

**TITLE:** Supplier Visitation Policy  
**SECTION:** General Administrative (GA)

## **PURPOSE**

To effectively manage the volume of supplier visitations, ensure that staff can effectively manage their time, and to see that patient care is not adversely affected. While many supplier visits are with Materials Management staff, we recognize that, occasionally, it is helpful for suppliers to call on non-Materials Management staff. Suppliers, in turn, should respect the true mission of SLHS employees and clinicians, and work to eliminate any unnecessary intrusions. The procedure below outlines the process of supplier visitation for Saint Luke's Health System entities.

Business between all parties 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.

## **PROCEDURE**

### **1. Responsibility of Resource Management**

- A. Make available to all visiting vendor/supplier/representatives a copy of the policy and the procedure to provide for compliance with the policy.
- B. Keep all known vendor/supplier/representatives and the Corporate Offices of all companies currently doing business with SLHS informed of the provisions of the policy.
- C. Act promptly on complaints of non-compliance according to the disciplinary guidelines within this policy.
- D. Review supplier performance measurements as outlined in the contracts.

### **2. Responsibility of the Sales Representative**

- E. Vendor/supplier/representatives will be divided into three classes of visitors:
  - Sales Call
  - Account Support
  - Clinical Support

Each class has different requirements based on the level of their purpose and patient exposure.

Sales Calls are conducted by vendor/ supplier/ representatives purely to show products or to discuss services offered to Saint Luke's Health System by appointment only. There is no patient contact. These calls may be redirected to Corporate Materials Management. The vendor/supplier/representative should check in at the entity being visited. This supplier is not subject to any competency or qualifications requirements.

Account Support visits are conducted by vendor/supplier/ representatives to provide support for product issues or to provide services already contracted for. There is minimal patient contact supervised by an employee of Saint Luke's Health System. This supplier is not subject to any competency or qualifications requirements.

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Clinical Support visits are conducted by vendor/supplier/ representatives to provide expertise in product knowledge or services rendered that may be in patient areas. These suppliers are typically invited into the hospital by a licensed independent practitioner to provide care, treatment or services to patients. These suppliers act under the direction of SLHS employees in all situations including all emergencies (code red, code gray, etc.) In addition, these suppliers are subject to the following requirements:

- A. The vendor/supplier/ representatives shall review the provisions of the Visitation Policy and Procedure after being issued a copy of the brochure outlining the specific guidelines to be followed when doing business at SLHS. Vendor/supplier/ representatives will be held accountable for their actions and behavior at all SLHS entities, whether or not they have reviewed SLHS policies or material pertinent to supplier visitation or behaviors within SLHS facilities.
- B. The vendor/supplier/ representatives may be asked to sign an agreement (or agreements) to abide by the provisions established and acknowledge that the policy is strictly enforced. Vendor/supplier/ representatives may be required to adhere to department specific guidelines, policies, procedures or mandates, examples of which would be any surgical or procedural areas, any patient care areas, any outpatient care areas, or any areas that are not accessible to the general public. Departmental requirements, infection control, hospital or clinic specific requirements must be followed for vendor/supplier/ representatives to have permission to be on campus at any SLHS site. These will include basic principles of blood borne pathogens in accordance with OSHA standards, basic infection control principles including hand hygiene, asepsis, standard, airborne and droplet precautions, patient rights and confidentiality and HIPPA. Each vendor/supplier/representative who falls into the Clinical Support Category must have a signed competency form that documents the above requirements. Other departmental specific requirements may apply. This documentation shall be kept by the departmental manager. The department manager has the right to disallow requirements based on the nature of the clinical support that is being rendered.
- C. It is the vendor/supplier/representative's responsibility to inquire about departmental requirements for visitation. Questions can be directed to Corporate Materials Management at (816) 932-6066.
- D. Vendor/supplier/representatives are required to make appointments in advance with any and all SLHS staff. Each appointment authorization is for that appointment only, and does not provide authorization to visit any other areas of the hospital or meet with any other staff.
- E. The vendor/supplier/representative will work with the appropriate Resource or Materials Manager prior to displaying any products, books or journals. The Resource or Materials Manager will coordinate with the appropriate department for approval. Resource Management and Materials Management responsibilities will be made available upon request.

