

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

Request for Proposals

RFP No. HTH 430-13-002 Nursing Services For Hawaii State Hospital

Date Issued: December 28, 2012

Proposal Submittal Deadline: January 31, 2013
Orientation Session: January 8, 2012
HSH Clinical 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.*

December 28, 2012

REQUEST FOR PROPOSALS

**Nursing Services for Hawaii State Hospital
RFP No. HTH 430-13-002**

NOTICE

The Department of Health, Adult Mental Health Division, Hawaii State Hospital Branch, is requesting proposals from qualified applicants to provide nursing services for seriously mentally ill adults. The contract term will be from June 1, 2013 through May 31, 2014.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by January 31, 2013 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than January 31, 2013, 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: Hawaii State Hospital
Business Office
45-710 Keaahala Road
Kaneohe, HI 96744

HAND DELIVERIES (DROP-OFF SITES): 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:

Anthony J. Fraiola
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

RFP Table of Contents

Notice

Section 1 - Administrative Overview

- 1.1 Procurement Timetable..... 1-1
- 1.2 Website Reference 1-1
- 1.3 Authority..... 1-2
- 1.4 RFP Organization..... 1-2
- 1.5 Contracting Office 1-2
- 1.6 RFP Contact Person 1-3
- 1.7 Orientation 1-3
- 1.8 Submission of Questions..... 1-3
- 1.9 Discussions with Applicants..... 1-3
- 1.10 Multiple or Alternate Proposals..... 1-3
- 1.11 Confidential Information 1-4
- 1.12 Opening of Proposals..... 1-4
- 1.13 Additional Materials and Documentation..... 1-4
- 1.14 Public Inspection..... 1-4
- 1.15 RFP Addenda..... 1-4
- 1.16 Final Revised Proposals..... 1-4
- 1.17 Cancellation of Request for Proposals..... 1-4
- 1.18 Costs for Proposal Preparation..... 1-4
- 1.19 Provider Participation in Planning..... 1-5
- 1.20 Rejection of Proposals 1-5
- 1.21 Notice of Award..... 1-5
- 1.22 Protests..... 1-5
- 1.23 Availability of Funds 1-6
- 1.24 Hawaii Compliance Express..... 1-6
- 1.25 Wages Law Compliance 1-7
- 1.26 Campaign Contributions by State and County Contractors..... 1-7
- 1.27 General and Special Conditions of Contract..... 1-7

Section 2 - Service Specifications

- 2.1 Overview, Purpose or Need, and Goals of Service..... 2-1
- 2.2 Planning Activities..... 2-2
- 2.3 Demographics and Funding 2-2
- 2.4 Contract Award and Term 2-2
- 2.5 Secondary Purchases Participation 2-3
- 2.6 Service Activities 2-3
- 2.7 Qualifications..... 2-8
- 2.8 Pricing Structure 2-15
- 2.9 Other 2-17
- 2.10 Reporting Requirements for Program and Fiscal Data..... 2-17

2.11 Contract Monitoring and Evaluation 2-18

Section 3 - Proposal Application

3.1 General Proposal Submission Instructions 3-1
3.2 Specific Proposal Submission Instructions 3-1

Section 4 - Proposal Evaluation

4.1 Evaluation Process 4-1
4.2 Evaluation Criteria 4-1

Section 5 - Attachments

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

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 | 12/28/12 |
| RFP orientation session | 1/8/13 |
| Due date for written questions | 1/14/13 |
| State purchasing agency's response to written questions | 1/21/13 |
| Proposal submittal deadline | 1/31/13 |
| Proposal evaluation period | 2/11/13 - 2/22/13 |
| Final revised proposals (optional) | TBD |
| Provider selection | 2/25/13 |
| Notice of statement of findings and decision | 2/25/13 |
| Contract start date | 6/1/13 |

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.5

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: anthony.fraiola@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.

Anthony J. Fraiola
 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>January 8, 2013</u> | Time: | <u>10:00 a.m.</u> |
| Location: | <u>SHS Clinical 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: Loretta J. Fuddy, A.C.S.W., M.P.H. | Name: Amy Yamaguchi |
| Title: Director of Health | Title: Administrative Officer, Adult Mental Health Division |
| Mailing Address: PO Box 3378 Honolulu, HI 96801-3378 | Mailing Address: PO Box 3378 Honolulu, HI 96801-3378 |
| Business Address: 1250 Punchbowl St., Honolulu, HI 96813 | Business Address: 1250 Punchbowl St., Honolulu, HI 96813 |

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 Hawaii Compliance Express (HCE)

All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (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 **subsection 1.2, Website Reference**, for HCE’s website address.

- 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 DOTAX and the IRS. (See subsection 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. (See subsection 1.2, Website Reference for DLIR website address.)
- C. **DCCA 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 DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)

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 HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for 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 HRS §11-355. (See subsection 1.2, Website Reference for 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 190-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 nursing services is to supplement existing staff of HSH, consisting of Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Psychiatric Technicians (Psych. Tech.), in order to meet staffing standards as defined by HSH policy. This RFP is to make available RNs, LPNs, and Psych. Techs to provide services when positions are vacant. HSH will continue to recruit RNs, LPNs and Psych. Techs to fill vacant positions under the State civil service system.

Exact quantities for RN, LPN and Psych. Tech. services cannot be determined. Request for services shall be based on needs of nursing services throughout the contract period.

B. Description of the goals of the service

- 1) To provide safe and effective psychiatric nursing care in the most cost effective manner and to meet staffing matrix as defined by HSH policy.
- 2) To provide the required nursing staffing needs on each shift with qualified RNs, LPNs and Psych. Techs to deliver quality psychiatric nursing 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 August 10, 2012 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 psychiatric nursing 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 2013 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 has been unable to provide a 100% fill rate for either long term RNs or temporary hire RNs, LPNs and Psych. Techs at HSH. Therefore, this RFP will result in the award or more than one contract as detailed in the method of award (Section 2.8). (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:

Mutual agreement must be made in writing 60 days prior to expiration of the existing contract and the execution of a supplemental agreement.

