

State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital

Request for Proposals

HTH 430- 1-16 Physicians Services For Hawaii State Hospital

Date Issued: April 6, 2016

Proposal Submittal Deadline: May 05, 2016

Orientation Session: April 14, 2016

HSH Medical Directors Conference Room, Bldg A, 10 am

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

April 6, 2016

REQUEST FOR PROPOSALS

Physicians Services for Hawaii State Hospital HTH 430-1-16

NOTICE

The Department of Health, Adult Mental Health Division, Hawaii State Hospital Branch, is requesting proposals from qualified applicants to provide Physicians services for seriously mentally ill adults. The contract term will be from June 1, 2016 through May 31, 2017.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by May 5, 2016 to the mail-in address and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than May 5, 2016, 2:30 p.m. Hawaii Standard Time (HST) at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

MAIL-INS AND HAND DELIVERIES (DROP-OFF SITE):

Hawaii State Hospital
Business Office
45-710 Keaahala Road
Kaneohe, HI 96744

Applicants are encouraged to attend the Orientation Meeting. (See Section 1)

INQUIRIES

Any inquiries regarding this RFP should be directed to the RFP contact person:

Stephen Teeter

Hawaii State Hospital

45-710 Keaahala Road

Kaneohe, HI 96744

Telephone: (808) 236-8257

Facsimile: (808) 236-8632

Email address: Stephen.teeter@doh.hawaii.gov

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Section 1

Administrative Overview

1.1 Procurement Timetable

Note that the procurement timetable represents the State’s best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	04/06/16
RFP orientation session	04/14/16
Due date for written questions	04/20/16
State purchasing agency's response to written questions	04/26/16
Proposal submittal deadline	05/05/16
Proposal evaluation period	05/16/16 - 05/18/16
Final revised proposals (optional)	TBD
Provider selection	05/19/16
Notice of statement of findings and decision	5/19/16
Contract start date	6/01/16

1.2 Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

For	Click on “Doing Business with the State” tab or
1 Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2 RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4 Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5 Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6 Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7 Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

	For	Go to
8	Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9	Department of Taxation	http://hawaii.gov/tax/
10	Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click "Business Registration"
12	Campaign Spending Commission	http://hawaii.gov/campaign

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into 5 sections:

Section 1, Administrative Overview - The procurement process; requirements for awardees.

Section 2, Service Specifications - Services to be delivered, applicant responsibilities, requirements for the proposal application.

Section 3, Proposal Application – General and specific instructions for proposal application submission.

Section 4, Evaluation - The method by which proposal applications will be evaluated.

Section 5, Attachments - Information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, HI 96744
Telephone: (808) 236-8257
Facsimile: (808) 236-8632
Email address: stephen.teeter@doh.hawaii.gov

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Stephen Teeter
 Hawaii State Hospital
 45-710 Keaahala Road
 Kaneohe, HI 96744
 Telephone: (808) 236-8257
 Facsimile: (808) 236-8632
 Email address: anthony.fraiola@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:	<u>April 14, 2016</u>	Time:	<u>10:00 a.m.</u>
Location:	<u>HSH Medical Directors Conference Room, Bldg A, 45-710 Keaahala Road, Kaneohe, HI 96744</u>		

Applicants are encouraged to submit written questions prior to the orientation. Please direct any orientation site questions to 247-2191. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit written questions to the RFP Contact Person identified in subsection 1.6. Written question should be received by the date and time specified in the procurement schedule in subsection 1.1. The purchasing agency will respond to written questions by way of an addendum to the RFP.

1.9 Discussions with Applicants

Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR §3-143-403.

1.10 Multiple or Alternate Proposals

Multiple/alternate proposals are not applicable to this RFP.

1.11 Confidential Information

If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

1.12 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at the designated location(s), proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

1.13 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.14 Public Inspection

Procurement files shall be open to public inspection after contracts have been awarded and executed by all parties.

1.15 RFP Addenda

The State reserves the right to amend this RFP at any time prior to the-closing date for final revised proposals.

1.16 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final revised proposal.

1.17 Cancellation of Request for Proposals

The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with HAR §3-143-613.

1.18 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.19 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with HAR §§3-142-202, 3-142-203.

1.20 Rejection of Proposals

A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons:

- 1) Failure to cooperate or deal in good faith (HAR §3-141-201);
- 2) Inadequate accounting system (HAR §3-141-202);
- 3) Late proposals (HAR §3-143-603);
- 4) Inadequate response to request for proposals (HAR §3-143-609);
- 5) Proposal not responsive (HAR §3-143-610(a)(1));
- 6) Applicant not responsible (HAR §3-143-610(a)(2)).

1.21 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.22 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.1, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Virginia Pressler, M.D.	Name: Anthony Fraiola
Title: Director of Health	Title: Associate Administrator Administrative and Support Services
Mailing Address: PO Box 3378 Honolulu, HI 96801-3378	Mailing Address: Hawaii State Hospital 45-710 Keaahala Road Kaneohe, Hawai'i 96744
Business Address: 1250 Punchbowl St., Honolulu, HI 96813	Business Address: same

1.23 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

1.24 Provider Compliance

All providers shall comply with all laws governing entities doing business in the State.

- A. Tax Clearance. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
- B. Labor Law Compliance. Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
- C. Business Registration. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must

register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

1.25 Wages Law Compliance

If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

1.26 Campaign Contributions by State and County Contractors

HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

1.27 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

2.1 Overview, Purpose or Need, and Goals of Service

- A.** Hawaii State Hospital (HSH) is a 202-bed mental hospital operated under the jurisdiction of the Department of Health (DOH). HSH serves adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, and developmental disabilities, etc.). Almost all patients are committed by either Civil or Penal Code commitment, the latter being in the majority. There are seven (7) treatment units, two of which are admission/acute units. Additionally, there is an inpatient Treatment Mall, with a medication room, operated during weekdays, Monday through Friday. HSH also operates a specialized outpatient residential facility on the hospital grounds. The majority of patients are in need of some type of drug therapy and substance abuse treatment.

The purpose of requesting Physician services is to supplement existing doctoral staff of HSH, consisting of Medical Doctors, Psychiatrists and Psychologists, in order to meet staffing standards as defined by HSH policy. This RFP is to make available Physicians to fill positions while vacant. HSH will continue to recruit Physicians to fill vacant positions under the State civil service system.

Exact quantities of Physicians cannot be determined. Request for services shall be based on needs of medical services throughout the contract period.

B. Description of the goals of the service

- 1) To provide safe and effective medical care in the most cost effective manner and to meet staffing matrix as defined by HSH policy.
- 2) To provide the required Physician staffing needs on each shift with qualified Internal Medicine or Family Practice Physicians to deliver quality medical care to mentally ill patients of HSH.
- 3) To assist HSH in maintaining The Joint Commission (TJC) accreditation and in obtaining Centers for Medicare and Medicaid Services (CMS) certification.

2.2 Planning Activities

A Request for Information was conducted on March 11, 2016 to provide all interested parties an opportunity to pose questions and to collect perspectives on the proposed services included in this RFP.

2.3 Demographics and Funding

Target population to be served:	Adult mentally-ill and/or dually diagnosed patients (i.e. medical, substance abuse, developmental disabilities, etc.) at the HSH.
Geographic coverage of service:	The prospective Provider or Providers' employees will provide Physician services in any one of the seven (7) patient care units, and on and off campus as needed and assigned by HSH.

