

## CLINICAL CONTRACT EVALUATION FORM

Name of Contracted Company:	
Type of Service being Provided:	
Time Period of Evaluation:	
Name and Title of Person Completing Evaluation:	
Date Completed:	

INDICATOR	Yes	No	N/A
Did the contracted person/company satisfactorily complete the clinical requirements of the contract?			
Did the contracted person/company satisfactorily meet all the performance expectations described within the contract/addendum?			
Did the contracted person/company satisfactorily meet all the regulatory standards?			
Did the contracted person/company satisfactorily complete other requirements of the contract as defined by leadership?			

<b>Please indicate how the contracted person's/company's performance was monitored and assessed. Check all applicable options:</b>					
<input type="checkbox"/>	Confirmation of accreditation/certification/ licensure status	<input type="checkbox"/>	Direct observation of care	<input type="checkbox"/>	Audit of documentation
<input type="checkbox"/>	Review of occurrence /incident reports	<input type="checkbox"/>	Review of periodic reports submitted by contractor	<input type="checkbox"/>	Review of Patient Satisfaction Data
<input type="checkbox"/>	Review of performance improvement reports	<input type="checkbox"/>	Input from staff, patients and/or physicians	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Review of Grievances	<input type="checkbox"/>	Peer Review Information	<input type="checkbox"/>	

<b>The expectations for the contracted person/company are set forth in the following document: Select one:</b>					
<input type="checkbox"/>	Contract/addendum	<input type="checkbox"/>	Job Description	<input type="checkbox"/>	Other: _____

**IF CONTRACT MEETS PERFORMANCE EXPECTATIONS, DO NOT FILL IN BELOW**

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**Please indicate any actions taken to improve services or address issues that did not meet defined expectations:**

Area of Concern	Actions Taken

**The appropriate contracted representative has been made aware of the results of this evaluation.**

Date Notified:	
Person Notified:	
Pending Actions (Check all that apply):	
<input type="checkbox"/>	Contracted person/ company to submit plan of correction by _____
<input type="checkbox"/>	Contracted person/company response is pending submission within 30 days
<input type="checkbox"/>	The contracted person/company has not responded satisfactorily – Senior Leadership to be notified.