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 RNs, LPNs or Psych. Techs 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 RN/LPN/Psych. Techs, HSH shall contact the Provider who submitted the second most advantageous proposal, etc. until the request is filled. The Provider(s) for Group I shall have forty-eight (48) hours to confirm whether or not they are able to fill the request. For Groups II, III and IV, the Provider(s) shall provide HSH with an immediate answer as to whether or not they can fill the request. The definitions of Groups I, I, III, and IV can be found in Attachment A, PF-2. 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 RN/LPN/Psych. Techs during the request period. HSH shall specify the dates and shifts which the RN/LPN/Psych. Tech. is required to work and the nursing area of HSH to which the RN/LPN/Psych. Techs shall be assigned, although the RN/LPN/Psych. Tech. may be required to work in another nursing area if an emergent need arises.

Two categories of services shall be required under this contract. The first is for long term hire RNs to fill vacant positions. These RNs shall be contracted to work for a minimum of thirteen (13) weeks. HSH shall guarantee each of these RNs eighty (80) regular hours in a two (2) week schedule when working 8-hour shifts. The amount of prior notice that HSH will give the Provider will be determined on a case-by-case basis depending on the urgency of the need for services.

The second category is for temporary hire RNs/LPNs/Psych. Techs to work up to eighty (80) hours in a two (2) week schedule to fill a critical shift that is vacant due to vacation or illness of a State employee. For these individuals, HSH shall use its best efforts to request the required RN/LPN/Psych. Techs at least two (2) hours prior to the time the individual is to report for work at HSH.

Orientation

It shall be the responsibility of HSH to orient RNs/LPNs/Psych. Techs to the facility and acquaint them with HSH's nursing 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 Nursing 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 (Nursing Agency Documentation Form) for the complete list of mandatory nursing training covered in the new employee orientation.

Cancellation of Requests for Services

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

Subcontracting

All Providers shall have the option of subcontracting RNs, LPNs and Psych. Techs from other nursing 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)

While providing patient care services at HSH, each RN and LPN shall comply with all provisions of the licensing laws under which the nurse is licensed and with the regulations promulgated thereunder. Each RN, LPN and Psych. Tech. shall comply with all nursing policies and procedures adopted by HSH to protect the health and welfare of its patients.

Applies to RN only:

- Supports the mission and philosophy of the HSH Department of Nursing and HSH.
- Works under the supervision of the Unit Nurse Manager or designee.
- Provides a safe environment for the provision of nursing care to psychiatric patients.
- Exhibits a familiarity with psychotropic medications.
- Addresses escalating/acting out behavior on the part of the patients.
- Prioritizes and organizes work related tasks for self and subordinates.
- Facilitates multi-disciplinary treatment team approach to care.
- Administers the need for restrictive conditions in an emergency situation.
- Observes, evaluates and records patients' behavior.
- Delegates assignments to lower level nursing staff and ensures that patients' needs are met.
- Provides a safe, therapeutic environment for all patients and staff by implementing safety precautions, as needed, by promoting prevention and corrective maintenance.

Participates in admission/transfer of patients to the unit.
Provides supervision to LPN and Psych. Tech. nursing staff to ensure quality-nursing care.
Serves as team leader and/or Charge Nurse.

Applies to LPN only:

Prepares and administers medication in the following forms (intramuscular, intradermal, oral, topical, rectal, inhaler and, sublingual).
Prepares and carries out patient treatments.
Transcribes physicians' orders accurately and completely.
Monitors patients for side effects and reports and documents appropriately.
Monitors and documents effectiveness of PRN medications.
Assists with admission, transfers and discharges.
Prepares and checks sick call orders.
Prepares and checks On and Off Grounds Clinic orders.
Checks and maintains emergency medical equipment.
Contributes to a safe and therapeutic milieu for patients and staff at all times.
Assists in emergency procedures, i.e. fire evacuation and drill, Code 200, Code 500, seclusion and restraint, patient search, disaster drills.
Transports/escorts and supervises patients as assigned.

Applies to Psych. Techs only:

Supports the mission and philosophy of the HSH Department of Nursing and HSH.
Works under the supervision of a RN.
Provides patient monitoring and patient escort.
Accurately assesses vital signs.
Assists in deescalating patient behavior under the direction of the charge nurse.
Monitors patients' physical and psychological conditions. Reports findings to the team leader and/or charge nurse and documents such findings in the patients' medical record
Assists in admission, transfers and discharges.
Performs assignments in accordance with the individual treatment plan.
Assists in evaluation of a patient's progress in accordance with Nursing Care/Master Treatment Plans.
Maintains a safe and therapeutic milieu for patients and staff at all times. Reports and initiates corrective measure of any known unsafe environmental conditions.
Assists in emergency care procedures and drills. Utilizes emergency equipment properly.
Monitors contraband materials and enforces ward rules and regulations at all times.
Transports/escorts and supervises patients as assigned.
Accounts for sharps and keys used after every shift.
Keeps work area clean.
Performs other duties as assigned.

Responsibilities of Provider

Provider's Employees or Agents:

All work required under this RFP shall be performed by the Provider or its employees. The Provider shall be responsible for the accuracy, completeness, and adequacy of any and all work and services performed under this RFP. The Provider intentionally, voluntarily, and knowingly assumes the sole and entire liability (if such liability is determined to exist) to the Provider's employees and agents, and to any third party for all loss, damage, or injury caused by the Provider, or the Provider's employees or agents in the course of their employment.

The Provider is responsible to maintain files on all employees and/or their agents which contain accurate and complete documents/records verifying that each individual is current with all facility requirements including, but not limited to employment related records, immunity documents, TB clearance and any annual renewals/clearances. The contents of these files are to be made available to the HSH upon request within a reasonable timeframe agreeable between the Provider and HSH.

Subcontracting:

The Provider shall not assign or subcontract any of the Provider's duties, obligations, or interests under this RFP without the prior written consent of HSH. If the Provider finds it necessary to subcontract some of the work herein, the HSH consents to the subcontract, it is understood that no subcontract shall, under any circumstances, relieve the Provider of his/her obligation and liability with the State and all persons engaged in performing the work covered by this RFP shall be considered employees of the Provider.