Probable funding amounts, source, and period of availability:

FY 2017 General funds, \$1,000,000 (estimated)

2.4 Contract Award and Term

Single or multiple contracts to be awarded (HAR §3-143-206):

Single Multiple **Single & Multiple**

Criteria for multiple awards:

Based on past experience, a single Provider may be unable to provide a 100% fill rate for either long term or temporary hire Physicians at HSH, Therefore, this RFP may result in the award or more than one contract as detailed in the method of award (Also see Section 2.6 delivery of service)

Term of Contract(s)

Initial term:	1 year
Length of each extension:	12 months
Number of possible extensions	5
Maximum length of contract:	6 years

Conditions for Extension:

Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) and availability of funds.

2.5 Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases None.

2.6 Service Activities

Delivery of Service

HSH shall first place a request with the Provider who submitted the most advantageous proposal when services of the Provider's Physicians are desired. The requests shall be made via telephone, fax or e-mail.

The Provider shall confirm whether or not the request for services can be filled and shall follow up in writing to HSH. If the Provider is unable to provide the required Physician(s), HSH shall contact the Provider who submitted the second most advantageous proposal, etc. until the request is filled. The subsequent Provider(s) shall provide HSH with an immediate answer as to whether or not they can fill the request. If none of the Providers can fill the request, HSH reserves the right to obtain the required services from other available sources in the open market.

Requests shall include all information pertaining to the assignment of the Physician during the request period. HSH shall specify the dates and shifts which the Physician is required to work and the medical area of HSH to which the Physician shall be assigned, although the Physician may be required to work in another area if an emergent need arises.

The provider shall endeavor to assign the same physician(s) to the HSH whenever possible, provided that the physician is qualified to work in the hospital as specified by the requesting agency.

Orientation

It shall be the responsibility of HSH to orient Physicians to the facility and acquaint them with HSH's policies as may be necessary for the performance of their duties. HSH agrees to provide a minimum of 16 hours of unpaid orientation time to all new assignees to HSH. Provider shall complete and submit the Agency Physician Application for Orientation Form (Exhibit 1) for this purpose at least one (1) week prior to orientation. Included in the orientation will be CPMR training (Conflict: prevention, management, and resolution). See Exhibits 2 (Staff Development and Training Unit Orientation Checklist) and 3 (Agency Documentation Form) for the complete list of mandatory training covered in the new employee orientation.

Cancellation of Requests for Services

HSH reserves the right to cancel requests for Physician services a minimum of two (2) hours prior to the reporting time without incurring any liability or charges, provided the Physician has not reported for duty at HSH.

Subcontracting

All Providers shall have the option of subcontracting Physicians from other agencies to meet the requirements specified herein, provided the subcontractor is listed in the applicant's proposal and is approved by HSH prior to contract award.

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1. Qualified Internal Medicine or Family Practice Physicians are needed to meet temporary urgent staffing requirements at the Hospital. Board eligible or Board certified Physician services shall be provided for the Hospital, as determined to be clinically necessary to provide inpatient treatment for severely and persistently mentally ill adults.
2. The provider shall ensure that a minimum of one (1) to three (3) Physicians shall be available to provide medical services when a request for service is submitted to the provider by the HSH. The requesting agency shall provide its initial request to the provider twenty (20) days prior to the requested reporting date to allow the provider sufficient time to secure the required physicians and the requesting agency sufficient time to evaluate the credentials of those physicians referred by the provider.
3. The provider shall endeavor to assign the same physician to the HSH whenever possible, provided that the physician is qualified to work in the HSH as specified by the requesting agency.
4. The provider's physicians shall receive a briefing prior to the assumption of duties and responsibilities by the Medical Services Chief or designated representative of the HSH regarding the provision of the following diagnostic and administrative services which shall include, but not limited to:
 - a. Establish diagnosis;
 - b. Provide assessments and medical evaluations;
 - c. Provide consultations to other providers and staff;
 - d. Document clinical findings and recommendations in accordance with departmental policies and procedures;
 - e. Prescribe and manage medications;
 - f. Work collaboratively with inter-disciplinary team members and other medical providers the person served may have (e.g., community primary care physician or psychiatrist, in the case of inpatient care);

- g. Attend and provide in-service training as needed;
 - h. Provide clinical services under the supervision of the DIVISION's Chief or the Chief's designee, i.e., the Medical Services Chief of the HSH. There may be Administrative Direction provided as warranted by the Administrator of the HSH.
 - i. Conduct hospital rounds or hold sick cell in the HSH Dispensary as needed; and
 - j. Provide professional consultation to other ancillary systems when requested.
 - k. Complete Admission H&Ps (standardized form) within 24 hours of a patient's admission and a formal dictation (template) soon thereafter.
 - l. Medical care discharge summaries and annual physicals are also dictated per policy timeframes.
5. The provider shall also provide to the requesting agency references and resumes with qualifications no later than five (5) days excluding weekends prior to assignment of the physicians. The requesting agency shall review the qualifications, background, experience and references of all potential physicians submitted by the applicant prior to any specific offer of temporary appointment. The requesting agency reserves the right to refuse the assignment of any physicians prior to appointment without having to qualify or justify the reason.
6. If the provider has made every effort to provide the required services herein, and circumstances beyond their control render their attempts unsuccessful, and satisfactory proof of such efforts is furnished to the requesting agency, then the requesting agency shall contract for available physicians outside the scope of the contract without breach of contract between the provider and Department.
7. While providing patient care services, each physician shall comply with all provisions of the licensing laws under which the physician is licensed with regulations promulgated thereunder, and each physician shall comply with all policies and procedures adopted by the requesting agency to protect the health and welfare of its patients.
8. The provider shall agree not to recruit physicians from the Department or any of its subdivisions if the provider were to be awarded a contract. If the provider plans to utilize physicians who are currently employed by the Department or any of its subdivisions and who intend to resign from the State of Hawaii and become an employee of the provider, the provider shall agree to give ninety (90) days prior notice to the Department or any of its subdivisions where the physician is currently employed.
9. Individual physician's contract periods may vary in length from a minimum of fourteen (14) days to one year and may be extended based on the needs of the HSH.
10. The provider shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The provider shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Contract or by the law. The provider shall not

use or further disclose PHI for any purpose other than the specific purposes stated in this contract or as provided by law and shall immediately report to the Division or HSH any use or disclosure of PHI that is not provided in this contract or by law.

2.7 Qualifications

(Minimum and/or mandatory requirements)

1. Personnel

- a. The provider shall secure, at the provider's own expense, all personnel required to perform the services required by this contract. The provider shall ensure that its physicians are experienced and fully qualified to engage in the active services by this RFP, and that all applicable licensing, credentialing, privileging, certification, and accreditation requirements imposed or required by federal, state, or county law are complied with and satisfied.
- b. The provider shall provide physicians who meet the following minimum staff qualifications:
 - 1) Certified by the American Board of Internal Medicine or Family Practice, or have successfully completed a residency in a training program which was approved by the American Board of Internal Medicine or Family Practice;
 - 2) Possess "best practices/evidence based practices" knowledge and experience in the management of medical conditions, pharmacology, assessment and diagnosis, treatment planning, implementation, and intervention, and evaluation of treatment effectiveness;
 - 3) Capable of providing clinical leadership and guidance while working cooperatively and effectively in a interdisciplinary setting;
 - 4) Possess excellent standard English language verbal and written communication skills;
 - 5) Fully licensed to practice medicine and surgery by the Hawaii Board of Medical Examiners;
 - 6) Meet applicable licensing, credentialing, privileging, certification, and accreditation requirements; and
 - 7) Be available for: a) shift work which could be day, evening or night, and b) overtime work which is defined as work time past any routine eight (8) hour shift.
- c. HSH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In order to maintain accreditation, the following documents must be submitted to the HSH (Attention: Personnel Office) prior to individual physicians commencing work at the HSH:

- 1) Current license to practice medicine
 - 2) Current physical exam
 - 3) Job Description and most recent performance evaluation, if available
 - 4) Health clearance – Tuberculosis - based on Hawaii State rules and regulations and documented serologic proof of immunity to measles, mumps, rubella, and varicella. Personal medical history or prior vaccinations are not acceptable.
- d. The provider shall be responsible for securing any and all insurance coverage for the provider and the provider's physicians which is or may be required by law during the period of this contract. The provider shall further be responsible for payment of all premiums, costs, and other liabilities associated with securing said insurance coverage. Insurance shall include, but not be limited to, the following coverage.

