

# THE CHILDREN'S MERCY HOSPITAL ADMINISTRATIVE POLICIES MANUAL

**TITLE:** Vendor Management Policy

**EFFECTIVE:** 11/2018

**REVISION DATE:**

**REVIEWED WITH NO CHANGES:**

**RETIRED:**

## **PURPOSE:**

The Children's Mercy Hospital (the "Hospital") has engaged the use of a [vendor management system](#) to credential [vendors](#), as well as ensure safety and compliance by vendors who interface with our Hospital. In addition, the system will control vendor traffic throughout the Hospital's facilities, ensuring all vendors visiting the facility are pre-authorized and identified through the vendor management system.

*Note:* This policy replaces the following: *Vendor Access Management and Facility Access: Medical Vendor Representatives, Non-Medical Vendor Representatives, Construction Personnel and Consultants Policy.*

## **LOCATION/SCOPE:**

The Children's Mercy Hospital, Children's Mercy Hospital Kansas and all other locations.

## **DEPARTMENT(S) RESPONSIBLE FOR POLICY MANAGEMENT AND EXECUTION:**

Supply Chain Services

## **POLICY STATEMENT:**

The selection of contractors, suppliers and vendors will be made on the basis of objective criteria including national contract affiliation, quality, technical excellence, price, delivery and service. Purchasing decisions will be made based solely on a supplier's or vendor's ability to meet the needs of the Hospital, not on personal relationships or friendships. The Hospital will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities.

### **I. Vendor Management System**

#### **A. Access to the Vendor Management System**

The Hospital uses a web-based vendor management system, which can be found at [www.symplr.com](http://www.symplr.com). This system allows the Hospital to track vendor activities, such as vendor compliance with health care sanctions, management of appointments, validation of education and training, and health screenings. Failure of the vendor or the [vendor](#)

[representative](#) to provide the required information within the system will prevent the vendor and/or vendor representative from interfacing with the Hospital.

## B. Credentialing Vendors

1. The vendor management system automatically checks the vendor company data when the vendor representative registers through the website. The vendor management system validates the following vendor company data and ensures that this information meets the standards set by the Hospital:
  - a. Vendor legal business name
  - b. Vendor address, phone and fax
  - c. Vendor leadership (CEO, CFO)
  - d. Vendor company history (year established, ownership, licensure)
  - e. Type of organization (profit, nonprofit, LLC, corporation)
  - f. Financial solvency
  - g. Government program exclusion screening
  - h. General liability insurance
  - i. Diversity status
2. The vendor management system validates that the vendor/vendor representative is in compliance with the above criteria for levels of access, health screening requirements, and education and training requirements (as noted in this policy) and informs the Supply Chain Services department of noncompliance in writing (electronic or hard copy).

## C. Levels of Access

1. The level of access a Vendor Representative has within the respective facilities is as follows:
  - a. **Patient Care – Level I (PC-L1):** This provides access to areas noted in PC-L2 and ADM levels, in addition to certain designated direct-patient care areas when such access is necessary to support the provision of patient care (OR, Cath Lab, GI Lab). This access requires the highest level of credentialing and health care screening, including the submission of documents as specified in section [I.D](#) (for example, medical device representatives).
  - b. **Patient Care – Level II (PC-L2):** This allows a vendor representative to enter patient care departments or departments where protected health information (PHI) is present but does not provide access to areas where direct patient care is provided (treatment rooms, operating rooms). Examples include service technicians, general medical sales representatives, laboratory and distributor

representatives, clinical consultants, interpreters, and nonclinical representatives (IT, legal, financial).

- c. **Administrative Access (ADM):** This level provides a vendor representative with access to designated nonpatient care departments, including physician offices. This level should be selected if the Vendor Representative does not need access to any patient care area but does need access to other non-public areas in the facility. Examples include business consultants, delivery service providers, pharmaceutical representatives, and sales representatives.

