Policy Name: Vendor Access & Control - 09-14

Applies to: OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services] and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

Policy Objective
This policy is intended to assure the safety and security of patients, visitors, staff, and Vendor Representatives in all areas of OSUWMC/The James. Vendor Representatives must do business in accordance with the requirements as stated below, and as set forth in the Vendor Interaction Policy and other cross-referenced documents.

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted Personnel</td>
<td>Employees of another company or agency who are performing work that would otherwise be performed by an OSUWMC/The James employee, typically for the purposes of meeting increased workload, covering vacancies or providing outsourcing solutions. Examples include: third party staffing, nursing agency staff, “temps,” long-term contract management staff, custodial workers, interpreters, pastoral care, and IT consultants. NOTE: This policy does not apply to Contracted Personnel; they are subject to the same access and control requirements as employees. See Human Resources policies for additional information.</td>
</tr>
<tr>
<td>Executive Sponsor</td>
<td>The individual responsible for overseeing the vendor representative’s work.</td>
</tr>
<tr>
<td>Patient Care Areas</td>
<td>Any area in which patients are seen for the purpose of registration, consultation, diagnosis or treatment. This includes, but is not limited to: inpatient care units, outpatient treatment areas, surgical suites, cardiac catheterization laboratories, special procedure areas, hallways or walking areas that are accessed with badge security, or other areas where a care giver interacts with hospital patient or family member.</td>
</tr>
<tr>
<td>Vendor Representatives</td>
<td>(Not Contracted Personnel) Employees of another company or agency who are performing work on behalf of their employer, typically for the purposes of supporting the evaluation, purchase and/or implementation of specific supplies, equipment, or services. Examples include: sales representative, clinical specialists, product trainers, service technicians, project managers, short-term management consultants, and patient services representatives that provide patient/family education and/or discharge coordination related to their agency (e.g. insurer, home health, long-term care reps).</td>
</tr>
<tr>
<td>Vendor Management System</td>
<td>The electronic system used to register and screen Vendors (the companies) and Vendor Representatives (the individuals), and to record Vendor Representative visits to OSUWMC/The James buildings, to assure they have met all requirements necessary to a) assure patient, visitor, staff and Vendor Representative safety and security, b) assure federal and state funds are not used inappropriately (see Downstream Entity Compliance Policy for additional information), and c) support standard purchasing practices within the medical center.</td>
</tr>
</tbody>
</table>

Policy Details

Vendors are invited guests and, as such, non-compliance with any portion of this policy may result in immediate removal from OSUWMC/The James facilities and/or termination of sales and marketing privileges. The appropriate conduct and oversight of vendors/suppliers and the fulfillment of this policy is the responsibility of the entire staff. Any non-compliance to this policy must be brought to the attention of leadership/unit manager. *This policy does not apply to Contracted Personnel. Similarly, this policy does not apply to access to OSUWMC/The James IT computer systems. For each of the forgoing, separate policies apply.

To be eligible to conduct business transactions with the hospital, vendor representatives must complete the credentialing process through the vendor management system.
Policy Name: Vendor Access & Control - 09-14

Applies to: OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services] and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

Procedures

I. Prior to Visit: Credentialing and Scheduled Appointments

A. Vendor (Company) Credentialing
   1. At least five (5) business days prior to any visit by a Vendor Representative, and annually thereafter, the Company represented by the Vendor Representative must register and receive notification of approval in the Vendor Management System.

B. Vendor Representative Credentialing
   1. At least five (5) business days prior to first visit, and annually thereafter, each individual Vendor Representative must register in the Vendor Management System, which requires them to review policies and submit required information as indicated below. Refer to Appendix A: Vendor Representative Credentialing Process.
   2. Review and agree to all relevant policies, (e.g., vendor interaction, Health Insurance Protection and Portability Act (HIPAA), tobacco-free environment, concealed carry and others), which may be updated periodically.
   3. Provide evidence of the health screenings and immunizations listed below. Description of acceptable forms of documentation can be found on the Supplier Onboarding Guide at https://wexnermedical.osu.edu/utility/footer/supplier-interaction.
      a. 10-panel drug-screen
      b. Two (2) MMR vaccines OR positive measles, positive mumps AND positive rubella titers
      c. Two (2) Varicella vaccines OR a positive Varicella titer
      d. Flu shot; signed declination is acceptable – by 12/1 annually
   4. Provide evidence of a background check(s) completed within the last 12 months that includes the following databases:
      a. National Criminal Database/FBI Search
      b. County Felony and Misdemeanor/Ohio Bureau of Criminal Identification & Investigation Search
      c. National Sexual Offender Registry Search
      d. Social Security Number Validation
      e. Address History Validation – for all addresses in the last 7 years

Acceptable forms of evidence for background checks include a copy of the report from background search company, or a letter from the Vendor Representative’s company, on company letterhead, and signed by the company’s authorized representative, stating the full name of the vendor and attesting that a background check meeting the requirements above has been performed within the last year. Any changes in the background check information must be updated within the vendor management system immediately.