Coverage: Limits for Both Coverages, Commercial General Liability-One million and no/100 dollars (\$1,000,000.00) per occurrence combined single limit for bodily injury and property damages with an annual aggregate of three million and no/100 dollars (\$3,000,000.00) Medical Professional Liability

- e. The provider shall provide to the DIVISION certification of the
- 1) Workers Compensation;
 - 2) Temporary Disability;
 - 3) Unemployment Insurance; and
 - 4) Prepaid Health Care
- f. The provider shall submit an organization chart that includes which part(s) of its organizational structure is responsible for identifying physicians for acceptance by the requesting agency.

2. Administrative

- a. The requesting agency shall place a request to the provider when services are required. Requests shall be submitted on the job request form provided to the agencies by the provider. Oral requests may initially be registered, but the requesting agency shall submit to the provider a fully completed and executed request form no later than the next business day. Requests shall include information pertaining to the assignment of the physician including, but not limited to, the date(s) and location(s) of the assignment.
- b. The requesting agency shall give the provider a minimum of twenty (20) days advance notice of the need for services herein. The requesting agency reserves the right to cancel requests for services seven (7) days prior to the reporting time

without incurring liability of charge thereof. The requesting agency shall not pay for “lost business” claims. However, if the seven (7) day period is not sufficient for the provider to withdraw its commitment to its physicians, then the requesting agency may be responsive to written explanations as to why a longer length of time is required by the provider and may make necessary adjustments to lengthen the time needed for the provider to avoid its expenses in securing the placement of its physicians. The length of time is negotiable.

- c. The HSH shall orient the physicians regarding their responsibilities and acquaint them with all applicable policies and procedures as may be necessary for the performance of their duties. The HSH shall pay for orientation time for the provider’s physician(s) while they are “on the job”, i.e., after the reporting date for the HSH and while they are engaged in clinical activities on behalf of the HSH. The extent and time of orientation shall be determined by the HSH.
- d. If the requesting agency makes the discretionary determination that a physician referred by the provider shall be dismissed for causes such as incompetence, negligence, insubordination, misconduct, or for performance not in accordance with the practice standards of the requesting agency, or for failing to comply with pertinent policies, rules or regulations, the requesting agency may require the physician to leave the HSH premises. The requesting agency shall orally inform the provider of such action within twenty-four (24)-hours thereof. The HSH’s obligation to compensate for services of physicians terminated for cause shall be limited to the hours actually worked up to the hour of dismissal, and the HSH shall have no further obligation with respect to the physician’s assignment. In such cases, the minimum twenty (20) day contract period shall not apply. If, however, a physician is dismissed without cause by the agency, the requesting agency shall honor the minimum twenty (20) day requirement. Within five (5) working days of termination of physician services, the requesting agency shall follow up with a letter to the provider. When termination is for cause, the requesting agency shall indicate the specific facts for the dismissal of any physician. The provider shall use its best effort to provide replacements for the physician whose assignments have been terminated by the requesting agency or who have chosen not to complete their assignment.
- e. The Medical Services Chief of HSH or their designee shall monitor the provider and the compliance of the provider’s physicians with the terms and conditions specified herein and shall evaluate services performed. Unacceptable professional medical practice not in accordance with the provision of the licensing laws under which the physician is licensed shall be sufficient cause or relieve individual service under provisions of this contract.

Any extraordinary cases shall be handled on a case-by-case basis. Appropriate notices shall be given to the Chief of the Division, or to the Administrator of the HSH at which the physician is currently assigned. These notices shall be provided by the respective Medical Services Chief or designee.

- f. The provider's physician shall report to the department supervisor on duty at the HSH each day at the start and end of their shift.
- g. All work under this contract shall be performed by the provider or its physicians. The provider shall be responsible for the accuracy, completeness, and adequacy of any and all work and services performed under this contract. The provider intentionally, voluntarily, and knowingly shall assume the sole and entire liability, if such liability is determined to exist, to the provider's physicians, and to any individual not a party to this contract for all loss, damage, or injury caused by the provider, or by the provider's physicians in the course of their employment.
- h. The provider shall be responsible for payment of all applicable federal, state and county taxes and fees which may become due and owing by the provider by reason of this contract including, but not limited to, (1) income taxes, (2) employment related fees, assessments, and taxes, and (3) general excise taxes. The provider is further responsible for obtaining all licenses, permits and certificates that may be required by reason of the contract including, but not limited to, a general excise tax license from the Department of Taxation, State of Hawaii.
- i. The total number of service hours to be performed and subsequently billed shall be determined on each individual delivery order. The actual scheduling of these shift/hours shall be made by the requesting agency.
- j. The provider shall bill the HSH for units of services provided in the manner and format prescribed by them. Billing information shall include, at a minimum, the total number of units of service provided and the time sheets of the physicians providing the units of services.
- k. The provider shall keep accurate financial records of all transactions regarding the agreed medical services, and if requested, shall provide financial information to the Department.
- l. Accident prevention and safety requirements:
 - 1) The provider shall inform its physicians that in order to provide adequate safety protection where there is the possibility of risk of exposure to contagious diseases or infections, the physician may be required to comply with the specific safety requirements including, but not limited to, wearing or using protective clothing or gear.
 - 2) In order to provide safety controls for protection to the life and health of employees and other persons, for prevention of damage to property, materials, supplies, and equipment, and for avoidance of work interruption in the performance of this contract, the provider shall comply with all pertinent provisions of the Occupational Safety and Health Act.
 - 3) The provider shall maintain an accurate record of, and shall report to the Administrator of the HSH, in the format and on the forms prescribed by

them, information including, but not limited to, exposure data and all accidents resulting in death, traumatic injury, occupational disease, and damage to property, materials, supplies, and equipment incident to work performed under this contract.

