

Vendor Visitation

PURPOSE:

To establish processes for effective and efficient management of vendor visitation for Great River Health (GRH) hospitals, including Southeast Iowa Regional Medical Center (SEIRMC) and Henry County Health Center (HCHC).

POLICY:

Business between GRH hospitals and their vendors will be conducted in accordance with the highest ethical standards of the medical and business professions with special attention to the care, sensitivity and safety of patients and staff.

OPERATIONAL DEFINITIONS:

Vendor will include all Medical/Surgical/Pharmaceutical Representatives from medical, surgical, pharmaceutical and medical device companies that are selling products, services or providing information to GRH hospitals. Other vendors, such as information systems, facility repair, etc. who enter clinical areas but do not interact with patients will obtain visitor badges from Facilities or Supply Chain.

PROCEDURE:

A. Vendor Responsibility

1. Vendors must agree to abide by the provisions of this policy. Non-compliance may result in the Chief Compliance Officer lodging a complaint with the Vendor's immediate supervisor. Further non-compliance may result in the Vendor being banned from this facility.
2. All Vendors, through their enrollment in the electronic vendor credentialing system, will acknowledge and abide by all Great River Health (GRH) requirements as outlined within the system.

3. Vendors must report to a credentialing kiosk to sign in and out at one of the following locations:
 - a. At the [SEIRMC West Burlington campus](#), report to Material Management department upon entering the hospital during business hours Monday through Friday 7:30 a.m. to 4:30 p.m.
 - i. Vendors must sign in and out using the electronic vendor credentialing system software in the Material Management reception area and request to see the buyer responsible for the products/specialty that the vendor represents.
 - ii. If requested to be here during non-business hours, before 7:30 a.m. or after 4:30 p.m. vendor badges will be issued at the Switchboard area at the North entrance of the hospital.
 - b. At the [SEIRMC Fort Madison campus](#):
 - i. Credentialing kiosks are located in front lobby or main clinic. Main clinic is only accessible during business hours Monday through Friday 7:00 a.m. to 4:30 p.m.
 - ii. After these hours all Vendors sign in will occur at the front lobby kiosk.
 - c. At [Henry County Health Center \(HCHC\)](#):
 - i. All Clinical vendors or representatives will check in through a kiosk located in the Materials Management offices or in the Front Lobby of the facility. Vendor or representatives who arrive at HCHC outside of the Materials Management office hours should log in at the Lobby kiosk.
4. Vendors will not be allowed on the patient floors or in other departments unless they have been requested by a department to provide physician assistance with a specific patient case or to provide a scheduled in-service or education.
5. Vendors must wear a vendor identification badge, issued by electronic vendor credentialing system, at all times. These badges will be good for only the day issued.
6. The Vendor will provide pricing, contract information and product literature on all new proposed products to the buyer and the Clinical/Department representative while in the Material Management department.
7. The Vendor must obtain a purchase order prior to any products being used in order to receive payment for that product.
8. Vendors are not allowed to provide patient care. While in the department, they will function under the direction of the Nurse Supervisor or circulating nurse within the Operating Room (OR) or Cardiac Cath Lab and the charge nurse on duty that day or designee. Noncompliance to directions from either of these nurses could result in removal from the department.

9. Vendors are restricted to the designated OR or Cath Lab and lounge area unless requested by staff to assist with a specific project. Vendors are not to be in patient care areas unless granted permission from the Nurse Supervisor or department director.
10. Vendors must agree to respect the privacy and confidentiality of patients, staff and employees.
 - a. Before engaging in the production of recordings, films, or other images of patients, anyone who is not already bound by the hospital's confidentiality policy signs a confidentiality statement to protect the patient's identity and confidential information.
11. Vendors may not scrub in any procedure, enter the sterile field, operate any equipment associated with the procedure, open sterile products, touch the patient or provide care in any way.
12. Vendors are allowed to offer verbal technical advice to the surgical team regarding their equipment or device, with the exception of pacemaker representatives or extenuating circumstances. All representatives are restricted from manipulating their equipment or devices while in use with the patient.
13. Nursing staff members involved in the procedure must be provided an in-service seminar on new devices or equipment before the beginning of the procedure. Ideally, this in-service seminar should be accomplished before the day of the surgical procedure.
14. All new pieces of equipment must be reviewed and approved for use by the proper Biomed/Support Services Department before arrival in any area. All equipment must be approved by Department Director before being brought to the area. Staff education/competencies must be completed before use with any new equipment.
15. All infection control policies and procedures must be strictly followed by the vendor and for any device or equipment that is provided by the Vendor.
16. We prefer to purchase mercury-free products in all cases where it is possible to do so. To ensure that we are able to procure mercury-free products we require all suppliers to provide product-level disclosure on mercury content in all items offered on this contract.
17. Gratuities are discouraged at GRH. Any cost saving opportunities should be passed to our organization.
18. Vendors will speak to the merits of their own product line and will not discredit or undervalue any other manufacturer or manufacturer's product line.

B. Material Management Buyer's Responsibility

1. We will meet with Vendors for initial introduction of new products, to resolve order/invoice discrepancies, and to coordinate departmental requests for Vendor interactions while at GRH entities.
2. The Buyer will give preference to new products that have contracts with our national group purchasing organization (GPO). If an item does not have a national contract, the buyer will look for vendors that are willing to negotiate a competitive cost structure with GRH directly.
3. If the new/proposed product involves improvements to patient safety, technological improvements, or are considered physician preference products, the buyer will require that Vendor discuss the new items with a representative from the appropriate department or Resource Management Team and the buyer. They will decide if the product should be considered by the appropriate department, committee, or Resource Management Team.
 - a. New pharmacy products will be managed by the Director of Pharmacy through the P&T Committee or other appropriate entity level committee.

C. Hospital/Campus Responsibility

1. The patient must be informed and give consent for the Vendor to be in the OR/Cath Lab. The consent will be obtained by the operating surgeon and be part of the patient's medical record.
2. Any noncompliance issues will be reported via the electronic event reporting system (eers). If the incident may cause harm to the patient, the Quality Resources Department will be immediately notified.
3. Staff will ask the Vendor to leave their area if the Vendor does not display the appropriate Vendor badge.
4. Meals are allowed when tied to product education must be coordinated through the GRH Training and Development and Nutrition Services departments
5. As part of our overall compliance plan we do not allow inducements from any vendor that would influence our purchasing decisions.

D. Clinics and Retail Services Responsibility

1. Vendors are required to sign in with the electronic vendor credentialing system. Vendors are encouraged to wear their company provided identification badge at all off campus clinics.
2. Vendors are required to report to the Materials Management department of the hospital to obtain a vendor badge prior to visiting on campus clinics.
3. Gratuities are discouraged at GRH entities. Any cost saving opportunities should be passed to our organization.
4. Meals are allowed when tied to product education must be coordinated through the GRH Training and Development department.
5. As part of our overall compliance plan we do not allow inducements from any vendor that would influence our purchasing decisions.