

# THE WESTERN PENNSYLVANIA HOSPITAL

Policy Name: Vendor Policy

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Revision # 2

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Type of Policy:

General: --- Section

Safety

Infection Control

Departmental \_\_\_\_\_

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## I. POLICY STATEMENT

It shall be the policy of The Western Pennsylvania Hospital to allow only authorized healthcare industry representatives possessing appropriate approval and identification to conduct business within this facility. It is the intent of The Western Pennsylvania Hospital to provide a safe secure facility for patients, families and employees and to minimize disruptive practices of unnecessary persons in patient care or other operational areas.

## II. POLICY PURPOSE

- A. To ensure compliance regarding identification, security and to control access to patient care areas.
- B. To ensure the standards of a patient's right to privacy, confidentiality, safety and infection control protocols are upheld.
- C. To allow for educational opportunities and technical support for health care providers in a controlled manner.
- D. To prevent solicitation within the Hospital.
- E. To ensure supply, equipment and medication promotion within the Hospital is evaluated by either the Product Implementation and Education Committee or the Pharmacy and Therapeutics Committee

## III. POLICY DEFINITIONS (if appropriate)

Healthcare industry representatives – supply, equipment and pharmaceutical sales and service representatives, maintenance personnel.

Contract Personnel – external personnel performing business within the facility on a contractual basis, typically long term and/or recurrent.

#### **IV. POLICY GUIDELINES**

- A. Vendors shall be required to prearrange each business call to any operation area.
- B. Arrival at the Hospital
  - 1. All vendors (excluding Operating Room and contract personnel)
    - a. Enter the hospital via the sky walk, sign in and obtain a visitor badge.
    - b. Non-compliance with this policy may result in a letter to the company district manager.
    - c. Continued non-compliance may result in permanent removal of vendor privileges at this Hospital.
  - 2. Operating Room vendors
    - a. Will present to the Operating Room and be issued a visitor badge.
  - 3. Contract vendors
    - a. Will present to the job site and be issued a visitor badge.
  - 4. Pharmaceutical
    - a. Vendor will contact the Clinical Pharmacist to determine formulary status of said product.
    - b. For formulary medications, the vendor will contact the appropriate department manager, director or physician for authorization to visit the Hospital.
    - c. For medications that have been reviewed through the Pharmacy and Therapeutics Committee and placed on non-formulary status, the vendor is not permitted to promote or otherwise detail.
    - d. For new medications that have not yet been reviewed through the Pharmacy and Therapeutics Committee, the vendor is required to contact the Clinical Pharmacist for authorization to promote or otherwise detail prior to contacting the department manager, director or physician.

- C. Orientation (applies only to vendors functioning in clinical areas)
  - 1. All vendors will be provided with departmental vendor orientation packet by the involved departments.
  - 2. Vendor will sign Proof of Required Immunity statement regarding Tuberculosis, Hepatitis B and all immunizations.
  - 3. Each department will keep a record of all vendor orientation validation.
- D. Initial Competency (applies only to vendors functioning in clinical areas)
  - 1. Collect evidence from vendor to verify competency of the healthcare industry representative.
- E. Functions may include
  - 1. Providing technical, application and/or equipment information.
  - 2. Resource and/or educational facilitation.
  - 3. Perform remote calibration to adjust devices for the physician.
  - 4. Custom fitting a brace for patients.
    - a. Vendor must present to Central Processing.
    - b. Central Processing will contact the nursing department and deliver vendor to the nursing unit.
    - c. Central Processing will contact Engineering to determine location to do brace fitting.
- F. Responsibilities
  - 1. Must observe the policies and procedures.
  - 2. Must respect the privacy and confidentiality of patients, staff and employees at all times.
  - 3. Ensure all equipment brought into the hospital is inspected by clinical engineering.
- G. Reasons for termination

1. Negative comments regarding hospital or staff.
2. Violation or circumventing policies and/or processes.

**V. ATTACHMENTS**

Vendor Orientation Document

**VI. POLICY REFERENCE (if appropriate)**

**VII. RELATED POLICIES**

Shadowing (Clinical Observing)