- 4) The Medical Services Chief of the HSH, or their designee shall notify the provider of any noncompliance with the foregoing provisions and the action taken. The provider shall, after receipt of such notice, immediately take corrective action. Such notice, when delivered to the provider or the provider's representative at the site of the work, shall be deemed sufficient for the purpose. If the provider fails or refuses to comply promptly, the Medical Services Chief or their designee may issue and order stopping all or part of the work until satisfactory corrective action has been taken. No part of the time lost due to any such orders shall be made the subject of claim for extension of time or for excess costs or damages by the provider.
- m. The applicant shall submit that it is ready, able, and willing to provide the services required by this RFP throughout the time of the contract period; May 23, 2016 – for 1 year.
- n. When there is an intention to subcontract, the provider shall demonstrate that services to be provided by the subcontractor are consistent with the scope of work as specified above in section 2, 2.1 through 2.6. The provider's subcontract shall also be consistent with the requirements specified in section 2, 2.6 B Management Requirements and HSH Policies and Procedure as referenced in section 5 of the RFP.
- o. The purpose of quality improvement and risk management is to monitor, evaluate, and improve the results of the provider's services in an ongoing manner. The provider shall submit its quality improvement and risk management program for ongoing maintenance and improvement of the clinical competencies of its physicians.
- p. The provider's physicians shall participate in the HSH's continuing quality assurance plan/program as required, while on assignment to the HSH.
- q. The provider's physicians shall participate, as required, by the HSH in the utilization review effort while the physicians are on assignment to the HSH.
- r. The provider's physicians while on assignment to the HSH shall comply with their respective policies and procedures for documenting complaints made and actions taken to resolve the complaints.
- s. The provider's physicians while on assignment to the HSH shall participate in training, as required by the HSH, on how to handle incidents such as consumer getting hurt or dying on the premises, and how to report such incidents.
- t. The provider's physicians shall participate in the electronic medical record

information system, as required by the Division while the physicians are on assignment to the HSH.

3. Facilities

Not applicable.

2.8 Pricing Structure

A. Pricing structure or pricing methodology to be used.

Pricing methodology shall be by negotiated rate in compliance with the following requirements:

1. The unit rate shall be the direct labor rate plus all ground and air transportation costs, housing costs, all applicable taxes, and all reasonable expenses to be incurred in providing the required services.

2. The negotiated rate shall include the unit rate per hour plus the following shift differential, holiday, overtime and standby rates, where applicable:

(a) Holiday rate: (applicable to the holidays listed in the specifications): Although the provider shall pay physicians 1.5 times the direct labor rate per hour for applicable holiday hours, the provider shall be reimbursed .5 times the direct labor rate per hour because the direct labor rate per hour is already included in the unit bid price per hour;

The following days of each year are established as holidays:

- New Year's Day
- Dr. Martin Luther King, Jr. Day
- President's Day
- Prince Kuhio Day
- Good Friday
- Memorial Day
- King Kamehameha I Day
- Independence Day
- Admission Day
- Labor Day
- Veterans' Day
- Election Day
- Thanksgiving Day
- Christmas Day

(b) Overtime rate: Although the provider shall pay the physicians 1.5 times the direct labor rate per hour for applicable overtime hours, the provider shall be

reimbursed .5 times the direct labor rate per hour because the direct labor rate per hour is already included in the unit bid price per hour; overtime shall be determined separately for the HSH, or the appropriate unit; and

(c) Direct labor rate: The physicians' hourly rate.

2.9 Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Statements regarding litigation will not carry any point value but are required.

2.10 Reporting Requirements for Program and Fiscal Data

The Provider shall be responsible to keep competent financial records of all transactions regarding the nursing contract, and if requested, shall provide financial information to HSH.

The Provider shall provide a monthly billing invoice in quadruplicate (original and three copies). The invoice shall detail the services provided, the number of hours of service provided per Doctor, the unit rate per doctor, the dates the services were provided and any other pertinent information. A monthly Summary Statement showing total hours provided and amount of personnel shall accompany the monthly invoice. Payments shall be made based on actual services provided at the proposed price per hour plus differentials when applicable.

Send monthly invoices to the following address:

Hawaii State Hospital
Attn: Business Office
45-710 Keaahala Road
Kaneohe, Hawaii 96744

The Provider and any subcontractors shall maintain the books and records that relate to this contract and any cost or pricing data for three (3) years from the date of final payment.

2.11 Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

Quality assurance and evaluation specifications

The HSH Administrator or a designated representative will monitor the Provider's and his/her employees', agents, and subcontractor's compliance with the terms of this RFP and evaluate services performed. Unacceptable professional "medical" practices will be evaluated by the HSH Administrator or a designated representative who may at any time

suspend the Physician from performing the services under the provisions of this RFP. The HSH Administrator also retains the right of suspension or termination of privileges. Any such suspension will not be subject to challenge by the Provider.

The Provider shall submit a copy of their Quality Management Plan and any non-confidential documentation that demonstrates its organizational commitment to process improvement.

The Provider shall provide a mechanism for receiving, documenting and responding to HSH complaints.

Output and performance/outcome measurements

- a) 100% of Physician personnel referred for HSH orientation are appropriately prepared, as evidenced by meeting criteria and passing the HSH Medical Office screening process.
- b) Personnel will have Satisfactory Performance Evaluations as conducted by assigned staff, and reviewed and approved by the Associate Administrator.

Section 3

Proposal Application

3.1 Instructions for Completing and Submitting Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*
- *The proposal application documents shall be submitted in the following order:*

Proposal Application Identification Form (SPO-H-200)

Table of Contents- Include a listing of all documents included in the application.

Proposal Application Short-Form 1

- 1.0 Qualification
 - A. Experience
 - B. Organization
 - C. Personnel
 - D. Service Delivery
- 2.0 Pricing
- 3.0 Other
 - A. Litigation
- 4.0 Attachments

3.2 Specific Proposal Application Instructions

3.2.1 Qualifications

A. Experience & Capability

1. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge relating to the delivery of the proposed services.

2. Experience

The applicant shall provide a listing of verifiable experience with projects or contracts for the most recent five (5) years that are pertinent to the proposed services.

The applicant shall include points of contact, addresses, e-mail, and phone numbers. The state reserves the right to contact references to verify experience.

3. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

The applicant's Quality Management Plan and any relevant Quality Improvement Projects that can be shared are to be submitted.

4. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with the Nursing Services Unit staff, as well as other appropriate staff within the Hawaii State Hospital.

5. Facilities

Not applicable to this RFP.

B. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing relative to the personnel requirements described in Section 2.6, B 1. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications, which includes but are not limited to, licensure, educational degrees, and experience for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

C. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Proof of competencies of staff shall be maintained in accordance with TJC, State and Federal standards.

Additional training required for site specific HSH functioning in conformance with TJC, CMS, and DOH standards shall be provided by HSH without any additional payment for the attendee's time.

D. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2.6, A). - Qualifications, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The applicant shall provide:

1. A detailed description of the service which the applicant is proposing to provide;
2. The services provided and the qualifications of staff providing the services;
3. A statement by the applicant that it is ready, willing and able to provide services throughout the time of the contract period; i.e., July 1, 2012 - June 30, 2013; and
4. A statement by the applicant that it has read and understands the RFP and will comply with HSH requirements.

E. Facilities

Not Applicable.

3.2.2 Pricing / Financial

Pricing Structure Based on Unit of Service/Negotiated Rate

Applicants shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application. For this purpose, the applicant shall complete Proposal Form (Attachment A) to indicate the Proposed Price per Hour.

The following form(s) which are located on the SPO website shall be submitted with the POS Proposal Application to determine the competitiveness and reasonableness of the proposed price per hour:

- SPO-H-205
- SPO-H-206A
- SPO-H-206B
- SPO-H-206C*
- SPO-H-206D*
- SPO-H-206E*

- SPO-H-206F*
- SPO-H-206G*
- SPO-H-206H*
- SPO-H-206I*
- SPO-H-206J*

* These forms are to be submitted only if cost items are included in the proposed budget. (Example: if you include Inter-Island Travel as a budgeted item, submit Form SPO-H- 206C)

All budget forms, instructions and samples are located on the SPO website (See Section 1, paragraph II for website address).

