceeds the requirements will result in a positive, greater than satisfactory CPARS rating.</p> <p>Performance that does not meet the required requirements may result in a negative, less than satisfactory CPARS rating.</p>
	b. Submits deliverables in accordance with the deliverable schedule with no more than two incidents of performance slippage	100% Inspection of deliverables	
REPORTING	Scenario reports and weekly updates are thorough and are submitted on in accordance with the established time windows. See PWS Section 8.1 and 8.2	Random sampling	
SIMULATION TEAM/STAFF SUPPORT AND FEEDBACK	Courteous and professional interactions to receive and fill task order deliverables and in providing order status. Simulation Team/Staff Support satisfaction, having no more than 5 incidents of dissatisfaction.	Simulation Team/Staff Support feedback and complaints based on interactions with the contractor	
SCENARIOS	Scenarios are run smoothly and effectively, well-organized, debriefings are helpful and well-organized	Simulation Team/Staff feedback	

- 12 **Unacceptable Performance**
When unacceptable performance occurs, the COR shall inform the CO in writing. However when circumstances necessitate immediate verbal communication, that communication will be followed in writing. The COR shall document the discussion and place it in the COR file and notify the CO. Additional actions may be taken if deemed necessary.
- 13 **Working Area**
The contractor will be provided with a working area at the place of performance. This working area will be a conference room or equivalent that will include at a minimum a phone and tables/chairs. Computer/Internet access (to include access to VA networks) cannot be provided or guaranteed.
- 14 **Security Language**
In accordance with Handbook 6500.6 Contract Security (March 12, 2010) include this contract security language into the Statement of Work (SOW) immediately following the security clause section: "A&A requirements do not apply--Security Accreditation Package is not required".

1. GENERAL

Contractors, contractor personnel, subcontractors, and subcontractor personnel shall be subject to the same Federal laws, regulations, standards, and VA Directives and Handbooks as VA and VA personnel regarding information and information system security.

12.1 POSITION/TASK RISK DESIGNATION LEVEL(S)

Position Sensitivity	Background Investigation (in accordance with Department of Veterans Affairs 0710 Handbook, "Personnel Security Suitability Program," Appendix A)
Low	National Agency Check with Written Inquiries (NACI) A NACI is conducted by OPM and covers a 5-year period. It consists of a review of records contained in the OPM Security Investigations Index (SII) and the DOD Defense Central Investigations Index (DCII), FBI name check, FBI fingerprint check, and written inquiries to previous employers and references listed on the application for employment. In VA it is used for Non-sensitive or Low Risk positions.

The position sensitivity and the level of background investigation commensurate with the required level of access for the following tasks within the PWS will be defined at the order level.

12.2 Contractor Personnel Security Requirements

All requirements listed in "ATTACHMENT A: VA INFORMATION AND INFORMATION SYSTEM SECURITY/PRIVACY LANGUAGE FOR INCLUSION INTO CONTRACTS" will be followed. In addition:

1. All contractors/subcontractors is required to submit electronic fingerprints, pass an eQIP background check, and take free required training (as specified by the COR).
2. Contractors shall be issue VA network logins.
3. Contractors shall have remote access to the VA network via CAG/VPN (Citrix Access Group/Virtual Private Network).
4. VA sensitive information (PII/PHI/Business Confidential) may be temporarily viewed on vendor-owned and personally-owned computers via CAG (Citrix Access Group) VPN, but:
5. VA sensitive information will not be recorded, copied, stored, or printed on non-VA owned computers or non-VA owned storage media at any time.
6. VA sensitive information may not be printed out at any non-VA facility.
7. VA sensitive information may not be removed from any VA facility.

Contractor Responsibilities:

- A. The contractor shall prescreen all personnel requiring access to the computer systems to ensure they maintain the appropriate Background Investigation, and are able to read, write, speak and understand the English language.
- B. The contractor shall bear the expense of obtaining background investigations.
- C. Within 3 business days after Task Order establishment, the contractor shall provide a roster of contractor and subcontractor employees to the COR to begin their background investigations. The roster shall contain the Contractor's Full Name, Full Social Security Number, Date of Birth, Place of Birth, and individual background investigation level requirement (based upon Section 6.0 Tasks).
- D. The contractor should coordinate the location of the nearest VA fingerprinting office through the COR. Only electronic fingerprints are authorized.
- E. For a Low Risk designation the following forms are required to be completed: 1.OF-306 and 2. DVA Memorandum – Electronic Fingerprints. For Moderate or High Risk the following forms are required to be completed: 1. VA Form 0710 and 2. DVA Memorandum – Electronic Fingerprints. These should be submitted to the COR within 5 business days after award.
- F. The contractor personnel shall receive an email notification from the Security and Investigation Center (SIC), through the Electronics Questionnaire for Investigations Processes (e-QIP), identifying the website link that includes detailed instructions regarding completion of the investigation documents (SF85, SF85P, or SF 86). The

Contractor personnel shall submit all required information related to their background investigations utilizing the Office of Personnel Management's (OPM) Electronic Questionnaire for Investigations Processing (e-QIP).

- G. The contractor is to certify and release the e-QIP document, print and sign the signature pages, and send them to the COR for electronic submission to the SIC. These should be submitted to the COR within 3 business days of receipt of the e-QIP notification email.
- H. The contractor shall be responsible for the actions of all personnel provided to work for VA under this contract. In the event that damages arise from work performed by contractor provided personnel, under the auspices of this contract, the contractor shall be responsible for all resources necessary to remedy the incident.
- I. A contractor may be granted unescorted access to VA facilities and/or access to VA Information Technology resources (network and/or protected data) with a favorably adjudicated Special Agreement Check (SAC) or "Closed, No Issues" (SAC) finger print results, training delineated in Section 9 of Attachment A "VA INFORMATION AND INFORMATION SYSTEM SECURITY/PRIVACY LANGUAGE FOR INCLUSION INTO CONTRACTS", and, the signed "Contractor Rules of Behavior." However, the Contractor shall be responsible for the actions of the Contractor personnel they provide to perform work for VA. The investigative history for Contractor personnel working under this contract must be maintained in the database of the Office of Personnel Management (OPM).
- J. The contractor, when notified of an unfavorably adjudicated background investigation on a contractor employee as determined by the Government, shall withdraw the employee from consideration in working under the contract.
- K. Failure to comply with the contractor personnel security investigative requirements may result in termination of the contract for default.