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WESTERN PENNSYLVANIA HOSPITAL  
HEALTHCARE INDUSTRY REPRESENTATIVES

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Guide to The Western Pennsylvania Hospital Orientation for Healthcare  
Industry Representatives



# THE WESTERN PENNSYLVANIA HOSPITAL GUIDE TO ORIENTATION FOR HEALTHCARE INDUSTRY REPRESENTATIVES

Welcome to The Western Pennsylvania Hospital. This packet is designed to introduce you to and the policies and procedures you will be expected to follow. Please take time to review the enclosed information. If you have any questions contact

Prior to conducting business with staff/and or physicians in :

- You must have current proof of TB and hepatitis immunity and current competencies on file in the . (IPA\*)
- You are required to schedule an appointment with the appropriate Manager and/or Clinical Coordinator whenever you visit . If you are contacted by a physician or a physician's office requesting the use of your product for a scheduled procedure, you must contact before bringing the product to the department.
- You must complete an orientation process, either written or an informal verbal discussion on instruction on proper attire, traffic patterns, infection control practices, standard precautions, fire safety, electrical safety, patient's rights, confidentiality, and wearing identification at all times. (IPA\*)

Upon arrival to , you must report to during normal working hours, or after hours or on weekends.

- Sign into the sales rep book located with name, company, and physician.
- If you are a Primary Business Partner, you should have an ID badge provided by Corporate Contracting which must be displayed at all times. There are temporary ID badges located that are to be completed and displayed if you do not have an ID badge from Corporate Contracting.
- If you need to enter the restricted and/or semi restricted areas of , you must wear facility approved freshly laundered surgical attire according to established policies and procedures. (IPA\*)

While in , the healthcare industry representative will adhere the following protocol:

- The healthcare industry representative may be present to provide technical information and will function as a resource person. Representatives having specialized training may

\* IPA=applies specifically to an invasive procedural area within the Hospital

perform remote calibrations to adjust devices to the physician specifications, i.e. pacemakers, lasers, etc. (IPA\*)

- Equipment from outside vendors must be checked by Clinical Engineering for electrical integrity and compatibility features before use. It is the responsibility of the Healthcare industry representative to check and certify the functional integrity of the device prior to use. (IPA\*)
- The healthcare industry representative must respect the privacy and confidentiality and privacy of patients, staff, and employees at all times.
- The cost of supplies must be agreed upon by Corporate Contracting before the start of the procedure. Invoices not agreed upon prior to the procedure will not be honored.
- The healthcare industry representative will not replace and/or remove any product and/or equipment without proper authorization from the department director, manager, and/or clinical coordinator.
- Failure of the healthcare industry representative to comply the following rules of conduct can result in immediate removal from patient care areas.
  - Do not approach and/or solicit other physicians/employees.
  - Do not attempt to attend procedures for which you have not been cleared.
  - Do not use hospital phones (public pay phones are available). The use of electronic devices (cell phones, lap top computers, etc.) should be used appropriately and not interfere with patient care.
  - If asked by a physician/employee to leave the area, do so immediately, do not request an explanation.

### **ASEPTIC TECHNIQUE (IPA\*)**

Adherence to aseptic practices by all individuals involved in surgical interventions aids in fulfilling the professional responsibility to protect patients from injury.

1. Conversations in the presence of a sterile field should be kept to a minimum to reduce the spread of droplets. Air contains microorganisms of airborne particles, such as respiratory droplets. The primary source of airborne bacteria is healthcare personnel.
2. Unscrubbed personnel should face sterile fields on approach, should not walk between two sterile fields, and should be aware of the need for distance from the sterile field. By establishing patterns of movement around the sterile field and keeping sterile area in view, accidental contamination can be reduced.

### **ATTIRE (IPA\*)**

All individuals who enter the semi restricted and restricted areas of the surgical suite should wear freshly laundered surgical attire intended for use only within the surgical suite.

\* IPA=applies specifically to an invasive procedural area within the Hospital

1. Facility approved, clean, and freshly laundered scrubs are to be donned in the designated dressing area upon entry to .
2. If scrubs are worn into the institution from outside, they are to be changed before entering the semi restricted or restricted areas.
3. Clothing that cannot be entirely covered by the scrub suit are not to be worn. Examples are long sleeve shirts or sweaters, turtleneck shirts or sweaters, etc.
4. Facility scrubs are not to be worn outside of the institution.