Other Financial Related Materials

Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application:

- a) The applicant shall submit a cost allocation plan showing how cost is allocated across different funding sources.
- b) The applicant shall submit a copy of its most recent audited or compiled financial statements.

3.2.3 Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. (*Statements regarding litigation will not carry any point value but are required.*)

Section 4

Proposal Evaluation

4.1 Evaluation Process

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

4.2 Evaluation Criteria

Contained herein is a sample of the evaluation criteria that will be used to evaluate proposal applications. Applicants will receive a rating report upon completion of the evaluation process

4.2.1 Qualifications - Evaluation Criteria (100 total points)

A. Experience & Capability (10 points)

Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

Experience

- Demonstrated past experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with HSH.
- Demonstrated ability to respond to consumer complaints

Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

Coordination of Services

- Demonstrated capability to coordinate services with the HSH Nursing Services Unit staff, as well as other appropriate staff within HSH.

Facilities

- Not applicable to this RFP.

B. Project Organization and Staffing (20 points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

Staffing

- Proposed Staffing: That the proposed staffing is reasonable and available to meet the staffing needs of HSH.
- Staff Qualifications: Minimum qualification (including experience) for staff assigned to the contract.

Project Organization

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

C. Service Delivery (20 points)

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- The development of referral service systems if the provider cannot provide a requested service.
- Where applicable, Provider shall be accessible 24 hours a day, seven days a week, to respond to requests and/or complaints.

4.2.2 Pricing / Financial - Evaluation Criteria (50 points)Pricing structure based on Unit Prices Per Hour:

- Proposed prices per hour are reasonable and competitive.
- Non-personnel costs are reasonable and adequately justified.
- The extent the budget supports the scope of service, available staff and requirements of the Request for Proposal.
- Adequacy of accounting system.

Section 5

Attachments

- A. Proposal Form
- B. HSH Policy & Procedure No. 14.013
- C. Wage Certificate
- D. Proposal Application Checklist
- E. Sample Table of Contents
- F. Exhibits (1-5)

PHYSICIAN SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-1-16
PROPOSAL FORM

Stephen Teeter
RFP Contact Person
Hawaii State Hospital
45-710 Kealahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully Submitted,

Telephone No.: _____

Fax No.: _____

Exact Legal Name of Applicant

Payment address, if other than
street address at right:

Authorized Signature (Original)

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.:

City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other

State of incorporation: Hawaii ___ *Other _____

*If "other", is corporate seal available in Hawaii? ___ Yes ___ No

The following proposal is hereby submitted for Physicians Services for Hawaii State Hospital, as specified herein:

<u>Item</u> <u>Description</u>	*Direct Labor <u>Rate</u>	**Proposed Price <u>Per Hour</u>
LICENSED PHYSICIANS SERVICES	\$ _____	\$ _____

(*) Direct labor rate is the hourly rate paid to each Physician by the Contractor excluding differentials and shall be no less than the current wage rate for the applicable State position.

(**) The Proposed Price Per Hour shall be the direct labor rate plus all other expenses for furnishing the services requested herein, including all applicable taxes.

Applicant _____

Applicant shall provide the following information as required by this RFP.

REFERENCES:

1 Hospital/Institution: _____
 Address: _____
 Point of Contact: _____
 Phone Number: _____ Fax Number: _____

2. Hospital/Institution: _____
 Address: _____
 Point of Contact: _____
 Phone Number: _____ Fax Number: _____

OFFICE LOCATION(S):

Address: _____
 Point of Contact: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

INSURANCE:

	Carrier	Policy No.	Agent
General Liability	_____	_____	_____
Automobile	_____	_____	_____
Medical Professional Liability	_____	_____	_____
Workers Compensation	_____	_____	_____
Temporary Disability	_____	_____	_____
Prepaid Health Care	_____	_____	_____

Unemployment Insurance: State of Hawaii Labor No. _____

Applicant _____

SUBCONTRACTOR(S):

Will any part of the services specified in this RFP be subcontracted?

YES _____ NO _____

If yes, list below all subcontractors to be used and what portion of the services the subcontractor(s) will be providing (use additional sheets of paper if necessary):

1. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

2. Name of Subcontractor: _____

Portion of services to be provided by subcontractor:

Applicant _____

HAWAII STATE HOSPITAL POLICY AND PROCEDURE <u>(IC) Infection Prevention and Control</u>	Number: 14.013 Effective Date: 9/27/96 History: Rev. 11/99, 8/02, 12/04, 12/06, 5/07, 11/09
SUBJECT: EMPLOYEE IMMUNIZATION STATUS	Page: 1 of 553
<hr/> REFERENCE: Joint Commission IC.01.02.01, IC.01.05.01, IC.02.01.01, IC.01.04.01, IC.01.04.01, IC.01.05.01, IC.02.03.01, IC.02.03.01	Approved: <hr/> Title: Administrator Date

PURPOSE:

To establish an employee health program at the Hawaii State Hospital (HSH).

- Hospital personnel are entitled to protection from work-related disease.
- Patients are entitled to protection from infection transmitted by employees.

POLICY:

Documentation of immunity at the time of hire and completion of an annual health screen will be required for all HSH healthcare personnel (HCP) in accordance with the Rehabilitation Act of 1973, Section 504, and Title I of the Americans with Disabilities Act of 1990, as well as other applicable State and Federal employment opportunity laws and regulations. Failure to comply with this policy may result in suspension or dismissal.

Note: Healthcare Personnel (HCP) includes all HSH personnel including clinical and non-clinical employees, civil service and contract employees, students, medical residents and volunteers. Refer to the definition section of this policy.

RESPONSIBILITY STATEMENT(S):

1. All HSH HCPs, are required to meet all hospital infectious disease requirements **PRIOR** to starting hospital orientation. These requirements are noted on the “Documentation of Immunity” form and include documented evidence of Tuberculosis (TB) clearance and current immunity to Measles, Mumps, Rubella, and Varicella.
2. The Employee Health Nurse or designee reviews and approves submitted “Documentation of Immunity” forms in accordance with this policy; approval is provided when all required

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 14.013 Page: 2 of 553
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criteria is met. Consults with Infection Control Coordinator and/or Chief of Medical Services as needed.

3. Employers of all contracted staff are responsible to provide the Hepatitis B vaccine in accordance with OSHA regulations and CDC health guidelines.
4. The Medical Services/Dispensary Unit advises all applicable departments (Requesting Department, Personnel, and Staff Development) when infectious disease requirements have been met.

PROCEDURE:

A. NEW HSH Personnel:

(Includes State of Hawaii (all branches) civil service, exempt, temporary and contract staff)

- 1) Initial TB entry evaluation is completed by an outside provider and approved by the MSU prior to starting new employee orientation.
- 2) Record of Immunity
 - a. Serologic evidence of immunity is required for new employees
 - b. All new employees are required, at their own expense, to present serologic evidence of immunity for Measles (Rubeola), Mumps, Rubella (German Measles) and Varicella (Chicken Pox) unless otherwise specified.
 - c. Vaccination costs for non-immune individuals (negative serologic results) are obtained at the expense of the new employee.
 - d. Completion of the “**Documentation of Immunity**” form, signed by a physician, is required. *(Note: also upon initial and renewal of contracts).*

B. EXISTING HSH Personnel:

1. All hospital personnel are REQUIRED to complete a Tuberculosis (TB) evaluation based on a two-step Mantoux skin test (as applicable) **AND** a Health Screening Questionnaire at least annually.
2. Serologic evidence of immunity, though not required, is strongly encouraged for all existing employees. For vaccination related requirements, the current Centers for Disease Control and Prevention Advisory Committee on Immunization Practices’ Recommended Adult Immunization Schedule is referenced.
3. Tetanus: Td vaccine is recommended every ten (10) years for adults and is provided to HCPs determined to be occupationally-at-risk at no-charge through the HSH Dispensary.