5. Provide evidence of necessary training, if required for visits to specific area, (e.g. perioperative services).
   a. Vendors must complete Computer Based Learning (CBL) modules and exams initially and then annually thereafter. See Appendix B for the required CBLs a vendor
must take. Administrators may require additional training based on the location they are visiting.

b. Vendors will access CBLs through an external site.

c. Vendors will provide attestation of completed CBLs through the vendor management system.

6. Pay a nominal registration fee to the vendor/representative credentialing company via credit card.

7. The Vendor Representative’s OSUWMC/The James executive sponsor will request the appropriate level of access and identify the areas in which the vendor will visit.

   a. Business Access: On-site work at Ackerman, Meiling, Health Sciences Library (other areas may apply for business access not connected to the main hospital)

   b. Contiguous Clinical Areas: On-site work in patient care areas or buildings contiguous to patient care areas

8. Vendor representatives given business access will be exempt from the health screenings and immunizations as noted in 3(a)-(d).

9. At the direction of hospital administration and clinical epidemiology, vendor representatives shall wear appropriate Personal Protective Equipment and isolation masks in accordance with infection control and safety policies and procedures.

C. Limited Visits in Non-Patient Care Areas

   1. In lieu of becoming credentialed through the vendor management system, an attestation form (Appendix C) may be utilized for those vendor representatives visiting the hospital in a non-patient care area for limited visits not to exceed 7 continuous days.

      a. A department hosting the vendor representative is responsible for the proper completion and processing of applicable attestation forms in accordance with this policy.

      b. By signing the attestation form, the host department is acknowledging that they trust the information provided by the vendor representative is correct, and that are responsible for the vendor representative while they are on hospital property.

      c. The attestation form must be completed by the vendor representative and returned to the host department, which will sign the form and submit it to the vendor representative credentialing administrator.

      d. Completed and signed forms will be reviewed by the vendor representative credentialing administrator.

      e. Hospital security retains the right to examine copies of the completed forms while the vendor representative is on site.

      f. Completed attestation forms are to be retained by the host department.

D. Review and Approval

   1. Staff of the vendor management system will review all submissions for accuracy and completeness prior to approving Vendor Representatives’ access. Vendor Representatives will receive notification only if submitted information requires supplementation.

E. Scheduling Appointments

   1. Prior to visiting the OSUWMC/The James, Vendor Representatives are to schedule an appointment with a specific department lead. All commercial discussions must be conducted with Supply Chain. New product introductions must follow approved processes (see section III.B. below). Vendors should enter OSUWMC/The James facilities only with a pre-arranged appointment for the following purposes:
a. Support an existing/approved product, device, or piece of equipment.

b. Provide technical support that contributes to the success of a procedure or treatment.

c. Introduce and trial new products, devices, and equipment upon approval from the Value Analysis department.

II. At Each Visit: Check-In, Day Pass and Check-Out

A. Vendor Representatives must check-in through a kiosk or mobile application system, wear a self-expiring sticker day pass or present the mobile badge when requested, and check-out at each visit. If more than one Vendor Representative from the same company is in attendance, each individual must be registered, check-in, have the appropriate credentials and check-out. Vendors will not be permitted access to OSUWMC/The James without valid identification. Refer to Appendix B: Vendor Representative Check-In Process.

B. Buildings with Vendor Kiosks (dedicated computer terminals)
   1. In buildings where a vendor kiosk is available, the Vendor Representative must check-in at the kiosk and print a self-expiring sticker identification, which is to be worn above the waist at all times while visiting.
   2. A current list of vendor kiosks is available here. Kiosks are generally located in the building’s lobby or the reception areas of procedural units.
   3. When leaving the premises, the Vendor Representative should check-out at the kiosk. The self-expiring sticker should be removed, torn and discarded.