Individuals should cover head and facial hair, including sideburns and necklines, when in the semi-restricted and restricted areas of the surgical suite.

1. A clean surgical head cover or hood that confines all hair is to be worn.
2. Hair covering must be removed and discarded in a designated receptacle before leaving the department.

Individuals entering restricted areas should wear a mask when open sterile items and equipment are present.

1. The mask should fully cover both the mouth and nose and be secured in a manner that prevents venting.
2. Masks are to be removed carefully by handling only the strings and be discarded immediately.

Protective barriers must be worn to reduce the risk of exposure to potentially infectious materials.

1. Protective eyewear (i.e. goggles, glasses with side shields) or face shields must be worn when splashing or spraying is likely.

## **ELECTRICAL SAFETY (IPA\*)**

All electrical equipment brought in by the Healthcare industry representative must:

- be in compliance with regulatory agencies
- have up to date preventive maintenance performed and documented
- have equipment checked by Clinical Engineering before use
- check and certify the functional integrity of the device prior to use

The healthcare industry representative must provide documentation of his/or her qualifications to provide training related to the operation of the equipment.

## **FIRE SAFETY (IPA\*)**

All Healthcare industry representatives are required to abide by the following guidelines:

\* IPA=applies specifically to an invasive procedural area within the Hospital

- Make sure that your equipment and/or supplies are not obstructing doorways, hallways and/or other access areas.
- Observe the “no smoking” policy.
- Avoid panic, remain calm, and never shout “fire.”
- Be alert for signs of fire, smoke, and burning odor.
- Be familiar with the location of exits, alarms, and fire fighting equipment.

❖ Extinguishers in

❖ Pull alarms

- Fire Bells : bells then bells

## **PATIENT RIGHTS AND CONFIDENTIALITY**

The Federal Privacy Rules, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Regulates the use and disclosure of patients’ protected health information (PHI), which is any information that is individually identifiable, such as demographics, physical or mental health or condition of an individual or payment for the provision of health care. PHI includes electronic records, paper records, and oral communications.
- The Healthcare industry representative is not permitted to view any scheduled procedure without authorization to ensure patient privacy. Vendors are not permitted to have access to patient medical records or surgery schedules without authorization.

## **MATERIAL SAFETY DATA SHEETS (MSDS)**

To comply with the Right to Know Act, the institution maintains Material Safety Data Sheets (MSDS) on all hazardous chemicals and materials utilized. The MSDS information can be accessed by the following:

1. WPAHS Intranet
2. Unit/Department-Specific MSDS Inventory Sheet

## **SMOKING POLICY**

Smoking is not permitted on the premises or path of entrance to the hospital buildings.

- A smoking hut is located on the top floor of the parking garage.

## **CONTACT NAMES AND PHONE NUMBERS**

**THE WESTERN PENNSYLVANIA HOSPITAL  
CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, understand and agree that all information that I encounter during my observation day experience at The Western Pennsylvania Hospital will remain strictly confidential.

I understand that the principles of confidentiality are applicable to all patients and to all medical record information regardless of the format or technology used to collect, store or release the information. I also understand that all verbal, written or electronic collection and dissemination of patient data will be conducted in a setting of maximum privacy precluding inadvertent disclosure.

I agree not to disclose any information that I may acquire during my observation experience at West Penn Hospital unless previously authorized in writing by the hospital. Further, I agree that I will not use confidential information to my benefit or the benefit of any third party.

In addition to the confidentiality principles described above, I recognize that I am not an employee or agent of West Penn Hospital and I will not represent myself as such during my observation experience at the hospital. I will not undertake any actions independently during my observation day experience.

I recognize that The Western Pennsylvania Hospital has rules of conduct, behavior and personal health standards and I will be expected to conform to those rules that apply to my observation day.

I further understand that I will forfeit completion of the observation day if confidentiality is breached.

Signature below indicates understanding and acceptance of the contents of this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Parent / Legal Guardian  
(required if observer is under 18 years of age)

\_\_\_\_\_  
Date