HAWAII STATE HOSPITAL POLICY AND PROCEDURE	Number: 14.013 Page: 3 of 553
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4. Hepatitis B vaccine series (3 doses) is recommended for all direct-care and unit-based staff or those at risk of bloodborne pathogen exposure. The series is provided at no-charge through the HSH Dispensary.
 - a. Employees interested in the Hepatitis B vaccine series contact the Employee Health Nurse at the Dispensary to initiate the vaccination process.
 - b. All personnel who are not interested in the Hepatitis B vaccine series, sign the declination portion of the Hepatitis B Vaccination form.

C. Students and Residents:

1. All students and residents are subject to the requirements in **SECTION A** of this policy.
2. Documentation of Immunity forms and any applicable attachments are kept on file by the responsible department. Information is made available for random audits, Department of Health survey, or OSHA inspections within five (5) working days. In an event of an outbreak or safety issues, records are available within 24 hours.

D. Volunteers:

- 1) Initial entry TB evaluation required
- 2) Hepatitis B vaccination recommended if at risk for bloodborne pathogen exposure.

DEFINITIONS

HealthCare Personnel (HCP) - refers to all paid or unpaid, medical or non-medical, full or part-time, student or non-student, with or without patient-care responsibilities personnel who work at facilities that provide health care to patients (i.e. inpatient, outpatient, private and public).

RELATED POLICIES AND PROCEDURES

[HSH P&P 05.440 Tuberculosis Monitoring: Prevention and Control Program](#)

WAGE CERTIFICATE
(For Service Contracts)

Subject: RFP No.: HTH 430 -1-16

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

- 1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
- 2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 430-1-16

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms ore on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C **	Section 3, RFP	SPO Website*	X	
SPO-H-206D **	Section 3, RFP	SPO Website*		
SPO-H-206E **	Section 3, RFP	SPO Website*	X	
SPO-H-206F **	Section 3, RFP	SPO Website*	X	
SPO-H-206G **	Section 3, RFP	SPO Website*		
SPO-H-206H **	Section 3, RFP	SPO Website*	X	
SPO-H-206I **	Section 3, RFP	SPO Website*	X	
SPO-H-206J **	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>				
Debarment & Suspension				
Drug Free Workplace				
Lobbying				
Program Fraud Civil Remedies Act				
Environmental Tobacco Smoke				
Program Specific Requirements:				
Wage Certificate	Section 2,3 RFP		X	
Proposal Form	Section 2,3 RFP		X	

Authorized Signature

Date

** If applicable.

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***Hawaii State Hospital
Agency Physician Application for Orientation***

Recent, (within the past five years) in-patient hospital medical experience:

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title: MD, other

Physicians patient care responsibilities (be specific):

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title: MD, other

Physicians patient care responsibilities (be specific):

Organization: _____
RFP No. HTH 430-1-16

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ to _____

Title: MD, other

Physicians patient care responsibilities (be specific):

**HAWAII STATE HOSPITAL
STAFF DEVELOPMENT and TRAINING UNIT
ORIENTATION CHECKLIST – PART I FOR MEDICAL STAFF**

NAME: _____ **POSITION:** _____
UNIT ASSIGNED: _____ **DATE OF HIRE:** _____

INSTRUCTIONS: THE ORIENTEE WILL DATE AND INITIAL EACH FACTOR LISTED BELOW.
A STAFF MEMBER ASSISTING WITH THE ORIENTATION WILL ALSO INITIAL EACH FACTOR TO VERIFY DEMONSTRATED KNOWLEDGE OR COMPETENCE WITH THE ITEM.

ADMINISTRATIVE PHASE OF ORIENTATION THROUGH STAFF DEVELOPMENT

		<u>ORIENTEE INITIALS</u>	<u>STAFF INITIALS</u>	<u>DATE COMPLETED</u>
ATTENDED CLASS OR OTHERWISE ORIENTED TO:				
1.	GENERAL ORIENTATION TO HOSPITAL AND CAMPUS Includes: History of HSH, Organizational Structure, Map, Mission Statement			
2.	PERSONNEL MATTERS: Includes: Sick Leave, ID Tags			
3.	DURESS/SECURITY ALARM SYSTEM			
4.	WELCOME BY HSH CHAPLAIN			
5.	WELCOME BY HSH ADMINISTRATOR			
6.	MEETING WITH PERSONNEL			
7.	SELECTED POLICY & PROCEDURES Includes :			
	1. Code BLUE / Automated External Defibrillator (P&P 09.040)			
	2. Code 200 & Backup Calls (P&P 09.030)			
	3. Confidentiality of Patient Information (P&P 04.556) (Includes Statement of Confidentiality)			
	4. Contraband & Searches (P&P 09.235)			
	5. Dress Code for All Personnel (P&P 14.031)			
	6. Duress Security Escort System (P&P 12.300)			
	7. Elopement & AWOL (P&P 19.520)			
	8. Information Technology Resources and Use (P&P 14.007)			
8.	AVATAR TRAINING – ORDER ENTRY			
9.	BEHAVIOR MANAGEMENT Includes: Behavior Management Procedures (P&P 04.275)			
10.	BLOODBORNE PATHOGENS DVD: Workplace Bloodborne Pathogens in Healthcare			
11.	CLINICAL SAFETY TRAINING Includes: Interpersonal Relationships Between Patient & Staff (P&P 14.035); Relationship Security: Safe and Therapeutic Staff-Patient Interactions (P&P 12.310) DVD: Crossing the Line			

12.	COMMONLY USED FORMS Includes: Patient Event Report, Employee Incident Report, Close Watch Checklist, S&R Monitoring Form, Registration Admission Form, Personal Belongings Form, Transport Report Form, etc...			
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		<u>ORIENTEE INITIALS</u>	<u>STAFF INITIALS</u>	<u>DATE COMPLETED</u>
ATTENDED CLASS OR OTHERWISE ORIENTED TO:				
13.	CONFLICT, PREVENTION, MANAGEMENT & RESOLUTION (CPMR) SELF PROTECTION SKILLS TUESDAY – Self Protection Skills FRIDAY – Includes: Theory Content: Therapeutic Communication Skills, Setting Limits, Team Skills Quiet Time (P&P 04.248) Seclusion or Bodily Restraint (P&P 04.250) Restraints – Non-Clinical Use for Transportation of Patients Under Legal & Correctional Restriction at HSH (P&P 04.229) Philosophy Statement of Seclusion & Restraint			
14.	EMERGENCY EQUIPMENT/CODE BLUE Includes: FBAO Part A & B DVD: V-VAC Manual Suction			
15.	GLUCOSE SCREENING Includes: Glucose Screening (P&P 04.940) Blood Glucose Testing Using the Bayer Ascensia Contour (Nursing SOP 23.755) DVD: Ascensia Contour/Post Test & Skills Checklist			
16.	INFECTION CONTROL: Includes: TB and Blood Borne Pathogens			
17.	INTRODUCTION TO THE HSH NETWORK			
18.	INTRODUCTION TO THE MEDICAL RECORD Includes: Confidentiality, Security & Integrity of Patient Record: Release & Access to Information (P&P 04.556)			
19.	JOHNSON BEHAVIORAL MODEL(JBM) [RNs ONLY]			
20.	JOHNSON BEHAVIORAL MODEL (JBM) ONLINE [RNs ONLY]			
21.	MASTER RECOVERY PLAN Includes: Recovery (Treatment) Planning (P&P 04.270)			
22.	MENTAL ILLNESS & SUBSTANCE ABUSE (MI/SA)			
23.	PATIENT’S RIGHTS/FORENSIC ISSUES Includes: HIPAA, Orders to Treat, Media Policy (P&P 13.050), Disclosure of Conflict of Interest (P&P 04.100)			
24.	PROGRESS NOTE DOCUMENTATION (PSIDAP) Includes: Abbreviation for Charting “DO NOT USE LIST” (P&P 06.010) Progress Notes – Documentation (P&P 04.008) Documentation (Nursing SOP 23.030) Medical Records & Documentation Time Frame (P&P 06.014)			