D. Health Care Screening Requirements

1. CMH requires vendors to obtain and report specific health screening and vaccinations in order to protect patients and staff. The specific health screenings and vaccinations are based upon the vendor representative's access level. Listed below are the required health screenings and vaccinations by access level.

Access Levels	PC-L1	PC-L2	ADM
Background check	✓	✓	✓
Exclusion screening	✓	✓	✓
General liability insurance	✓	✓	✓
Hospital policies	✓	✓	✓
HIPAA	✓	✓	✓
Health screening requirements:			
• TB screening	✓	✓	
• Tdap vaccine	✓	✓	
• MMR (measles, mumps, rubella) immunity	✓	✓	
• Varicella (chicken pox) immunity	✓	✓	
• Seasonal influenza vaccine	✓	✓	✓
Bloodborne pathogen training	✓	✓	
General exposure and hospital safety	✓	✓	✓
Product service training	✓	✓	
OR protocol	✓		
License/credentials	✓		

Screening Type	Explanation
MMR	Documentation of two MMR vaccinations or positive titers for rubeola (measles), mumps and rubella
Varicella (chicken pox)	Documentation of two Varicella (chicken pox) vaccinations or positive varicella titer

Tdap vaccine	Documentation of one Tdap (tetanus, diphtheria, acellular pertussis) vaccine
TB screening	Two tuberculin skin tests within 12 month of each other and the last test no greater than 90 days prior to affiliation or interferon-gamma release assay testing for latent tuberculosis (Quantiferon Gold or T-spot) within 90 days of affiliation; anyone claiming past positive tuberculosis testing must have original documentation of the positive test and/or treatment for latent tuberculosis and a negative chest x-ray report post-positive test, and they must be free of signs and symptoms of active tuberculosis
Seasonal influenza vaccine (during flu season)	Condition of affiliation

#### E. Education and Training Requirements

1. To ensure that vendor representatives comply with Hospital policies, all vendors are required to review and acknowledge the following Hospital policies within the vendor management system:
  - a. [Code of Conduct](#)
  - b. [Confidentiality of Information Policy](#)
  - c. [Corporate Compliance Plan](#)
  - d. [Fraud, Waste and Abuse Plan](#)
  - e. [Gifts and Gratuities Policy](#)
  - f. [Non-Retaliation: Prohibition from Reprisal Policy](#)
2. Vendor Representatives with **ADM** access will also be required to review and acknowledge training on:
  - a. Hospital safety
3. In addition to items listed in sections I.E.1 and I.E.2, vendor representatives with **PC-L2** access will be required to review and acknowledge training on product service training certification provided by the manufacturer.
4. In addition to items listed in sections IE.1 – I.E.3, vendor representatives with **PC-L1** access will be required to review and acknowledge training on operating room and/or procedure room protocol.
5. When applicable, education or training as a requirement of regulatory changes or a site visit may be required for vendor representatives dependent upon their access and duties while engaged with the Hospital. It is the responsibility of the Hospital manager who oversees the vendor’s activities while on site to ensure timely completion.

## II. Visitation

- A. Vendor visitation with any Hospital employee will be by appointment only. CMH prohibits cold calling by vendors. Appointments must be pre-arranged and scheduled in advance through the vendor management system. First-time vendors are required to contact the Supply Chain Services department before requesting an appointment with a Hospital employee.
- B. All vendors visiting the Hospital are required to pre-register through the web-based vendor management system.
- C. At the time of arrival at the specific Hospital facility, the vendor representative will be required to visit the vendor management system kiosk and obtain a [vendor badge](#).
- D. The vendor representative will be permitted access only to individuals with whom they have an appointment.
- E. A vendor representative who attempts to meet with a department or individual with whom they do not have an appointment will be asked to leave the premises and this will be noted in the vendor's record as noncompliance with Hospital policy.
- F. The Supply Chain Services department will keep a record of vendor representative compliance. If it is determined by Supply Chain Services that a vendor has been noncompliant with the requirements of Hospital policies, the vendor representative will be denied a badge and will not be permitted to enter Hospital facilities. If it becomes necessary to deny a vendor representative a badge, Supply Chain Services will notify the representative and their organization of the situation.

