

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?			

Please indicate how the contracted person 's/company 's performance was monitored and assessed. Check all applicable options:

<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 form staff , patients and/or physicians	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Review of Grievances	<input type="checkbox"/>	Peer Review Information	<input type="checkbox"/>	

The expectations for the contracted person/company are set forth in the following document: Select one:

<input type="checkbox"/> Contract/addendum	<input type="checkbox"/> Job Description	<input type="checkbox"/> Other: _____
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IF CONTRACT MEETS PERFORMANCE EXPECTATIONS. DO NOT FILL IN BELOW

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):	
	Contracted person/ company to submit plan of correction by _____
	Contracted person/company response is pending submission within 30 days
	The contracted person/company has not responded satisfactorily – Senior Leadership to be notified.