C. Buildings without Vendor Kiosks
   1. In buildings where a vendor kiosk is not available, the Vendor Representative must check through the mobile application and present the mobile identification to the nearest available staff member.
   2. Whenever possible, a temporary day pass will be issued by the department, and/or the Vendor Representative should wear their company name tag or badge.
   3. The vendor shall check-out through the mobile application.

D. Vendors will no longer have permanent badges. Exceptions to this may occur in rare circumstances with approval from an administrative staff member. Any request for a hard badge will go through ID processing.

III. Conduct While On Premises

A. Sales Calls
   1. Vendor Representatives are not permitted to solicit or “pitch” products or services without an appointment. Sales calls should be scheduled through the Supply Chain department. Vendor Representatives are strictly prohibited from soliciting patients or visitors.

B. New Products
   1. Vendor Representatives who have new products to introduce to OSUWMC/The James must follow the New Product Introduction process and contact the Value Analysis team within Supply Chain for additional information or email: valueanalysis@osumc.edu.
   2. Vendor Representatives are not to present unapproved equipment or participate in any procedure, demonstration, or training prior to registering in the vendor management system and obtaining approval from Value Analysis.
3. All equipment must be evaluated/inspected in accordance with the Loaner Instrument Set(s) and/or the Medical Equipment Management plan prior to initial use. Equipment should be delivered to the Clinical Engineer at least two business days before scheduled use with the following manuals:
   b. Service Manual
   c. Service documentation from vendor representative (if applicable)
   d. Any consumable necessary for performance evaluation

C. Patient Interaction
   1. Vendor Representatives may only have interaction with patients if and when all of the following requirements are met:
      a. The patient requests interaction with a Vendor Representative, or an OSUWMC/The James staff member requests a Vendor Representative have interaction with a patient, AND both the patient and staff agree that the Vendor Representative may have contact with the patient.
      b. The OSUWMC/The James staff member documents in the notes section of the patient’s medical record that a Vendor Representative visited with a patient.
      c. The patient’s medical record information is not shared with the Vendor Representative unless the patient has authorized that action in accordance with the applicable OSUWMC/The James Policy regarding the release of patient information to third parties.

   2. Vendors are not permitted in the following areas unless accompanied by OSUWMC/The James personnel:
      a. OR Control Desk
      b. Storage Rooms not including the Center Core
      c. Physician/Surgeon or Staff Lounges
      d. Nurses Stations

D. Vendors are Prohibited from the following:
   1. Marketing or promoting their product or service to hospital patients or visitors
   2. Engaging in the practice of surgery, nursing, or medical decision making
   3. Involvement in direct patient care
   4. Opening any item and placing it on a sterile field
   5. Distributing or posting any type of invitation, advertisement, sign or promotional material
      a. Exception: Pre-approval from Department’s Leadership
   6. Taking any documents (including patient labels) that contain any patient-specific information, including name, or medical record number
   7. Requesting or attempting to access pricing of any product
   8. Taking any photographs and/or videos
   9. Accessing surgery schedule or any other patient information
   10. Handling of completed New Product evaluation forms related to a product/equipment trial
   11. Access any hospital or patient care area via employee entrances

E. Vendors may be involved in the following:
   1. Calibrations or adjustments of medical devices to physicians and manufactures’ specifications, providing representatives are not providing in direct patient care.
   2. May visually or audibly make verifications to staff regarding their product.
3. For approved trials or use of new products and/or technology, vendors may provide educational information to the relevant physicians and staff in advance of the trial or use.

F. Vendors are accountable for following hospital and departmental policies; when in doubt, ask.

G. Vendors are expected to comply with all Security personnel, at all times.

H. In the event of an emergency, vendors are expected to follow the direction of department leadership.

I. Vendors in the Operating Rooms and Procedural Areas:
   1. Must follow the Perioperative Attire and Traffic Patterns
   2. Must follow PPE requirements
   3. Vendor Representatives visiting Brain and Spine Hospital, Ross Heart Hospital, University Hospital, or The James Cancer Hospital, must check-in at Doan 490 to receive scrubs and uniquely colored garments (Inpatient only)
   4. All other OR vendors must check-in their designated area as defined by their administrative sponsor.
   5. May provide case/procedural set up assistance, but leave the OR/procedural area when patient arrives in the operating/procedural room
      a. Vendors may return to the OR/procedural room when the patient is anesthetized and/or fully draped and prior patient consent has been granted.
   6. 48 hours prior to vacation or absence, provide alternative vendor representation contact information to the corresponding OSUWMC/The James control desk and/or OR service line contact.