Applicant shall list on the Proposal Form (Attachment A), all subcontractors to be used to perform the services specified herein, HSH reserves the right to request additional information about any subcontractor listed. Such information shall be provided to HSH within five (5) days of the request. HSH shall approve all subcontractors prior to award.

The Provider(s) receiving an award as a result of this RFP will be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract and will be responsible for all services whether or not the Provider performs them.

Further, the Provider's responsibilities shall include, but not be limited to the following:

- 1) The Provider shall comply with all pertinent provisions of the Occupational Safety and Health Act of 1970 (Revised 1998) 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 RFP.

- 2) The Provider shall comply with HSH Policy and Procedure #14.013 “Employee Immunization” (Attachment B) and shall provide all necessary documents for each Provider’s employees and subcontractors assigned to HSH.
- 3) The Provider shall oversee and assure that their employees, agents and subcontractors engaged in work performance at the facility are current with all health requirements to safeguard the health and safety for all patients and staff at HSH.
- 4) The Provider shall conduct criminal background checks, including drug screening, before an employee, agent, or subcontractor is assigned to HSH. The initial cost of drug screening shall be the responsibility of the Provider and/or Provider’s employee, agent, and subcontractor. Subsequent requests for drug screening for the same Provider’s employees, agents, and subcontractors shall be reimbursed by HSH at an amount not to exceed Seventy-Five and No/100 Dollars (\$75.00) for each employee, agent, and subcontractor.
- 5) The Provider shall maintain an accurate record of, and shall report to the HSH Administrator in the manner and on the forms prescribed by the facility, 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 RFP.
- 6) The HSH Administrator or the HSH Director of Nursing will notify the Provider of any noncompliance with the foregoing provisions and the action to be taken. The Provider shall, after receipt of such notice, immediately take corrective action. Such notice, when delivered to the Provider or his representative at the site of the work, shall be deemed sufficient for the purpose. If the Provider fails or refuses to comply promptly, the HSH Administrator or HSH Director of Nursing may issue an 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 stop orders shall be made the subject of a claim for extension of time or for excess costs or damages by the Provider.

Supervisory Controls

The HSH physicians provide direct instructions concerning patients. The RN independently plans, schedules, and provides comprehensive nursing skill with specific instructions for each patient. Supervisor discusses assigned patients at some time during the shift. Emergencies or unusual problems are reported to the physician and/or the supervisory nurse, as appropriate. Work is subject to review during rounds. The HSH Administrator is ultimately responsible for the operations of HSH.

2.7 Qualifications

A. Experience

Specific qualifications or requirements, including but not limited to licensure or accreditation

Qualification of Applicants

Applicant shall have at least twelve (12) months experience in operating a Nursing Service business. Proof of this experience shall be furnished upon request.

Applicant shall conduct business during normal working hours and shall also be accessible 24 hours a day, seven (7) days a week, to respond to requests and/or complaints.

Applicant shall have an Oahu based business office only if submitting an offer for Group II (RN – Temporary Hire), Group III (LPN – Temporary Hire) and/or Group IV (Psych. Tech. – Temporary Hire). Proof of the location of the business shall be required. Failure to provide this proof will result in disqualification of the proposal.

Qualification of Employees, Agents and Subcontractors

The Provider shall secure, at the Provider's own expense, all personnel required to perform the services required by this RFP. The Provider shall ensure that the Provider's employees agents and subcontractors are experienced and fully qualified to engage in the activities and services required herein, and that all applicable licensing and operating requirements imposed or required under federal, state or county law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

Knowledge/Skills Required

Applies to RN only:

Licensed in Hawaii or possesses a license accepted by the State of Hawaii.

Graduate of an accredited school of nursing.

One (1) year of psychiatric inpatient hospital experience.

Skills/Abilities

Able to perform health assessment skills which allow for the identification of dysfunction and subtle changes in patient condition.

Completes both the HSH general and psychotropic medication examinations with a passing score. The passing of the medication examination is required annually.

Implements and evaluates the outcome of care provided.

Carries out health care teaching for both patients and their families relative to both health and illness.

Applies to LPN only:

Licensed in Hawaii or possesses a license accepted by the State of Hawaii.
Graduate of an accredited school of Practical Nursing.
Six (6) months psychiatric experience in an inpatient psychiatric setting.

Skills/Abilities

Able to complete both the general and psychotropic medication tests with a passing score.
Able to communicate in English effectively both orally and in writing.
Able to administer medication and carry out patient treatments accurately and in a timely manner.

Applies to Psych. Techs only:

High school graduate or GED required.
Certification as a nursing assistant preferred.
Six (6) months experience in an inpatient psychiatric setting.

Skills/Abilities

Able to perform basic nursing skills – vital signs, activities of daily living.
Have a basic understanding of psychiatric symptomatology.

All staff (RN, LPN and Psych. Tech.) are required to have:

Childhood Illness / Immunization History.
Valid, current State of Hawaii driver's license.
Current CPR card.
Annual physical examination verifying the ability to do the job.
Annual T.B. Clearance.
Annual influenza vaccination or declination form completion.
Provider is to deliver education on (1) blood borne pathogens (2) universal precautions (3) tuberculosis (4) infection control practices (5) fire safety, electrical safety (6) patient's rights and (7) body mechanics with annual updates. Exhibit 4 to be submitted one (1) week prior to orientation.
Drug screen clearance.
Background check clearance.
The ability to read and write.
The ability to recognize report and document changes in patient behaviors.
The ability to communicate effectively in English, both orally and in writing.
The ability to organize and manage time constraints.

B. Organization

Administrative

Hawaii General Excise Tax License. Applicant shall submit their current Hawaii General Excise Tax I.D. number in the space provided on the Proposal Form.

Tax Liability. Services to be performed under this RFP are a business activity taxable under Chapter 237 Hawaii Revised Statutes (HRS) and Chapter 238 HRS as applicable. Both out-of-state vendors and Hawaii vendors are advised that the gross receipts derived from this proposal are subject to the four percent 4% general excise tax and one-half percent .5% City and County of Honolulu surcharge tax where applicable.

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 RFP, including, but not limited to (a) income taxes, (b) employment related fees, assessments, and taxes, and (c) general excise taxes.

Licenses. The Provider is further responsible for obtaining all licenses, permits and certification that may be required by reason of this RFP.

