

Clinical Contract Evaluation METRICS

Contracted Entity:		
UPHSB Manager:		
Brief Description of Scope of Contract/Service:		
Is the Contractor accredited by the Joint Commission: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
CRITERIA	HOW MEASURED?	HOW TRACKED?
1. Quality/Performance of Service	FOR EACH CRITERION, PLEASE INCLUDE QUANTIFIABLE DATA FOR MEASUREMENT AND ESTABLISH A BENCHMARK/GOAL FOR EACH	
2. Timeliness of Service		
3. Efficiency and Accuracy of Service		
4. Appropriate/Competent Staffing		
5. Adherence to UPHSB Policies		
6. Maintains rights and confidentiality of all people		
7. Compliance with performance reporting expectations		
8. Participates in meetings as requested		
9. Overall Satisfaction		

Reviewer Signature _____ Date _____

Administrator Signature _____ Date _____