

Vermont Psychiatric Care Hospital Procedure

Contracted Services

New: X

Date: 2/12/15

PURPOSE

To ensure that contractors of services to Vermont Psychiatric Care Hospital (VPCH) comply with all applicable conditions of participation and standards for the contracted services, and to establish a process in which contractors undergo hospital-wide quality assessment and performance improvement evaluations and are assessed for competency in their work.

PROCEDURE

The Governing Body is responsible for services furnished under contracts with VPCH and shall ensure that a contractor for services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

The Governing Body or its designee shall ensure that the services performed under a contract are provided in safe and effective manner.

The Governing Body has delegated responsibility for such contracted services to the Chief Executive Officer of VPCH, who may further delegate oversight responsibility for specific contracted services or individuals to a member of the VPCH Executive Leadership Team.

The patient care services and all other services provided under contract shall be subject to the same hospital-wide quality assessment and performance improvement (QAPI) evaluations as other services provided directly by the VPCH.

The Governing Body or its designee shall maintain a list of all contracted services, including the scope and nature of the services provided.

COMPETENCE DETERMINATIONS

The CEO or designee shall use assessment processes to determine the competence of its service contractors.

The CEO or designee shall assure that all competence determinations of service contractors shall be performed by an individual or individuals with the educational background, experience, or knowledge related to the competence of the staff member being reviewed. When a suitable *individual* cannot be found to assess staff competence, the hospital may utilize an outside individual for this task. If a suitable individual inside or outside the hospital cannot be found, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.

The CEO or designee shall assess and document contractors' competency as part of the initial orientation of such contractor. When applicable, the assessment shall include primary source verification of license, registration or other position-specific requirement.

The CEO or designee shall assess and document contractors' competencies at least once every three years, or more frequently as required by hospital policy or law.

When a staff member's competence does not meet expectations, the CEO or designee shall take action.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16