Prior to contract award, HSH will require certification of the following insurance coverages:

Worker's Compensation
Temporary Disability Insurance
Unemployment Insurance
Prepaid Health Care

Insurance. The Provider shall be responsible for securing any and all insurance coverage for the Provider and the Provider's employees and agents which is or may be required by law during the term of the contract. The Provider shall further be responsible for payment of all premiums, costs, and other liabilities associated with securing said insurance coverage. Applicants shall provide insurance information where indicated on the Proposal Form on the following:

Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the Provider, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the Provider and its employees, agents, and subcontractors against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this contract. Subcontractors shall also be bound by this requirement and it is the responsibility of the provider to ensure compliance with this requirement. Paragraph 1.4, General Conditions is replaced with the following:

The Provider shall obtain, maintain, and keep in force throughout the period of the contract the following types of insurance:

- a. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

- c. Professional Liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and not less than FIVE MILLION AND NO/100 DOLLARS (\$5,000,000.00) in the aggregate annually

The insurance shall be obtained from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the State has certified that the Provider's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this contract, the Provider shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as Exhibit " " and be made a part of this contract.

Each insurance policy required by the contract shall contain the following clauses:

- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The Provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the contract, the Provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

Form W-9. The Provider shall complete and submit a Request for Taxpayer Identification Number and Certification (Form W-9).

Wage Certificate. The applicant shall complete and submit the Wage Certificate (Attachment C) by which applicant certifies that the services required will be performed pursuant to Section 103-55 (HRS).

Applicants are advised that Section 103-55, HRS, provides that the services to be performed shall be performed by employees paid at wages not less than wages paid to public officers and employees for similar work.

The State Registered Nurse III position (SR-20) performs work similar to the work required herein. The current wage rate for this State position is \$33.05/hour.

The Licensed Practical Nurse-Mental Health (Full Performance) position (HE-08) performs work similar to the work required herein. The current wage rate for this State position is \$17.91/hour.

The Psychiatric Technician (Full Performance) position (HE-06) performs work similar to the work required herein for the Psych. Tech. The current wage rate for this State position is \$16.75/hour.

Provider shall be obliged to notify its employees performing work under this contract of the provisions of Section 103-55, HRS, and the current wage rate for public employees performing similar work. The Provider may meet this obligation by posting a notice to this effect in the Provider's place of business which is accessible to all employees, or the Provider may include such notice with each paycheck or pay envelope furnished to the employees.

Reference. Applicant shall indicate on the Proposal Form, at least two hospitals and/or medical facilities to whom RN/LPN/Psych. Tech. services similar to those requested herein have been provided or are currently being provided. The State reserves the right to contact the references listed to inquire about the services provided by the applicant.

Subcontractors. Applicant shall list on the Proposal Form, all subcontractors to be used to perform the services specified herein, HSH reserves the right to request additional information about any subcontractor listed. Such information shall be provided to HSH within five (5) days of the request. HSH shall approve all subcontractors prior to award.

Experience

The Provider shall demonstrate past experience relating to the delivery of the proposed services including, but not limited to, previous and current contract performance with HSH Nursing Services Unit and other healthcare institutions.

Coordination of Services

The Provider shall demonstrate capability to coordinate services with the HSH Nursing Services Unit staff, as well as other appropriate staff within the HSH.

C. Personnel

Management Requirements (Minimum and/or mandatory requirements)

1) Personnel

At the time of award, each Provider shall provide HSH with a list of RNs, LPNs and/or Psych. Techs who are available for work and their resumes and competency self-evaluations. HSH will review resumes and competency self-evaluation (Exhibit 4) of available RNs, LPNs and Psych. Techs prior to their assignment at HSH. Subject to HSH's review of RNs'/LPNs'/Psych. Techs' credentials and references, HSH may decline the assignment of any RN/LPN/ Psych. Tech. referred by the Provider without having to qualify or justify the reason.

Per Joint Commission Standards: "Before providing care, treatment, and services, the HOSPITAL will confirm that nonemployees who are brought into the hospital by a licensed independent practitioner or contracted provider to provide care, treatment or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the hospital."

- a) For each RN and LPN listed, the Provider shall provide a folder containing the following information which the Provider has been verified as accurate and current:
 - Proof that the RN and/or LPN possess a current and valid registered nurse's license issued by the State of Hawaii or accepted by the State of Hawaii.
 - Proof that the RN and/or LPN has a minimum of one (1) year and six (6) months work experience respectively in a psychiatric hospital setting.
 - Proof that the RN and/or LPN has a current CPR card.
 - A list of the RN's/LPN's references and qualifications which ensure that the RN/LPN is qualified for the position.
 - Resume and competency self-evaluation.
 - Proof of background check.
 - Proof of drug clearance.
- b) For each Psych. Tech. listed, the Provider shall provide a folder containing the following information which the Provider has been verified as accurate and current:
 - Proof that the Psych. Tech. has a minimum of six (6) month's work experience in a psychiatric hospital setting.
 - Proof that the Psych. Tech. has a current CPR card.
 - A list of the Psych. Tech's references and qualifications which ensure that the Psych. Tech. is qualified for the position.
 - Resume and competency self-evaluation.

- Proof of background check.
 - Proof of drug clearance.
- c) The Provider shall inform the RN/LPN/Psych. Tech. whose names are provided as potential candidates for employment at HSH, that HSH shall require proof that the candidate has had a physical exam within one (1) calendar year of the estimated hire date, completed a two-step Purified Protein Derivative test or have a current chest x-ray for positive reactors and serologic proof of immunity to measles, mumps, rubella and varicella as defined by State statute for health care workers will be required prior to employment at HSH. Proof of the physical exam and immunizations shall be provided to the HSH Medical Services Unit by the RN/LPN/Psych. Tech. prior to any employment offer being made.
- d) Documents verifying that each individual assigned to work at HSH is current with all facility requirements including physical exam, Serologic proof of immunity records, TB clearance, background check, drug clearance and any other documents required by HSH shall be made available to HSH upon request within a reasonable timeframe agreeable between both parties. Based on Joint Commission survey requirements, this time frame may be as low as 2 hours.
- e) All Provider's RNs, LPNs and Psych. Techs shall be evaluated during the first ten (10) shifts of work at HSH (Exhibit 5).
- f) The Provider shall not recruit RNs/LPNs/Psych. Techs from the staff of HSH to become employees of the Provider.
- g) Any RN, LPN or Psych. Tech. who is an employee of the Provider may become an employee of HSH at the termination of his/her assignment without compensation paid to the Provider by HSH.
- h) If the HSH Administrator, the HSH Director of Nursing, or his/her designee makes the discretionary determination that an RN/LPN/Psych Tech. referred by the Provider is incompetent; negligent; has engaged in misconduct; fails to comply with pertinent HSH or department policies, rules, or regulations; or their performance is not in accordance with the standard practices at HSH, HSH may require the RN, LPN or Psych. Tech. to leave the hospital's premises.

