

SARASOTA MEMORIAL HEALTH CARE SYSTEM

CORPORATE POLICY

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| TITLE: SALES REPRESENTATIVE/ SERVICE TECHNICIAN VISITATIONS TO SARASOTA MEMORIAL HEALTH CARE SYSTEM | POLICY #: 00.PUR.22 EFFECTIVE DATE: 1/2/81 REVIEWED/REVISED DATE: 10/29/10 POLICY TYPE: <input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical PAGE: 1 of 7 |
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JOB TITLE OF RESPONSIBLE OWNER: Director, Supply Chain Management

PURPOSE: To establish guidelines of permitted activities for sales representative and/or service technician (vendors) at Sarasota Memorial Health Care System (SMHCS) and affiliates. This policy has been developed to be consistent with the policy for Pharmacy representatives and to provide:

- a. Guidelines for medical surgical supply representatives to follow when visiting departments of SMHCS.
- b. A mechanism to enforce these guidelines.

POLICY STATEMENT: The activities of vendor representatives are regulated to avoid interference with patient care and to promote safe, efficient and cost effective procurement activities consistent with the decisions of the Value Analysis Program. SMHCS staff members and the Supply Chain Management Department shall monitor the visitation of vendor representatives jointly.

Supply Chain Management will coordinate vendor visitation and/or contact with the SMHCS personnel.

EXCEPTIONS: The activities of pharmaceutical sales representatives are regulated by Policy 01.PHM.01, Pharmaceutical Sales Representative Policy. Exceptions to this policy must be approved by the senior leadership.

DEFINITIONS: Patient care areas are those areas where patient's or family members' privacy may be compromised.

Representatives: sales representatives, vendor, medical sales representative, distributor representative, group purchasing organization representative, clinical representative, account manager, service technician, pharmacy representative, skilled nursing facility representative, home health care or equipment for home care representative or any other person representing a company with which SMHCS does business.

PROCEDURE:

1. Registration:

- a. All representatives must complete the vendor certification process by registering with *Status Blue*. This is a web-based company that will guide the sales representative through the registration and credentialing process annually. A nominal fee is associated with the registration process to be negotiated between the sales representative and *Status Blue*. Sales representatives not compliant with this process will be unable to gain access to SMHCS.
- b. Check in is required in the Supply Chain Management office prior to conducting any business in the hospital or affiliates located off campus. A visitor's badge will be issued for each SMHCS visit after the representative has signed the Representative Visitation Log. A badge cannot be issued to any vendor who has not completed all registration requirements through *Status Blue*. The badges must be returned at the close of business each day. If vendor leaves after the close of normal business hours, a box for returning badges has been provided outside the Supply Chain Management office.
- c. Any representative visiting Case Management or visiting at the request of Case Management must have a referral. These representatives include, but are not limited to, Home Health, Skilled Nursing and Equipment for home care. All must register and obtain a badge in the Security Office.
- d. Off hours registration is severely limited and will be required with Security in the ECC, the Security Office or at a kiosk if available.

2. Appointments:

- a. Appointments with Procurement Services personnel:
 - 1) All appointments must be scheduled in advance by calling the Supply Chain Management administrative assistant at (941) 917-1387. "Drop-Ins" are not permitted.
- b. Appointments with hospital staff (including physicians):
 - 1) All appointments must be prescheduled with SMHCS staff, physicians, allied health professionals, case managers and all employees. "Drop-Ins" are not permitted.
 - 2) The Supply Chain Management department can schedule visits for departments with vendors if SMHCS departments designates this as their preferred practice. This excludes Case Management.

- 3) A sales representative contacted directly by a physician or his or her office staff and asked to be present for a procedure and/or provide a product for a specific case, will immediately notify Supply Chain Management to ask for authorization. All stipulations in this and SMHCS policies apply, regardless of who initiated the request.
 - 4) Exceptions: If appointment is outside the normal business hours (0800 – 1630) the vendor must sign in with Security or kiosk if available. It is strongly discouraged for appointments to be scheduled outside the normal business hours.
 - c. Supply Chain Management will contact the department to verify the appointment and provide directions to designated meeting area.
 - d. Meeting locations are restricted to non-patient care areas.
3. Product/Equipment Control
- a. Representatives must schedule an appointment with the Supply Chain Management for all new products/equipment/services that are available from the company they represent.
 - 1) If products/equipment/services have been requested by SMHCS staff, the representative must first meet with the Supply Chain Management department prior to any meeting with the requesting department/staff member.
 - b. The Value Analysis Program will be reviewed with the representative and compliance will be mandatory.
 - c. No product/equipment will be brought into SMHCS without the approval from the Value Analysis Program, value analysis manager or the technology assessment manager.
 - 1) Consigned products/equipment must comply with Corporate Policy #00.PUR.26, Products on Consignment
 - d. A PURCHASE ORDER MUST BE ISSUED FOR ALL EVALUATION PRODUCTS.
4. Surgical (OR), Related Departments and Subsidiaries:
- a. Representatives must comply with Department Policy 139.0717, Sales Representatives in the Operating Room (O.R.).
 - b. The vendor must leave the O.R. immediately upon the conclusion of the scheduled procedure. Product sales are not permitted.
 - c. Any new products brought into SMHCS for use without following policy 00.PUR.30, New Products and Technology for Clinical Utilization will be at the expense of the vendor. It may also result in denial of future hospital access.