25.	RISK MANAGEMENT Includes: Patient Abuse & Neglect by Staff (P&P 14.005) DVD: Patient Abuse: It's not Invisible Safe Medical Devices (P&P 09.241) Event Reporting (P&P 03.800)			
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		<u>ORIENTEE INITIALS</u>	<u>STAFF INITIALS</u>	<u>DATE COMPLETED</u>
ATTENDED CLASS OR OTHERWISE ORIENTED TO:				
26.	SAFETY CLASS Includes: FIRE, OSHA Standards, Disaster Plan, Emergency Evacuation Plan (P&P 09.025)			
27.	TRAUMA INFORMED CARE			
28.	TREATMENT OF MENTAL ILLNESS			
29.	WORKPLACE VIOLENCE Includes: DVD/Quiz: Workplace Violence Workplace Violence Program (P&P 800.002) Workplace Violence Management/Crisis Team, Workplace Violence Mitigation and Prevention, References & Assistance, Employee's Report of Workplace Violence			
30.	EDUCATIONAL VIDEOS Includes:			
	1. Cultural Diversity/Quiz (DVD: Different Like You)			
	2. Patient Confidentiality/Quiz/Confidentiality Form (DVD: It's Everyone's Job)			
	3. DVD: Prepare for Disaster			
	4. QM 2004: Ergonomics DVD/Quiz			
	5. QM 2004: Safe Lifting & Handling DVD/Quiz			
	6. QM 2008: Sexual Harassment in the Healthcare Setting/Quiz (DVD: Harassment is...)			
	7. QM 2011: Patient-Centered Effective Communication/Handout			
31.	SELF STUDY PACKETS WITH QUIZZES:			
	1. DEVELOPMENTAL STAGES			
	2. GENERAL PHARMACOLOGY			
	3. DOH HIPAA – SECURITY AWARENESS TRAINING			
	4. END-OF-LIFE CARE			
	5. PAIN ASSESSMENT & MANAGEMENT			
	6. PERSONAL PROTECTION OF PATIENTS AGAINST SEXUAL HARASSMENT, ABUSE, & EXPLOITATION (PATIENT SAFETY)			
	7. RELATIONSHIP SECURITY (Building Good Boundaries)			
	8. PSYCHOPHARMACOLOGY			
	9. SUICIDE PREVENTION TRAINING			

32.	SHIFT HOURS: Day Shift: 0645-1515 Evening Shift: 1445-2315 Night Shift: 2300-0700			
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**Hawaii State Hospital
Medical Staff
Orientation Checklist Part 2**

NAME: _____ UNIT: _____
 POSITION: _____ RETURN TO STAFF DEVELOPMENT BY: _____

**PART II
COMPLETION OF UNIT-BASED PHASE OF ORIENTATION**

		ORIENTEE INITIALS	ORIENTER INITIALS	DATE COMPLETED
1.	ORIENTATION TO PHYSICAL LAYOUT OF UNIT			
A.	Nursing station (location of charts, forms, requisitions, P&P manuals, kardex, communication logs, other references addressograph, etc.)			
B.	Fire alarms & extinguishers, evacuation routes, exits			
C.	Routine and Emergency Medication & Treatment areas (location of med. cart, refrigerator, medical emergency box, suction, oxygen, & restraints)			
D.	Staff Areas – Lounge, restrooms, offices, charting areas, smoking areas, etc.			
E.	Clothing, linen & housekeeping areas			
F.	Patient areas – Dayroom, dorms, phones, outside areas, group rooms, storage rooms, kitchen & eating areas, restrooms, washer/dryer, seclusion/quiet rooms			
G.	Introduction to other team members and clarification of their roles			
H.	Introduction to patients			
2.	ORIENTATION TO DUTIES, POLICIES & PROTOCOL			
A.	Received copy of job description:			
	1. Reviewed criteria for evaluation			
	2. Established short & long-term goals			
B.	Oriented to unit daily routine, hours of duty, meal & break times, meetings, medication, activity & non-structured (TV, etc.) times			
C.	Review HSH Policies & Procedures On line			
D.	Assignments and routines:			
	1. Patient Care Assignment sheet			

2.	Charge Nurse Duties			
3.	Charting Responsibilities			
5.	Medication Nurse Duties			
6.	Staffing Guidelines			
7.	PM shift routine			
8.	Night shift routine			
9.	Patient Rounds			
10.	Treatment Mall Activities/Schedule			
11.	Unit work schedule			

		ORIENTEE INITIALS	ORIENTER INITIALS	DATE COMPLETED
D.	Assignments and routines: (Continued)			
	12.	Weekend/Holiday routine		
	13.	JBM Acuity		
	14.	24 hour Report Online		
E.	Information regarding assigned unit:			
	1.	Mission (Scope of Care)		
	2.	Quality Management Plan		
	3.	Admission & Discharge Procedures		
	4.	Transfers (in-house & medical)		
	5.	Milieu (Treatment Modalities):		
	a.	Multidisciplinary team		
	b.	Modified team nursing		
	c.	Therapeutic use of self		
	d.	Patient Rights & Responsibilities		
	6.	Recovery Plans(Initiating and Review Process)		
	7.	Nursing Care Plan		
	8.	Token Economy System		
F.	Safety/Risk Management Program:			
	1.	Key Control		
	2.	Unit & Room Safety checks		
	3.	Sharps Safety		
	4.	Contraband/Illegal items		

5.	Searches (Body/Room)			
6.	Escorting of Patients (On/Off grounds)			
7.	Event reports			
8.	Code 200 (Psychiatric emergency)			
9.	Code BLUE (Medical emergency)			
10.	Code RED (Fire emergency/Fire Drill)			
11.	Code WHITE (Meeting an ambulance)			
12.	Code GREEN (Bomb threat)			
13.	Code Triage (Disaster Drill/Disaster)			
14.	Disaster Plan /Emergency Preparedness Plan			
15.	Specific Job Hazards/Precautions			
16.	NIMS – IS.700.A			
17.	NIMS – Additional Trainings (as required by position)			