Should this occur, HSH shall verbally inform the Provider within two (2) hours thereof. Within five (5) working days of dismissal of the RN/LPN/Psych. Tech. as outlined above, HSH shall follow up with a letter to the Provider setting forth the specific facts which resulted in the dismissal of the RN/LPN/Psych. Tech. by HSH.

HSH's obligation to compensate the Provider for such RN/LPN/Psych. Tech. services shall be limited to the hours actually worked and HSH shall have no further obligation with respect to such RN's/LPN's/Psych. Tech's assignment.

The Provider shall provide replacements, within two (2) weeks for long-term hire RNs and within two (2) hours for temporary hire RNs, LPNs and Psych. Techs for those RNs, LPNs, and Psych. Techs whose assignments have been terminated by HSH or who have chosen not to complete their assignment.

- i) The Provider agrees to remove any of its employees, agents, or subcontractors from services rendered and to be rendered to the State upon request in writing by the HSH Administrator.

2.8 Pricing Structure

Pricing or pricing methodology to be used

The applicant shall provide a Direct Labor Rate for each group of which a proposal is submitted. The Direct Labor Rate is the hourly rate paid to the RN, LPN or Psych. Tech. by the Provider and shall be no less than the current wage rate for the applicable State position.

The applicant shall provide a Proposed Price Per Hour for each group for which a proposal is submitted. The Proposed Price Per Hour is the Direct Labor Rate plus all applicable ground and air transportation costs, housing costs, taxes, and all other expenses to be incurred in providing the services specified herein.

Each group will be awarded separately; therefore, applicants do not have to submit a proposal on all of the groups in order to be considered for award.

It is understood that the Proposed Price Per Hour plus the following differentials, holidays, and/or overtime rates, when applicable, shall be the all-inclusive cost to the State.

Night Shift Differential (1800-0600): \$2.50 and \$1.00 per hour are to be added to the direct labor rate, if applicable, when the Provider pays his/her RNs and LPNs/Psych. Techs respectively. If the night shift differential paid to the State position increases during the contract and/or extension period, the rate paid to the Provider's employees shall increase by the same amount.

Working Condition Differential: \$0.50 and \$0.75 per hour are to be added to the direct labor rate, if applicable, when the Provider pays his/her RNs and LPNs/Psych. Techs, respectively. If the working condition differential paid to the State position increases during the contract and/or extension period, the rate paid to the Provider's employees shall increase by the same amount.

Holiday rate (applicable to the holidays listed): 1.5 times the direct labor rate;

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
 Thanksgiving Day
 Christmas Day

All election days, except for primary and special election days, in the county wherein the election is held.

Any day designated by proclamation by the President of the United States or by the Governor of the State of Hawaii as a holiday.

The Provider shall pay his/her RNs, LPNs and Psych. Techs, and in turn be paid by the State, for the differentials as stated herein, holidays and overtime at the rate of 1.5 times the Provider's direct labor rate when applicable.

Observance of Holidays

Employees whose workdays fall on Monday through Friday during the work week in which a holiday occurs shall observe such holiday as provided below:

| <u>Day Holiday Falls</u> | <u>Day Holiday Observed</u> |
|--------------------------|-----------------------------|
| Saturday | Friday preceding holiday |
| Sunday | Monday following holiday |
| Workday | Workday |

Employees whose workdays fall on other than Monday through Friday during the work week in which a holiday occurs shall observe such holiday as provided below:

| <u>Day Holiday Falls</u> | <u>Day Holiday Observed</u> |
|--------------------------|-----------------------------|
| Day Off | First workday after day off |
| Workday* | Workday* |

*Example: If workweek is Wednesday through Sunday, days off would be Monday and Tuesday. If the holiday falls on a Monday, the employee would have Wednesday off. If the holiday falls on a workday, then the employee would have that same workday off for the holiday.

Units of service and unit rate

(Refer to No. 8) The units of service are an hour and the unit rates are to be determined.

Method of Award

A maximum of ten (10) awards per group, if any, shall be made pursuant to Section 3-143-206, Hawaii Administrative Rules (HAR). For each group, the first award shall be made to the responsible applicant submitting the most advantageous Proposed Price Per Hour for that group. This Provider shall be the first Provider that HSH shall place all requests with for the type of services contained in that group (either RN, LPN or Psych. Tech.).

The second award for each group shall be made to the responsible applicant submitting the second most advantageous Proposed Price Per Hour for each group. This Provider shall be contacted by HSH if the first Provider is unable to provide any part of the requested RN, LPN or Psych. Tech. services.

The third award for each group shall be made to the responsible applicant submitting the third most advantageous Proposed Price Per Hour for each group. This Provider shall be contacted by HSH if the first and second Providers are unable to provide any part of the requested RN, LPN or Psych. Tech. services and so on until the request is filled.

However, if none of the Providers are able to provide any part of the requested services or when available personnel provided by the Provider(s) are not in compliance with the requirements specified herein, the State reserves the right to obtain nursing services from other available sources in the open market.