- d. Vendors assisting in procedures scheduled outside normal business hours must sign in with Security in the ECC.
 - e. Vendors who bring in to SMHCS implantable, patient chargeable items or billable services must send all billing information within 24 hours to the requesting department or the next business day.
 - f. All sales representatives have been informed by SMHCS that items require necessary billing information when product has been approved for use at SMHCS. Failure to provide this information within the allotted time frame will result in non-payment of invoices. Additions to billing information are not allowed after the 24-hour time span.
5. Permitted Hospital Activities:
- a. Educational Programs and In-Services:
 - 1) Formal educational programs and in-services for products and/or equipment may be sponsored in accordance with the following guidelines:
 - a) All educational offerings or vendor fairs must first be approved by the director of Supply Chain Management, the manager of Technology Assessment or the Value Analysis manager.
 - b) Educational programs are conducted after the clinical managers or designees have reviewed the appropriateness of the program to ensure products/equipment are approved or have been requested by the Technology Assessment Manager, the Value Analysis Manager or the Business Unit.
 - c) The Value Analysis Manager, Business Unit or Technology Assessment Manager must approve new products/equipment for review in compliance with Corporate Policies 00.PUR.10, Value Analysis Committee and 00.PUR.30, New Products and Technology for Clinical Utilization.
 - 2) Educational program locations are restricted to non-patient care areas.
 - 3) Distribution of promotional information of product/equipment that has not been approved by the clinical manager, value analysis team lead, or value analysis manager, or technology assessment manager is prohibited.
 - b. Request for in-services shall be permitted provided the department manager or clinical manager has approved the in-service prior to the conducting of the in-service.
 - 1) At no time during the in-service will the representative introduce/discuss product/equipment that has not been approved prior to the in-service.

6. Food:

- a. Food may be provided during authorized educational programs or scheduled appointments.
- b. Representatives wishing to send complimentary food to a specific department without offering an education program must abide by the Corporate Compliance Policy.
- c. No products may be promoted, only acknowledgement of the sponsoring company.
- d. Representatives are not allowed in patient care areas while delivering the complimentary food.

7. Displays:

- a. Only exhibits for product evaluations initiated by the Value Analysis Team, Value Analysis Manager or Technology Assessment Manager are allowed.
- b. A Supply Chain Management /Value Analysis/Technology Assessment representative will contact the representative with regard to product/equipment requested, materials to be used, location and times two weeks prior to approved date.
- c. Only products/equipment that have been approved by the Value Analysis/Technology Assessment program for evaluation will be allowed.
- d. Educational materials (such as journal articles) specific to the product/equipment displayed.
- e. Distribution of promotional information not consistent with the Value Analysis/Technology Assessment program is prohibited.
 - 1) All promotional material distributed must be requested by staff. The representative shall not direct promotional activities at the members of the Value Analysis/Technology Assessment program unless the product display relates to the staff member's field of expertise.
- f. Food of modest value (bagels, donuts, coffee) may be distributed at displays.
- g. Displays are not to be held in any public areas, including the cafeteria.

8. Restricted Areas:

- a. Representatives are not allowed in patient care areas, or other restricted areas of the hospital which includes:
 - 1) Nursing units
 - 2) Patient rooms
 - 3) Reception and waiting areas of the hospital and clinics
 - 4) Cardiac catheterization labs
 - 5) Outpatient clinics

- 6) Labor and Delivery
 - 7) Anesthesia and Surgeon lounges
 - 8) Operating room
 - 9) OR halls
9. Samples:
- a. With the exception of the Community Medical Clinic, representatives are prohibited from distributing samples within SMHCS.
 - b. All requested distribution of samples must be coordinated through the Value Analysis manager or Technology Assessment Manager.
10. Violations:
- a. All representatives are provided access through *Status Blue* to the current policies and procedures including:
 - 1) Sales Representative Access Policy #00.PUR.22
 - 2) Corporate Vendor Promotional Training Policy # 00.ADM.73
 - 3) Organizational Ethics Policy # 00.ADM.92
 - 4) Invasive Cardiology Department Policy #147.058
 - 5) Sales Representative in the OR Policy #139.0717
 - b. He/she is asked to sign an affidavit stating his/her understanding of the policies and willingness to comply with them.
 - c. The Supply Chain Management Department is responsible for enforcing the Sales Representative/ Service Technician Visitations to SMHCS Policy in collaboration with the Corporate Compliance officer.
 - d. The following disciplinary actions will take place for any company representative violating these policies:
 - 1) First Offense: A written warning to the representative and his/her manager.
 - 2) Second Offense: Three months suspension for all representatives from the offending company.
 - 3) Third Offense: One-year suspension for the individual representative committing the offense.
 - e. Further disciplinary action may be taken at the discretion of the director of Supply Chain Management with assistance from the Corporate Compliance officer.

RESPONSIBILITY: It is the responsibility of all SMHCS staff to ensure vendor compliance with this policy. Failure of vendors to comply with these policies could result in termination of SMHCS vendor business relations and/or transactions.

REFERENCES: None

APPROVALS:

| Signatures indicate approval of the new or reviewed/revised policy. | | Date |
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| Committees/Sections: | | |
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| Medical Executive Committee: <i>(if clinical policy)</i> | | |
| Director's Signature: | Hedy Tomlin, Director | 10/05/10 |
| Vice President/Executive Director: | David Verinder | Oct 2010 |
| VP/Medical Affairs: <i>(if clinical policy)</i> | | |
| Chief Executive Officer: | Gwen MacKenzie, CEO | Oct 2010 |