## III. Badges

- A. The badges generated by the vendor management system will have the vendor representative's picture and name, vendor company name, date, appointment time, Hospital facility and visiting location, and access level printed on the badge. As these are date-, time- and location-specific, Hospital employees should validate whether the vendor representative has a current badge, and if not, instruct the vendor representative to return to the kiosk for the correct badge or leave the premises.  
*Note:* Security may be called to assist with removal, if needed.
- B. At Hospital locations with security check-in stations, vendor representatives also will be required to obtain a visitor badge.
- C. Vendor representatives also should wear their company-issued badge.

## IV. Parking

Parking validation will not be available to vendors making sales calls or during a negotiation process. Parking validation will be provided during the course of an engagement – such as the provision of services for which the vendor is paid – if specifically agreed to per a written agreement.

## V. Products, Samples and Contracts

- A. Vendors whose product competes with products covered by a sole source or committed contract are prohibited from visiting any location unless the Hospital is in the process of renegotiating those items and has requested representation of additional manufacturers.
- B. Vendors who are awarded national contracts with the Hospital's affiliated group purchasing organization (GPO) may only meet with relevant departments whose products are covered under the GPO agreement. These discussions will take place only after Supply Chain Services or Pharmacy, as applicable, has completed the initial review of the products and the vendor has received authorization to proceed.
- C. No samples or trial products will be sent to or left at the Hospital without pre-approval from Supply Chain Services. Should a vendor representative leave a product without permission, the vendor accepts full liability for any incident involving such product.

### 1. Drug Samples

- a. Drug samples are **not permitted**, with the exception of certain pre-approved initiatives at the Teen Clinic.
- b. For approved uses in the Teen Clinic, vendors are not allowed to stock sample closets or to access patient care areas to deliver samples. Samples must be left with staff to process. Samples must be inventoried by lot number and a record of which patients received the products must be maintained for reference in the event of a drug recall.

### 2. Nondrug Samples

#### a. Formula Samples

- Formula samples will be limited to patient use only.
- Amounts distributed shall be limited to a few days' supply.

*Note:* If a patient has an ongoing financial hardship, please contact the Social Work department for an assessment.

- Samples must be left with staff to process.

### 3. Product Samples

- a. Product samples are limited to patient use or for Hospital evaluation only.
- b. Amounts distributed to patients shall be limited to three days' supply.

*Note:* If a patient has an ongoing financial hardship, please contact the Social Work department for an assessment.

- c. Samples must be left with staff to process.

D. Equipment Evaluation

Any equipment requested for evaluation must be coordinated with the Supply Chain Services and Biomedical Engineering departments.

E. Delivery of Equipment

A purchase order is required before delivery of equipment or supplies can be made to the Hospital for items to be used for patient care. For purchasing information please see the [Supply Chain Services contact page](#) on the Scope.

F. Equipment Inspection

All medical equipment must be inspected by the Biomedical Engineering department prior to use or demonstration. Complete a [work request](#) to begin this process.

G. Defective Devices or Hardware

Known or suspected defective devices or hardware removed from a patient during a procedure cannot be removed from Hospital property by the vendor representative without a completed, written authorization and approval from the Office of the General Counsel/Risk Management.