IV. OSUWMC/The James Staff Responsibilities

A. Providing Notice
   1. Any staff member scheduling a meeting with a Vendor Representative should make the vendor aware of vendor interaction and access policies and provide additional information about doing business with OSUWMC/The James by directing the vendor to the Supplier Interaction page on the OSUWMC/The James website.

B. Assisting With Check-In
   1. Staff who are expecting Vendor Representatives will assure that the vendor and the representative are properly registered, checked-in and have the appropriate identification.

C. Directing Vendor Representatives without Appropriate Identification
   1. If a Vendor Representative is found to be on the premises without an appointment they will be asked to leave.
   2. If the Vendor Representative is found to be on the premises without proper identification (e.g. self-expiring sticker or mobile check-in verification), staff will direct that individual to the appropriate vendor kiosk/check-in area. If the Vendor Representative is not registered in the OSUWMC/The James vendor management system, staff will ask them to leave and to return only when registration is complete.
   3. If a Vendor Representative fails to comply, staff will contact the department director, administrator, or Security, who will escort the individual from the building, and report the incident to the Supply Chain Department and non-compliance will be noted in the Vendor Management System.

V. Parking

A. Parking is controlled by CampusParc. Please visit CampusParc for permit information/purchase.
B. Vendor Representative may not use designated patient garages.

VI. Non-Compliance
A. Vendor Representatives who fail to comply with this policy will be prohibited from entering OSUWMC/The James buildings and jeopardize their company’s standing as an approved, or potential, vendor. Any alleged infraction will be reviewed by the vendor representative credentialing administrator in the supply chain department, in consultation with security, unit administration and others, as appropriate. Gross violation of policies will be addressed at the Hospital leadership level, including the development of corrective action.

VII. Vendor Credentialing Audits and Maintenance
A. The hospital’s vendor representative credentialing administrator will perform regular maintenance and audits on the credentialing system process.
B. Audits will include:
   1. Review of vendor representatives denied access
   2. Confirmed that denied vendor representatives have not created new accounts
C. Maintenance
   1. Inactive accounts will be purged quarterly. This will include accounts that are non-compliant or not active for 180 days.
   2. All required credentials and policies will be reviewed for updates annually, at minimum
   All policies will be reviewed and updated with current versions quarterly, at minimum.

Resources
Background Check 02-57 (48104)
Self-Disclosure of Criminal Convictions 02-47 (48139)
Vendor Interaction Policy 5.18.17
Use of Patient Information by the Hospital and Medical Staff
Release of Information to Patients 09-09
Patient Information and HIPAA 09-03

Contacts

<table>
<thead>
<tr>
<th>Office</th>
<th>Telephone</th>
<th>E-mail/URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain</td>
<td>614-293-0512</td>
<td><a href="mailto:supplierrelations@osumc.edu">supplierrelations@osumc.edu</a></td>
</tr>
</tbody>
</table>

History

<table>
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<tr>
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<th>Approval Date:</th>
<th>Issue Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Health System Operations Team</td>
<td>2. 8/6/2020</td>
<td></td>
</tr>
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Effective Date: 9/14/2020


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Policy Name: Vendor Access & Control - 09-14

Applies to: OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services] and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

<table>
<thead>
<tr>
<th>Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</th>
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<tbody>
<tr>
<td><strong>Approved By (List All Committees):</strong></td>
</tr>
<tr>
<td>1. Policy Oversight Committee</td>
</tr>
<tr>
<td>2. Health System Operations Team</td>
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<tr>
<td><strong>Approval Date:</strong></td>
</tr>
<tr>
<td>1. 7/23/2020</td>
</tr>
<tr>
<td>2. 8/6/2020</td>
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<tr>
<td><strong>Issue Date:</strong></td>
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<td>4/1/2008</td>
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<td>☐ 2 years ☒ 3 years</td>
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<td><strong>Prior Approval Dates:</strong></td>
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<td>4/1/2008; 9/1/2017; 12/1/2018; 8/6/2020</td>
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</tbody>
</table>

Appendix A: Vendor Representative Credentialing Process – Phase 1

*This does not apply to vendor representatives with limited visits in non-patient care areas*
Policy Name: Vendor Access & Control - 09-14

Applies to: OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services] and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

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### Vendor & Vendor Representative Credentialing Process

