

## **SUBJECT: EVALUATION OF CONTRACT SERVICES**

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### **PURPOSE:**

To provide a standardized process to evaluate contracted clinical services.

### **SCOPE:**

Contracted Clinical Services. Patient care services provided by someone other than Midwest Regional Medical Center through a written contract/agreement.

### **RESPONSIBILITY:**

The Administrative Representative and/or Medical Director of the area and the Department Director shall participate (form attached).

### **POLICY STATEMENT:**

1. Midwest Regional Medical Center shall use a standardized process to evaluate contracted clinical services.
2. Contract clinical services are evaluated on an annual basis, or more often if necessary, to assure quality of services is maintained according to Midwest Regional Medical Center patient care standards.

### **PROCEDURE:**

1. Administration, Medical Staff, and/or Department Directors identify a need for the clinical service.
2. Administration accepts request for proposal.
3. Contract is reviewed and subsequently approved.
4. Personnel utilizing the service will be asked to complete an annual evaluation prior to the new fiscal year and/or contract anniversary, including but not limited to the Medical Staff and Department Director.
5. Administration may renew or cancel contract guided by the Medical Staff and Department Director evaluations.
6. The Department of Finance maintains a copy of the active contracts with current evaluations.

### **RELATED MATERIAL:**

Contracted Clinical Services Evaluation Form

**SUPERSEDES:**

None

**DISTRIBUTION:**

Administrative Policy Procedure Manual

**APPROVAL:**

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Chief Financial Officer

Date

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Associate Executive Director of Operations

Date

**REVIEW SECTION:**

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Signature

Date

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Signature

Date

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Signature

Date

## WRITTEN EVALUATION OF CONTRACTED CLINICAL SERVICE

Clinical Service: \_\_\_\_\_

Date: \_\_\_\_\_

CRITERIA	DEPARTMENT DIRECTOR			ADMINISTRATIVE REPRESENTATIVE			MEDICAL DIRECTOR		
	Acceptable	Unacceptable	N/A	Acceptable	Unacceptable	N/A	Acceptable	Unacceptable	N/A
Provides timely services.									
Provides efficient/accurate services.									
Provides appropriate/competent staffing.									
Responds to issues effectively and timely.									
Adheres/follows Midwest Customer Service Program.									
Complies with Human Resources requirements (as evidenced through various checklists).									
Complies with regulatory requirements including, but not limited to JCAHO, Medicare Conditions of Participation, etc.									
Participates in Performance Improvement programs, as applicable, including Quality Control.									
Follows Midwest policies and procedures.									
Maintains the respect, rights, and confidentiality of all people.									
Participates in hospital meetings as applicable.									
<b>COMMENTS:</b>									

Recommend     Renew     Cancel

Comment\*: \_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT DIRECTOR

\_\_\_\_\_  
DATE

Recommend     Renew     Cancel

Comment\*: \_\_\_\_\_

\_\_\_\_\_  
MEDICAL DIRECTOR/CHAIR OF DEPT.

\_\_\_\_\_  
DATE

Recommend     Renew     Cancel

\_\_\_\_\_  
ADMINISTRATIVE REPRESENTATIVE

\_\_\_\_\_  
DATE

\* If recommendation is to cancel, please comment why?