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 by category (RN, LPN or Psych. Tech.), the number of hours of service provided per RN, LPN or Psych. Tech., the unit rate per RN, LPN or Psych. Tech., the dates the services were provided and any other pertinent information. A monthly Summary Statement showing total hours provided by category (RN/LPN/Psych. Tech.) 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 subcontractors' compliance with the terms of this RFP and the Contract and evaluate services performed. Unacceptable "professional nursing" practice will be evaluated by the HSH Administrator or a designated representative who may at any time suspend the RN/LPN/Psych. Tech. 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 nursing personnel referred for HSH orientation are appropriately prepared, as evidenced by meeting criteria and passing the HSH Nursing Office screening process.
- b) Personnel will have Satisfactory Performance Evaluations as conducted by Charge RN's, and reviewed and approved by the Nursing Supervisor.

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. Facilities
- 2.0 Pricing
- 3.0 Other
 - A. Litigation
- 4.0 Attachments

3.2 Specific Proposal Application Instructions

3.2.1 Qualifications

A. Experience & Capability

Necessary Skills

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

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.

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.

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.

Facilities

Not applicable to this RFP.

B. Project Organization and Staffing

Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing relative to the personnel requirements described in Section 2.7, C. 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.)

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.

C. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2.7, C 1). - 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.

D. 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

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process

4.1.1 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.

4.1.2 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)

NURSING SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-13-002
PROPOSAL FORM

Anthony Fraiola
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 Nursing Services for Hawaii State Hospital, as specified herein:

| <u>Item</u> <u>No.</u> | <u>Description</u> | <u>*Direct Labor Rate</u> | <u>**Proposed Price Per Hour</u> |
|--|--|-----------------------------------|--|
| GROUP I | | | |
| REGISTERED NURSES-LONG TERM HIRE | | | |
| 1. | Hourly rate for RN hired for eighty (80) regular hours in a two (2) week schedule, working 8-hour shifts, 13 weeks minimum | \$ _____ | \$ _____ |
| GROUP II | | | |
| REGISTERED NURSES-TEMPORARY HIRE | | | |
| 2. | Hourly rate for RN hired for less than eighty (80) hours in a two (2) week schedule | \$ _____ | \$ _____ |
| GROUP III | | | |
| LICENSE PRACTICAL NURSE-TEMPORARY HIRE | | | |
| 3. | Hourly rate for LPN hired for less than Eighty (80) hours in a two (2) week schedule | \$ _____ | \$ _____ |
| GROUP IV | | | |
| PSYCHIATRIC TECHNICIANS -TEMPORARY HIRE | | | |
| 4. | Hourly rate for Psych. Tech. hired for less than eighty (80) hours in a two (2) week schedule | \$ _____ | \$ _____ |

(*) Direct labor rate is the hourly rate paid to the RPN/LPN/Psych. Tech. 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 3 |
| <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 3 |
|---|--|

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 4 |
|---|--|

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.: _____

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 430-13-002

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 are 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 | |
| Request for Taxpayer Identification No. and Certification (Form W-9) | Section 2, RFP | | X | |

Authorized Signature

Date

** If applicable.

**Proposal Application
Table of Contents**

Program Overview1

Experience and Capability1

Necessary Skills2

Experience.....4

Quality Assurance and Evaluation.....5

Coordination of Services.....6

Facilities6

Project Organization and Staffing7

Staffing.....7

Proposed Staffing.....7

Staff Qualifications9

Project Organization10

Supervision and Training.....10

Organization Chart (Program & Organization-wide)
(See Attachments for Organization Charts)

Service Delivery.....12

Financial.....20

See Attachments for Cost Proposal

Litigation.....20

Attachments

Cost Proposal

SPO-H-205 Proposal Budget

SPO-H-206A Budget Justification - Personnel: Salaries & Wages

SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits

SPO-H-206C Budget Justification - Travel: Interisland

SPO-H-206E Budget Justification - Contractual Services – Administrative

Other Financial Related Materials

Financial Audit for fiscal year ended June 30, 1996

Organization Chart

Program

Organization-wide

Performance and Output Measurement Tables

Table A

Table B

Table C

Program Specific Requirements

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

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

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title: RN, LPN or PMA

Psychiatric patient care responsibilities (be specific):

Institution/Agency

Address: _____

Supervisor: _____ *Phone:* _____

Dates Employed: _____ *to* _____

Title: RN, LPN or PMA

Psychiatric patient care responsibilities (be specific):

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

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... | | | |
|------------|---|--|--|--|

| | | <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) | | | |
|-----|---|--|--|--|

| | | <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 | | | |
|-----|---|--|--|--|

**Hawaii State Hospital
Department of Nursing
Orientation Checklist Part 2
(RN/LPN)**

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 | | | |
|----|---------------------|--|--|--|

| | | | | |
|-----------|--|---|--|--|
| 3. | CLINICAL SKILLS COMPETENCY: | | | |
| A. | Nursing Assessment | | | |
| | 1. | New Admission (includes De-Escalation Assessment Interview) | | |
| | 2. | Reassessment | | |
| | 3. | Brief Negative Symptom Assessment / Positive Symptom Rating Scale (BNSA/PSRS) | | |
| B. | Nursing Care Plan: | | | |
| | 1. | Initiating | | |
| | 2. | Revising | | |
| C. | PSIDAP/Documentation (includes Nursing 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. | Served as Group Leader/ Co-leader | | | |
| R. | Discharge Planning | | | |
| S. | Patient / Significant Other Teaching | | | |
| T. | Served as Acting Charge Nurse | | | |
| 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. | | | | |

Organization: _____
RFP No. HTH 430-13-002

| | | | | |
|-----------|--|--|--|--|
| B. | | | | |
| C. | | | | |
| D. | | | | |
| E. | | | | |

Hawaii State Hospital
Department of Nursing
Orientation Checklist Part 2 (RN/LPN)

JOB SPECIFIC ORIENTATION CHECKLIST: LAST PAGE

| | | | | | |
|--------------|--|---------------|--|-------------------|--|
| NAME: | | TITLE: | | UNIT/DEPT: | |
|--------------|--|---------------|--|-------------------|--|

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 Nurse Manager/Supervisor)

(Date)