#### Phase 1

<table>
<thead>
<tr>
<th>Supply Chain</th>
<th>Vendor Representative</th>
<th>Vendor Management System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provides instructions for registering in vendor mgmt system</strong></td>
<td><strong>Registers THE COMPANY for screening in vendor mgmt system</strong></td>
<td><strong>Screens company upon initial registration and monthly thereafter</strong></td>
</tr>
<tr>
<td><strong>Bars supplier in system so no orders or payments can be made</strong></td>
<td><strong>Passes screening?</strong></td>
<td><strong>Checks-in kiosk will not allow day pass to print</strong></td>
</tr>
<tr>
<td><strong>Loads supplier into vendor master to allow for ordering</strong></td>
<td><strong>Registers as an INDIVIDUAL Vendor Representative for vendor screening in OSU’s vendor management system</strong></td>
<td><strong>Screen individual upon initial registration and annually thereafter</strong></td>
</tr>
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<tr>
<td><strong>- Provides evidence of health screenings, immunizations, and background check</strong></td>
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<td><strong>- Attests to completing education, reviewing policies</strong></td>
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Appendix A: Vendor Representative Check-In Process – Phase 2
Vendor Representative Check-In Process

**Phase 2**

**Vendor Representative**

1. Prior to visit: Registers COMPANY for screening, then registers SSN, awaits approval.

2. Upon Arrival:
   - Entering an inpatient OR?
     - Yes: Check-in at Doan 410; print self-expiring sticker, receive scrubs.
     - No:
       - Entering Ross, Rhodes, James or East?
         - Yes: Check-in at vendor kiosk – print self-expiring sticker/day pass.
         - No: Check-in on mobile app – present app for clearance.

3. Check-in at unit or office; wearing or presenting electronic badge.

**Medical Center Staff**

- Is the Vendor Rep properly identified?
  - Yes: Vendor may proceed to their scheduled appointment.
  - No:
    - Do they register in vendor mgmt system prior to visit?
      - Yes: Direct to kiosk or mobile app to check-in and print day pass prior to entering unit or office.
      - No: Direct to kiosk or mobile app to check-in and print day pass prior to entering unit or office.

- Deny entry; explain policy and ask rep to return only after completing necessary registration and check-in process.

**Appendix B: Required Vendor Training**

- Patient Safety
Policy Name: Vendor Access & Control - 09-14

Applies to: OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services] and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites

- HIPAA and Institutional Data Security
- Infection Prevention
- Emergency & Safety Preparedness
- Sexual Misconduct
Appendix C: Attestation Form for Limited Vendor Representative Visits in Non-Patient Care Areas

Attestation Form
Limited Vendor Representative Visits in Non-Patient Care Areas

Vendor Representative Name: __________________________________________ Phone Number ______________

Vendor Representative Employer: __________________________________________

OSUWMC Host Department/Unit: __________________________________________

OSUWMC Host Department/Unit Contact Individual: __________________________

Vendor Representative’s Purpose for Visit: __________________________
____________________________________________________________________________________

Visit is Scheduled to Occur on: ________________________________ (not to continuous 7 consecutive days)

I understand that, without undergoing the full vendor screening process, my access to the OSUWMC buildings is limited to the following conditions:

- I will enter OSUWMC/The James ADMINISTRATIVE OFFICES ONLY and will not access patient care areas.
- My visits to the OSUWMC/The James administrative offices will not to exceed seven consecutive days.
- I have had a background check conducted in connection with my current employment and have passed that background check in a manner that is consistent with my employer’s policies and procedures.
- If the purpose of my visit requires access to patient care areas, or if I will be spending more than seven consecutive days in any OSUWMC/The James area (administrative or otherwise), I will complete the full vendor registration process consistent with the Vendor Access and Control Policy.

Furthermore, I acknowledge that I have reviewed and will abide by the Vendor Access and Control Policy.

Vendor Representative Signature __________________________ Date ___________

For completion by the Host Department Representative:
In receiving and accepting this Attestation Form, I am acknowledging that:

- To the best of my knowledge, the Vendor Representative has provided correct and accurate information.
- I will assure the Vendor Representative is escorted during their visit and is not permitted in patient care areas while on OSUWMC/The James property.
- I will submit a signed copy of this form to the vendor representative credentialing administrator in Supply Chain at SupplierRelations@osumc.edu.
- My Department will retain a signed copy and will be prepared to present it to Compliance, Security, Joint Commission, etc., if requested.

Host Department Representative Signature __________________________ Date ___________