Policy: Highland Hospital is committed to provide a safe, confidential and restful environment for patients and staff. It is also the Hospital’s objective to promote the appropriate and cost-effective use of medications in the Hospital, in accordance with formulary decisions and usage guidelines of the Therapeutics Committee, and to encourage balanced education of students and trainees under the leadership of the medical staff and faculty. In order to maintain that environment and support these objectives, representatives of vendors and prospective vendors must regulate and limit their conduct of business within the Hospital as described below. Vendor representatives who fail to comply with these expectations will be asked to leave the premises or be restricted from access to the Hospital after 3 violations. More serious violations could result in restricted access immediately.

For purposes of this policy, Hospital premises include the inpatient and outpatient facilities on the hospital campus and off-site offices.

Description:
1. Vendor representatives may not be present in Highland Hospital unless they have an appointment. All meetings with faculty and staff must be by prior appointment only. Specific additional requirements apply to Perioperative Services.

2. The hospital has contracted with Symplr Compliance + Credentialing for Healthcare to credential all vendor representatives who wish to do business at the Hospital. It is the vendor’s responsibility to contact Symplr to be credentialed prior to scheduling an appointment with any Hospital practitioner or staff member. Vendor representatives must contact Symplr at www.Symplr.com (866-373-9725)) to complete the credentialing application prior to coming to the Hospital premises. After the credentialing process has been completed with Symplr, vendor representatives will be issued a Symplr badge that clearly displays their name and company affiliation. This badge must be worn at all times while the representative is on the Hospital premises. This includes both the hospital facility and off-site facilities.

3. The vendor representative must report to the information desk in the Hospital’s main lobby and produce their Symplr badge. The vendor representative must swipe the Symplr badge into the Symplr station before entering and when leaving the Hospital property. Vendor representatives with appointments in the HH perioperative area can check in at the Hospital Information Desk or at the OR Supply Chain office and swipe their card at either location. At off-site locations, the representative must sign in with the receptionist in accordance with that site’s existing protocol and produce the Symplr badge. At locations with a Symplr station, the badge must be swiped at entry and departure.

4. Vendor representatives are not permitted on Hospital property while wearing clinical “scrubs” or any other personal clothing that resembles clinical attire. Street clothes are to be worn into and out of the Hospital. If a representative is requested to enter a clinical area requiring scrubs, Hospital or disposable scrubs will be provided at the point of use. Scrub attire provided by the Hospital must be returned immediately following use.
5. Vendor representative may not page faculty, staff, fellows, residents or students at the Hospital, place telephone calls to patient care areas, or use the Hospital e-mail system to contact faculty or staff, except at the specific request of the faculty or staff member. Written messages for individual faculty or staff members may be left in department offices.

6. Vendor representatives may not use the Hospital lobby and reception areas, and other public areas such as waiting rooms, for business purposes for extended periods of time, which ordinarily should not be more than twenty minutes before or after a scheduled appointment. The Supply Chain Management Department should be contacted if vendor representatives are observed in public areas for extended periods of time.

Vendor representatives participating in shadowing or short-term non-clinical educational experiences with any patient interaction must adhere to HH policy 1.8 Shadowing & Short Term Non-Clinical Educational Experiences.

Policy Number History:

Developed: 2/11
Reviewed: 2/16
Approved: Clinical Council: 3/11, 3/16