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UNIVERSITY HOSPITALS POLICY AND PROCEDURE MANUAL

Title: Vendor Access and Control

Prepared by: Compliance Committee

Authorized by: *Original Signed by the
Executive Director, University Hospital
Executive Director, University Hospital East
and the Medical Director*

I. General Information

These guidelines have been developed to assist and direct all Vendor Representatives and Patient Service Representatives who call upon The Ohio State University Medical Center. Vendor Representatives are personnel employed by various companies from which the Hospitals may purchase supplies, equipment and/or services. Patient Services Representatives are vendor/agency staff members who come to the hospital to provide patients education or arrange post discharge services. For the purpose of the guidelines, the term "Vendor Representatives" will refer to both Patient Service Representatives and Vendor Sale Representatives.

Vendor Representatives are guests of the Medical Center and, as such, must provide their services in accordance with acceptable rules of conduct as determined by the Medical Center and in a manner that provides the greatest benefit to the Medical Center. The ultimate aim of this policy is to ensure that patient care is not influenced by considerations other than what is best for the patients of the Medical Center.

II. Procedures for Vendor Representatives

A. All Vendor Representatives will report to the appropriate vendor registration area. The vendor registration areas are defined below. Personnel at the vendor registration areas are responsible for identifying and registering vendors coming to the Medical Center. The process will include issuance of identification badges.



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B. Vendor Registration Areas:

1. University Hospital - Rhodes Hall Information Desk;
2. James Cancer - James Information Desk;
3. University Hospital East - Main Information Desk;
4. Network - Front desk at each facility;
5. Corporate/660 Ackerman Road- Purchasing Department;
6. Information Systems - 640 Ackerman Road;
7. Cramblett Hall - Information Desk;
8. Ross Heart Hospital- Main Information Desk;
9. OSU Harding- Office of the Executive Director;
10. Martha Moorehouse Medical Plaza- Main Information Desk;

III. Registration & Identification Badges

- A. At the time of their arrival, all vendors must register by signing the Vendor Access Log located in the appropriate vendor registration area. Vendors shall register their name, company, destination departmental contact, and purpose for visiting. Even if s/he has a permanent badge, a vendor must register every time he or she visits the Medical Center for a sales or marketing purpose.
- B. All vendors must have a scheduled appointment with a specific department, patient or staff member.
- C. Vendors shall be provided with an identification badge before visiting any area within the Medical Center. Badges must be displayed at all times.
- D. Vendors who are issued permanent badges are responsible for maintaining and wearing their badges at all times for immediate identification by Hospital personnel including security. At the specific written request of a department director to Hospital Security, a permanent badge may be issued to individuals who are providing services within the Medical Center under the direction of the department, managing a service, or delivering supplies on a regular basis to a department. The department shall notify Security whenever a vendor representative with a permanent badge is no longer providing services to the Medical Center.
- E. When a Vendor Registration Area is closed, vendor identification and registration will be available through Security.



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IV. Access

- A. Vendor Representatives are not permitted to solicit Hospital patients or visitors nor are vendors permitted in patient care areas or other secured areas as determined by The Security Department unless accompanied by hospital staff. Patient care areas include, but not limited to, inpatient care units, outpatient treatment areas, surgical suites, cardiac catheterization laboratories, special procedure areas, or other areas where a care giver interacts with a Hospital patient or family member.
- B. Vendor representatives may call upon Health System staff provided that prior arrangements have been made with the department.
- C. Vendors may call upon a specific physician provided that prior arrangements have been made with the physician, an office staff member, or the clinical department.
- D. Vendors' access to Hospital operating rooms will be authorized according to the [OR Vendor Policy](#).
- E. Contact With Patients
 - 1. Patient Service Representatives and case managers representing third party payors must coordinate their discharge planning responsibilities with the PCRM or Social Worker.
 - 2. Contact with patients may only be arranged at the request of the patient or hospital staff member.
 - 3. All Patient Service Representatives must have an employee, a PCRM, physician, nurse or social worker accompany them. The Patient Service Representative and the Company must be introduced to the patient. The hospital staff will document any visit to a patient in the medical records.
 - 4. Unless authorized by the patient in accordance with the Hospital Policy on the Release of Medical Record information, access to the patient's medical record is strictly prohibited.



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F. Contractors Assigned to Secure Areas

1. Only contracted workers or vendors assigned to secure areas will be required to submit to a State and Federal background check. Contracted workers/vendors not working in secure areas will not require a background check.
2. Workers contracted before February 1, 2008 who are reassigned from a non-secure to a secure area must be approved through the Department Manager, Project Services contact and Medical Center Security.
3. Secure areas will be determined on a project-by-project basis, including, but not limited to inpatient units and card reader secured areas. Some areas not deemed Secure during business hours may be designated as such during non-business hours (e.g. evenings, nights, weekends and holidays). Information regarding areas designated as Secure will be maintained with Medical Center Security.
4. Only Contractors/Vendors designated as such on the "Contractor Authorization List" will be authorized to work in secure areas. The "Contractor Authorization List" will be maintained by Health Systems Security.