		ORIENTEE INITIALS	ORIENTER INITIALS	DATE COMPLETED
G.	Patient Precautions:			
	1. AWOL/Escape			
	2. Suicide			
	3. Aggressive Behavior			
	4. Self-mutilation			
	5. Use of 1:1's			
	6. Timed patient checks (q 15 or 30 min.)			
	7. Designated Staffing			
H.	Restrictive Interventions/Assessment & Documentation (Emergency – Protective – Behavioral Plan):			
	1. Verbal Support/ Redirection			
	2. Quiet Time			
	3. Time Out			
	4. Manual Hold of 5 minutes or more			
	5. Seclusion			
	6. 4 or 5 point Restraints			
I.	Cell Phone/Telephone/Radio protocol:			
	1. Phone courtesy			
	2. Personal Use			
	3. Restrictions on Cell Phone Use			

4.	Obtaining Help (O.D./ Supervisor)			
5.	When/What to Report			
6.	NEXTEL			
J.	Visitors:			
1.	General Guidelines (times, spaces, what is permitted/restricted)			
K.	Patient's Personal Property:			
1.	Money & Valuables			
2.	Medications & Vitamins			
3.	Storage.....			
L.	Medications – Staff Duties/Responsibilities:			
1.	Transcribing Orders			
2.	Ordering & Returning Drugs			
3.	Medication Reconciliation			
4.	Preparation (5 rights)			
5.	Administration (3 checks)			
6.	Documentation			

		ORIENTEE INITIALS	ORIENTER INITIALS	DATE COMPLETED
L.	Medications – Staff Duties/Responsibilities: (Continued)			
	7. Controlled Drugs - Accountability			
	8. Night Cabinet			
	9. Renewal of Orders			
	10. PRN/STAT Neuroleptics (requirements)			
	a. Lesser Restrictive Interventions			
	b. Justification			
	c. Effect			
	11. Pharmacy Hours			
	12. Meds. While Off Unit			
	13. Discharge Meds.			
	14. Reporting Medication Errors (Event Reports)			
	15. Accessing Online: Drug Information CP2000			
M.	Leadership			
	1. Team Leading			

2.	Charge Nurse Duties			
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3.	CLINICAL SKILLS COMPETENCY:			
A.	Assessment			
1.	New Admission (includes De-Escalation Assessment Interview)			
2.	Reassessment			
3.	Brief Negative Symptom Assessment / Positive Symptom Rating Scale (BNSA/PSRS)			
B.	Care Plan:			
1.	Initiating			
2.	Revising			
C.	PSIDAP/Documentation (includes Monthly Summary)			
D.	Admission Process			
E.	Transfer Process			
F.	Discharge Process			
G.	Transcription of Physician's Orders			
H.	Preparation of Medications			
I.	Administration of Medications			
J.	Documentation of Medications			
K.	Protocol for Controlled Medications			
L.	Protocol for Night Cabinet			

		ORIENTEE INITIALS	ORIENTER INITIALS	DATE COMPLETED
3.	CLINICAL SKILLS COMPETENCY: (Continued)			
O.	Sick-call Protocol			
P.	Laboratory/ Specimen Collection			
Q.	Group Leader/ Co-leader			
R.	Discharge Planning			
S.	Patient / Significant Other Teaching			
T.	Served as Acting Chief			
U.	Completion of 24 hr. report online			
V.	Master Recovery Plan			
4.	THE FOLLOWING ADDITIONAL INFORMATION & SKILLS ARE ESSENTIAL TO COMPETENT PERFORMANCE OF DUTIES:			
A.				
B.				

C.				
D.				
E.				

**Hawaii State Hospital
Orientation Checklist Part 2
JOB SPECIFIC ORIENTATION CHECKLIST: LAST PAGE**

NAME:		TITLE:		UNIT/DEPT:	
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1. NEW EMPLOYEE STATEMENT

The items on the preceding pages of the Orientation Checklist have been completed, i.e. I have satisfactorily explained or demonstrated them to someone, and I believe that I (check the appropriate statement)

_____ understand and know my responsibilities well enough to work independently.

_____ need more orientation and/or training in the following areas:

(Signature of new employee/orientee)

(Date)

2. SUPERVISOR'S STATEMENT

The items on the preceding pages of the Orientation Checklist have been completed (satisfactorily explained or demonstrated by the orientee) and I believe (check the appropriate statement)

_____ he/she understands and knows the responsibilities of the position well enough to work independently.

_____ he/she needs more orientation and/or training in the following areas:

(Signature of Manager/Supervisor)

(Date)

3. PLAN TO HAVE EMPLOYEE COMPLETE THE ADDITIONAL ORIENTATION/TRAINING (TO INCLUDE TIME FRAME):

Organization: _____
RFP No. HTH 430-1-16

Hawaii State Hospital

HAWAII STATE HOSPITAL

STAFFING AGENCY DOCUMENTATION FORM

DATE FORM COMPLETED: _____

NAME: _____ AGENCY: _____

(Please circle) MD RN LPN PMA

Agency Delivered Education /Evaluation

1. Infection Control: (Date Completed All 4 Topics)

- | | |
|--------------------------|--------------------------------|
| A. Blood Borne Pathogens | C. Tuberculosis |
| B. Universal Precautions | D. Infection Control Practices |

Last PPD _____ Result: _____ X-Ray: _____ N/A
Date Date Date

Hepatitis B: (Please circle) A. Vaccine Series Completed
B. Vaccine Declined
C. Has neither completed nor Declined

2. Fire and Safety: (Date completed All 4 Topics) _____

- | | |
|--|---------------------------|
| A. Electrical Safety | C. Back Safety |
| B. Hazards Communication/
Right-To-Know | D. Fire Safety Principles |

3. General Medication Test: (Date Completed and Result)

_____ Pass N/A

4. Agency Co-ordinator _____

Signature Date

Proof of Documentation (Copy)

License

TB Clearance

Current CPR Card

AGENCY STAFF: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: rate your knowledge and experience using the following scale.

- 1 = No knowledge/No experience 2 = Knowledge but no experience
3 = Knowledge/done with assistance 4 = Knowledge/done independently

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY

Admission of patient to acute in-patient	1	2	3	4
Physical Assessment	1	2	3	4
Mental Status Exam	1	2	3	4
Initial Nursing Care Plan	1	2	3	4
Multidisciplinary master Treatment Planning	1	2	3	4
Progress Note charting	1	2	3	4
Education Groups	1	2	3	4
Process Groups	1	2	3	4
Discharge or transfer of patients	1	2	3	4

MEDICATIONS

Psychotropic Medication administration	1	2	3	4
Psychotropic Medication adverse reactions	1	2	3	4
Patient Teaching re Psychotropic Mediations				
MD orders: Transcription	1	2	3	4

PSYCHIATRIC CRISIS MANAGEMENT

Verbal skills to de-escalate agitated patient	1	2	3	4
Physical containment skills for team	1	2	3	4
Self-protection skills	1	2	3	4
Use of restraints in behavior management	1	2	3	4
Use of seclusion/monitoring patient in seclusion	1	2	3	4

MEDICAL EMERGENCIES

Use of portable oxygen, suction, ambubag	1	2	3	4
Maintenance of patient until EMT arrival	1	2	3	4

LEGAL & REGULATORY RESPONSIBILITIES

Duty to warn and protect	1	2	3	4
Reporting patient abuse/neglect	1	2	3	4

LEADERSHIP

Function as Leader	1	2	3	4
Supervision of Nursing Staff	1	2	3	4

OTHER SAFETY ISSUES

Conduct FIRE DRILL in acute Psychiatric setting	1	2	3	4
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This is a true description of my knowledge and skill in psychiatric nursing.

(signature)

(date)

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