**VI. Ethics**

- A. Hospital staff and vendors are expected to employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and administration of all purchasing activities to foster public confidence in the integrity of the procurement process. They will not disclose confidential information given by outside parties without their prior consent, disclose contract pricing and information to any outside party, or use confidential information for actual or anticipated personal gain. Conflicts of interest involving Hospital staff or the vendor should be disclosed as outlined in the [Conflict of Interest Policy](#).
- B. The Hospital expects vendors to respect the [Code of Conduct Policy](#) as well as policies and procedures and encourages vendors to include adherence in all written agreements.
- C. Any vendor representative found not complying with these rules must be reported promptly to the Senior Director of Supply Chain Services who will issue a verbal warning. Should this person be found breaking any of these rules a second time, either representing the same company or a different company, they will be banned from doing any business with the Hospital for a period of five (5) years.
- D. Neither vendor representative nor Hospital staff will solicit employment with the vendor as part of their interactions onsite at any Hospital facility.

## VII. Business Courtesies

- A. Hospital employees may not accept gifts, entertainment or anything else of value from current or potential suppliers of goods and services or from consultants to the organization, unless specifically permitted by the Hospital's [Gifts and Gratuities Policy](#).
- B. Business meals paid for by vendors may be accepted only when specifically permitted by the [Gifts and Gratuities Policy](#).
- C. At all times, any item provided to the Hospital or its staff members must not be intended to evoke any form of reciprocation.

## VIII. Kiosk Support

Supply Chain Services personnel will maintain kiosk supplies. Contact Supply Chain Services staff for any problem associated with kiosk operations.

## DEFINITIONS:

**Vendor** is an outside agency providing goods and services. There are two types of vendors for the purposes of this policy: clinical and nonclinical. Clinical vendors include pharmaceutical companies, manufacturers and distributors of medical devices and durable medical equipment, home health and other patient care vendors. Nonclinical vendors include manufacturers or distributors who promote or sell nonclinical items or services used by the Hospital.

**Vendor badge** is a paper-based document that will adhere to an individual and includes the information identified in section III. Vendor badges must be displayed prominently and will be available at kiosk locations.

**Vendor management system** is an online system, accessible through kiosks on Hospital property, that will hold and validate vendor credentials and immunizations required for access to clinical and nonclinical areas. The system permits appointment scheduling and will print badges only after all access requirements are met by the vendor representative.

**Vendor representative** is an individual who is employed or contracted by a vendor to sell, support or service the vendor's products or services.

## REQUESTS FOR GUIDANCE REGARDING THIS POLICY:

Requests for guidance regarding this policy will be directed to the Administrative Council sponsor.

## BUSINESS CONTINUITY AND DISASTER (BCD) PLAN:

Unless otherwise indicated, requirements in this document remain applicable during a business continuity and disaster (BCD) situation.



**MEASUREMENTS/METRICS:**

**RECOURSE FOR NON-COMPLIANCE:**

Non-compliance will be addressed in accordance with the [Conduct and Discipline Policy](#).

**RELATED POLICIES:**

[Code of Conduct](#)

[Confidentiality of Information Policy](#)

[Corporate Compliance Plan](#)

[Fraud, Waste and Abuse Plan](#)

[Gifts and Gratuities Policy](#)

[Non-Retaliation: Prohibition from Reprisal Policy](#)

**RELATED FORMS:**

**REFERENCES:**

**REGULATIONS:**

**KEYWORD SEARCH:**

rep, samples, flu vaccine, credentialing, background check, sex offender, TB, confidentiality, code of conduct, compliance plan, health care sanction, vendor visits, vendors, drug reps, pharmaceutical sales, sales reps

**POLICY CONTENT OWNER(S):**

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**REVIEW PERIOD:**

Three (3) years

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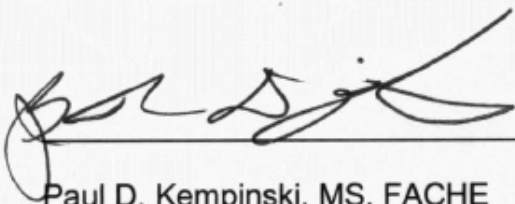
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**LEADERSHIP REVIEW:**

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**FINAL APPROVAL:**



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Paul D. Kempinski, MS, FACHE  
President and Chief Executive Officer

1/25/2019

Date