V. Departmental and Staff Responsibilities

- A. Any newly assigned Vendor Representative(s) will be given a copy of these Guidelines. Departments shall maintain a current list of vendor representatives, and their credentials when necessary, who make recurring visits and should update this list as necessary.
- B. All staff should be observant of others around them. If a vendor representative is in an area without an appointment and badge, staff should politely request that the representative leave that area. Repeated instances should be reported to a manager or to the director of the department.
- C. If there are repeated instances of the failure of a vendor representative to follow the Vendor Access and Control Policy, the Department should notify Purchasing.



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VI. Gifts

Vendors are discouraged from offering gifts to the Medical Center Staff. Staff may not accept any gifts which may have the effect of influencing purchasing decisions or other actions of that staff member. Staff may receive an item of nominal value if the item primarily benefits patient care. However, the use of any vendor's material such as pens, paper, mugs, etc. with the vendor's logo is strongly discouraged. If a staff member has any concern about whether or not a gift should be accepted, the staff member should not accept the gift. Staff may not solicit a gift from a vendor representative.

VII. Educational Activities

- A. From time to time, a vendor representative may offer to support educational activities for the improvement of patient care or professional development. The director of the sponsoring Department must approve such programs in advance. Any vendor support must be coordinated with the Center for Continuing Medical Education.
- B. Financial support for any conference should be directed to the Department(s) sponsoring the conference. The Department shall retain responsibility for and control over the content, faculty, educational methods, materials and location. As appropriate, a written agreement may be executed in accordance with this Health System policy. The department is also responsible to:
1. Ensure that the funding does not exceed the costs of the conference;
 2. Maintain adequate records reflecting the receipt and disposition of any funding;
 3. Secure a review by an independent clinician when the sponsor's products are the subject of the educational session.
- C. If an activity is being certified for Category 1 Continuing Medical Education (CME) credits, any vendor support must be coordinated with The Center for Continuing Medical Education. The Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support will apply in all cases. Letters of Agreement for commercial support will be executed through the Center for Continuing Medical Education for the activity.

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- D. No grant may be contingent on or otherwise linked to any decision regarding the purchase or use of a product in the hospital.

VIII. Charity Solicitation or Promotions

- A. Charitable solicitation may not occur within any facility of the Health System unless the charitable organization receives prior written approval from Marketing and Communication.
- B. Charitable solicitations and promotions must relate to or be sponsored by the Hospital.

IX. Contributions

- A. The University's development program receives and processes gifts and contributions from a number of sources including corporations and corporate foundations.
- B. Vendors should separate their grant making functions from their sales and marketing functions. Accordingly, if vendor or patient service representative or other corporate representative wishes to discuss a corporate contribution of cash, equipment, supplies, or services, the staff member should immediately notify the OSUMC Development Office. The Development Office should then become the principal point of contact with the vendor.

X. Promotional and Informational Material

- A. Vendors are not permitted to post any type of printed or handwritten material, advertisements, signs or other such promotional materials anywhere on the Hospitals premises.
- B. Vendors' promotional material may not be displayed in public areas, nursing stations, cafeterias or lounges.
- C. If a vendor wishes to supply educational material, it must be reviewed and approved by the Consumer Health Education Department or the appropriate clinical department before any distribution may occur.



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XI. Vendors' Product Samples

Refer to policies: Product Evaluation #04-13 and Equipment Safety for Patient Care for Patient Care Areas #04-08.

XII. Compliance

- A. Vendors who fail to comply with the Hospital requirements are subject to losing their business privileges at the Hospitals.
- B. Repeated non-adherence to our policy by Vendor Representatives will result in the restrictions on the representative and, possibly, a request to the company to replace its representative.

RELATED POLICIES

02-11 Conflicts Of Interest
04-13 Product Evaluation
04-08 Equipment Safety for Patient Care for Patient Care Areas
[OR Vendor Policy](#)

REFERENCES

Chapter 102 and Section 2921 of the Ohio Revised Code.

PhRMA Code on Interactions with Healthcare Professionals, April 2002.

OIG (Office Of The Inspector General) Compliance Program Guidance for Pharmaceuticals Manufacturers, April, 2003.

FDA Final Guidance on Industry Supported Scientific and Educational Activities, December 1997.

AMA E - 8.061 - Gifts to Physicians from Industry.

AMA E - 9.011 - Continuing Medical Education.