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- F. The acceptance of pharmaceutical samples must have prior approval of the System Director of Pharmacy.
- G. Vendor/supplier/representatives are not allowed to open sterile supplies, scrub into the surgical field, assist in breaking down sets of equipment/instruments after the procedure, assist in moving the patient, have any direct contact with the patient, or enter the room without approval from the circulating nurse.
- H. Vendor/supplier/representatives who perform remote calibration to adjust devices, i.e. pacemakers or ICD's, or assist with the use of a piece of equipment, i.e. – VAD or robot in the operating room, must have a letter on file in the department from your employer verifying competency to operate such equipment. This also applies to new equipment. These letters must be updated annually and are kept by the department manager.
- I. The vendor/supplier/representative may attend the meetings of medical groups or departmental committees only with the invitation of the Chair. Contact with the medical staff shall be on an appointment basis only.
- J. A vendor/supplier/representative **may not** have any contact with a patient without the prior approval of the attending or consulting physician. SLHS Nurse Representative must be present at all times. The vendor/supplier/representative may not make any notations in the patient's medical chart. Vendor/supplier/representatives that have exposure to or utilize patient protected health information (PHI) will adhere to SLHS guidelines relative to HIPAA (CFR 45) including, but not limited to, signing the appropriate Business Associate agreement and/or Confidentiality Agreements.

### 3. Disciplinary Guidelines

The intent of this policy to strictly enforce this procedure, with the following disciplinary guidelines for non-compliance:

- A. **First Offense**: Violation documented, verbal warning issued, and policy reviewed.
- B. **Second Offense**: The supplier's regional or corporate office will be notified of the representative's non-compliance to policy. The vendor/supplier/representative may be temporarily barred from SLHS premises and/or replaced at SLHS request.
- C. **Third Offense**: The company may be suspended from further business with SLHS for a period of time to be determined by SLHS.

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The Corporate Director of Materials Management, reserves the right to accelerate the disciplinary process or to add additional disciplinary provisions.

#### **4. Responsibility of the Department**

- A. The Department Managers shall assist in the compliance to this policy by allowing vendor/supplier/representatives in their areas only in accordance with the provisions of this policy.
- B. All contacts with vendor/supplier/representatives should be limited to offices or public reception areas. No vendor/supplier/representatives should be allowed access to drug storage areas, especially unattended. Access for the vendor/supplier/representative to supply inventory areas must be approved by the Department Manager. Access for the vendor/supplier/representative to patient care areas must be approved by the Department Manager and they must be accompanied by nursing staff at all times.
- C. The Department Manager shall provide all department specific instructions (including Bloodborne Pathogens instructions) to the vendor/supplier/representative. Any additional department specific rules will be provided at this time.
- D. It is the responsibility of the department to keep all pricing and current vendor information confidential. Questions pertaining to pricing and/or competitive vendor information should be referred to Corporate Materials Management.
- E. Requests by departments for pharmaceutical inservice will be directed to the System Director of Pharmacy, or his designee. All other requests for product inservice will be directed to the appropriate Resource or Materials Manager.

#### **5. Visitation Guidelines by Facility**

##### **Appointments and Check-In:**

Although each facility is unique, vendor/supplier/representatives should comply with the following general instructions for visiting all SLHS facilities:

1. All appointments must be made by telephone in advance. Unexpected visits will not be accepted.

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2. Appointments and check-in will not begin earlier than 7:00 a.m. or later than 5:00 p.m.. After hours visits are prohibited, unless authorized in advance.
3. Upon the suppliers arrival, but before meeting their appointment, the supplier must check in at the appropriate location.
4. The attendant will verify the suppliers' appointment, ask the supplier to sign in, and give the supplier a temporary ID badge. Suppliers not wearing a temporary ID badge will be returned to the check-in location.
5. When the suppliers' visit is over, supplier will return to the check-in location, sign out, and return the temporary ID badge.

**IN COLLABORATION WITH**  
Corporate Resource Management

**SLHS Entities Covered by this Policy:** This policy applies to all SLHS entities including all hospitals:

Anderson County Hospital (d/b/a for Saint Luke's Hospital of Garnett, Inc.)  
Crittenton  
Hedrick Medical Center (d/b/a for Saint Luke's Hospital of Chillicothe)  
Saint Luke's Cushing Hospital  
Saint Luke's East Hospital  
Saint Luke's Hospital of Kansas City  
Saint Luke's North Hospital (d/b/a for Saint Luke's Northland Hospital Corporation)  
Saint Luke's South Hospital, Inc.  
Wright Memorial Hospital (d/b/a for Saint Luke's Hospital of Trenton, Inc.)

**REPLACES PREVIOUS DOCUMENTS**

HMC – Supplier Visitation Policy  
WMH – Sales Representatives

**APPROVALS**



\_\_\_\_\_  
Bob Bonney, Senior Vice President Network  
Operations & Development

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12/31/2014

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Date

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