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

**HAWAII STATE HOSPITAL
STAFF DEVELOPMENT and TRAINING UNIT**

ORIENTATION CHECKLIST – PART I FOR PMAs/PSYCH. TECHs

NAME: _____ **POSITION:** _____ **PMA (AGENCY)** _____
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. | BEHAVIOR MANAGEMENT Includes: Behavior Management Procedures (P&P 04.275) | | | |
| 9. | BLOODBORNE PATHOGENS DVD: Workplace Bloodborne Pathogens in Healthcare | | | |
| 10. | 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 | | | |
| 11. | 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... | | | |

| | | <u>ORIENTEE INITIALS</u> | <u>STAFF INITIALS</u> | <u>DATE COMPLETED</u> |
|---|---|------------------------------|---------------------------|---------------------------|
| ATTENDED CLASS OR OTHERWISE ORIENTED TO: | | | | |
| 12. | 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 | | | |
| 13. | EMERGENCY EQUIPMENT/CODE BLUE Includes: FBAO Part A & B DVD: V-VAC Manual Suction | | | |
| 14. | INFECTION CONTROL: Includes: TB and Blood Borne Pathogens | | | |
| 15. | INTRODUCTION TO THE HSH NETWORK | | | |
| 16. | INTRODUCTION TO THE MEDICAL RECORD Includes: Confidentiality, Security & Integrity of Patient Record: Release & Access to Information (P&P 04.556) | | | |
| 17. | JOHNSON BEHAVIORAL MODEL(JBM) for PMAs/PSYCH TECHs | | | |
| 18. | MENTAL ILLNESS & SUBSTANCE ABUSE (MI/SA) | | | |
| 19. | 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) | | | |
| 20. | 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) | | | |
| 21. | 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) | | | |

| | | | | |
|-----|---|--|--|--|
| 22. | SAFETY CLASS Includes: FIRE, OSHA Standards, Disaster Plan, Emergency Evacuation Plan (P&P 09.025) | | | |
| 23. | TRAUMA INFORMED CARE | | | |

| | | <u>ORIENTEE INITIALS</u> | <u>STAFF INITIALS</u> | <u>DATE COMPLETED</u> |
|---|---|------------------------------|---------------------------|---------------------------|
| ATTENDED CLASS OR OTHERWISE ORIENTED TO: | | | | |
| 24. | TREATMENT OF MENTAL ILLNESS | | | |
| 25. | 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 | | | |
| 26. | EDUCATIONAL VIDEOS Includes: | | | |
| | 1. Antidepressants & Mood Stabilizers DVD/Quiz | | | |
| | 2. Cultural Diversity /Quiz (DVD: Different Like You) | | | |
| | 3. Managing Akathisia DVD/Quiz | | | |
| | 4. Mood Disorder: Bipolar Disorder DVD/Quiz | | | |
| | 5. Patient Confidentiality /Quiz/Confidentiality Form (DVD: It's Everyone's Job) | | | |
| | 6. Personality Disorder: Causes, Assessment & Treatment DVD/Quiz | | | |
| | 7. DVD: Prepare for Disaster | | | |
| | 8. QM 2004: Ergonomics DVD/Quiz | | | |
| | 9. QM 2004: Safe Lifting & Handling DVD/Quiz | | | |
| | 10. QM 2008: Sexual Harassment in the Healthcare Setting /Quiz (DVD: Harassment is...) | | | |
| | 11. QM 2011: Patient-Centered Effective Communication /Handout | | | |
| | 12. Recognizing Extrapyrimal Symptoms DVD/Quiz | | | |
| | 13. Schizophrenia: Understanding the Disorder DVD/Quiz | | | |
| 27. | SELF STUDY PACKETS WITH QUIZZES: | | | |
| | 1. AGE SPECIFIC CARE | | | |
| | 2. DOH HIPAA – SECURITY AWARENESS TRAINING | | | |
| | 3. END-OF-LIFE CARE | | | |
| | 4. MEDICATION SIDE EFFECTS | | | |
| | 5. PAIN ASSESSMENT & MANAGEMENT | | | |

| | | | | |
|------------|---|--|--|--|
| | 6. PERSONAL PROTECTION OF PATIENTS AGAINST SEXUAL HARASSMENT, ABUSE, & EXPLOITATION (PATIENT SAFETY) | | | |
| | 7. SUICIDE PREVENTION TRAINING | | | |
| | 8. VITAL SIGNS (Includes: Quiz and Demonstration) | | | |
| 28. | SHIFT HOURS: Day Shift: 0645-1515 Evening Shift: 1445-2315 Night Shift: 2300-0700 | | | |

**Hawaii State Hospital
Nursing Department
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. | Unit Work Schedule | | | |
| 3. | Charting Responsibilities | | | |
| 4. | Staffing Guidelines | | | |
| 5. | PM shift Routine | | | |
| 6. | Night shift Routine | | | |
| 7. | Patient Rounds | | | |
| 8. | Weekend/Holiday Routine | | | |

| | | ORIENTEE INITIALS | ORIENTER INITIALS | DATE COMPLETED |
|--|---|--------------------------|--------------------------|-----------------------|
| E. Information regarding assigned unit: | | | | |
| 1. | Mission (Scope of Care) | | | |
| 2. | Quality Management Plan | | | |
| 3. | Admission & Discharge Procedures | | | |
| 4. | Milieu (Treatment Modalities): | | | |
| | a. Multidisciplinary team | | | |
| | b. Modified team nursing | | | |
| | c. Therapeutic use of self | | | |
| | d. Patient Rights & Responsibilities | | | |
| 5. | Treatment Plans (Initiating and Review Process) | | | |
| 6. | Token Economy System | | | |
| 7. | Treatment Mall Duties/Guidelines | | | |

| 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 | | | |

| | | 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 | | | |
| | 8. Constant Observation | | | |
| 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. | Personal Belongings Sheet | | | |
| 4. | Storage..... | | | |

| | | ORIENTEE INITIALS | ORIENTER INITIALS | DATE COMPLETED |
|-----------|--|-------------------|-------------------|----------------|
| 3. | CLINICAL SKILLS COMPETENCY: | | | |
| A. | Writing a DAP note | | | |
| B. | Admission Process | | | |
| C. | Transfer Process | | | |
| D. | Discharge Process | | | |
| E. | Patient/Significant Other Teaching | | | |
| 4. | THE FOLLOWING ADDITIONAL INFORMATION & SKILLS ARE ESSENTIAL TO COMPETENT PERFORMANCE OF DUTIES: | | | |
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |
| E. | | | | |

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

| | | | | | |
|--------------|--|---------------|--|-------------------|--|
| NAME: | | TITLE: | | UNIT/DEPT: | |
|--------------|--|---------------|--|-------------------|--|

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 Nurse Manager/Supervisor)

(Date)

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

AGENCY RN: 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 | | | | |
| Transcription of MD orders | 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 Team Leader | 1 | 2 | 3 | 4 |
| Function as Charge Nurse | 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 |
|---|---|---|---|---|

This is a true description of my knowledge and skill in psychiatric nursing.

(signature)

(date)

Hawaii State Hospital

HAWAII STATE HOSPITAL
AGENCY LPN: COMPETENCY SELF-EVALUATION

NAME (print) _____ AGENCY _____

Instructions: Rate your knowledge & experience using the following scale.

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

COLLECTION & DOCUMENTATION OF ASSESSMENT DATA

| | | | | |
|--|---|---|---|---|
| Taking/recording vital signs | 1 | 2 | 3 | 4 |
| Observation/recording height & weight | 1 | 2 | 3 | 4 |
| Observation/documentation of dietary intake | 1 | 2 | 3 | 4 |
| Collection/documentation of urine/stool specimen | 1 | 2 | 3 | 4 |
| Observations/charting psychiatric patient behavior | 1 | 2 | 3 | 4 |

ASSISTS IN IMPLEMENTATION / EVALUATION OF TREATMENT PLAN

| | | | | |
|--|---|---|---|---|
| Assists patient with ADLs (grooming & hygiene) | 1 | 2 | 3 | 4 |
| Conduct patient activities (educational/recreational) | 1 | 2 | 3 | 4 |
| Monitor patient with suicidal thoughts/behaviors | 1 | 2 | 3 | 4 |
| Monitor/manage patient with physically aggressive behavior | 1 | 2 | 3 | 4 |
| Verbal de-escalation skills | 1 | 2 | 3 | 4 |
| Self-protection skills (for physical assault) | 1 | 2 | 3 | 4 |
| Team intervention strategies (for dangerous behavior) | 1 | 2 | 3 | 4 |
| Monitor patient in restraints and/or seclusion | 1 | 2 | 3 | 4 |
| Progress note charting reflecting progress toward goals | 1 | 2 | 3 | 4 |
| Progress note charting reflecting physical complaints | 1 | 2 | 3 | 4 |

VERBAL COMMUNICATION

| | | | | |
|--|---|---|---|---|
| Communicate changes in patient status to Charge RN | 1 | 2 | 3 | 4 |
| Seek supervision of carrying out unfamiliar procedures | 1 | 2 | 3 | 4 |
| Identify and process problems | 1 | 2 | 3 | 4 |
| Therapeutic communication | 1 | 2 | 3 | 4 |

GENERAL SAFETY

| | | | | |
|--|---|---|---|---|
| Practice Universal precautions | 1 | 2 | 3 | 4 |
| Assist in a medical emergency | 1 | 2 | 3 | 4 |
| Participate in an institutional FIRE DRILL | 1 | 2 | 3 | 4 |

MEDICATIONS

| | | | | |
|--|---|---|---|---|
| Psychotropic medication administration | 1 | 2 | 3 | 4 |
| Psychotropic medication adverse reactions | 1 | 2 | 3 | 4 |
| Patient teaching re psychotropic medications | 1 | 2 | 3 | 4 |
| Transcription of MD orders | 1 | 2 | 3 | 4 |

The above is a true description of my knowledge and skills in psychiatric nursing.

(Signature)

(Date)

HAWAII STATE HOSPITAL

AGENCY PSYCHIATRIC TECHNICIAN: COMPETENCY SELF-EVALUATION
(PSYCH TECH)

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

COLLECTION & DOCUMENTATION OF ASSESSMENT DATA

| | | | | |
|--|---|---|---|---|
| Taking / recording Vital Signs | 1 | 2 | 3 | 4 |
| Taking / recording height & weight | 1 | 2 | 3 | 4 |
| Observation/documentation of dietary intake | 1 | 2 | 3 | 4 |
| Collection/documentation of urine/stool specimen | 1 | 2 | 3 | 4 |
| Observations/charting psychiatric patient behavior | 1 | 2 | 3 | 4 |

ASSISTS IN IMPLEMENTATION/EVALUATION OF TREATMENT PLAN

| | | | | |
|--|---|---|---|---|
| Assists patient with ADLs (grooming & hygiene) | 1 | 2 | 3 | 4 |
| Conduct patient activities-educational/recreational | 1 | 2 | 3 | 4 |
| Monitor patient with suicidal thoughts/behaviors | 1 | 2 | 3 | 4 |
| Monitor/manage pt. with physically aggressive behavior | 1 | 2 | 3 | 4 |
| Verbal de-escalation skills | 1 | 2 | 3 | 4 |
| Self-protection skills (for physical assault) | 1 | 2 | 3 | 4 |
| Team intervention strategies (for dangerous behavior) | 1 | 2 | 3 | 4 |
| Monitor patient in restraints and/or seclusion | | | | |
| Progress note charting reflecting progress toward goal | 1 | 2 | 3 | 4 |
| Progress note charting reflecting a physical complaint | 1 | 2 | 3 | 4 |

VERBAL COMMUNICATION

| | | | | |
|--|---|---|---|---|
| Communicate changes in patient status to Charge RN | 1 | 2 | 3 | 4 |
| Seek supervision of unfamiliar procedures/policies | 1 | 2 | 3 | 4 |
| Identify & process problems | 1 | 2 | 3 | 4 |
| Therapeutic communication | 1 | 2 | 3 | 4 |

GENERAL SAFETY

| | | | | |
|--|---|---|---|---|
| Practice Universal Precautions | 1 | 2 | 3 | 4 |
| Assist in a medical emergency | 1 | 2 | 3 | 4 |
| Participate in an institutional FIRE DRILL | 1 | 2 | 3 | 4 |

This above is a true description of my knowledge and skill in psychiatric nursing.

(signature)

(date)

**INSERT EXHIBIT 5
LICENSED EMPLOYEE PERFORMANCE EVALUATION (RN, LPN, PSYCH-
TECH)**