Vendor Credentialing

Policy:

The following guidelines identify the credentialing requirements for the various health care industry representatives (HCIR) at The University of Kansas Hospital or the purpose of conducting business. These requirements are intended to promote patient health, safety, confidentiality, and conformance to regulatory guidelines.

Definition(s)

Healthcare Industry Representatives (HCIR) are defined as individuals seeking access to a healthcare organization (HCO) and who is employed by a third party or is an independent contractor. These individuals may or may not be seeking access to patient care and/or procedural areas within the organization. Examples of HCIR's include, however are not limited to: clinical education specialist, supplier executive, construction worker, homecare provider, social services, delivery personnel, durable medical equipment staff, supplier sales representative, non-employee maintenance, biomedical technician, and contract labor.

Contracted Labor, Clinical and Collaborative Partners – described as contract employees/vendors that may provide direct patient care and/or services on behalf of an organization; typically a contractual relationship exists between the HCO and the vendor/service provider. All non-clinical contract labor also falls within this category. Examples – patient care personnel can include, but are not limited to, nursing, therapy, pharmacy, dietary, activities staff, drug/alcohol counselors, patient care technicians

- *Requirements*; credentialing for these individuals, as this all contacted vendors, should be addressed in human resource processes and are not within the scope of this document and the proposed recommendations outlined herein. Any credentialing required should be addressed within the terms of the supplier's contract with the organization.

Referrals or Care Continuum HCIRs – individuals who primarily serve in a clinical support role and most often receive patients or provide equipment for patient use in the next site of care. Their role requires them to work in patient care areas and/or provide assistance to or consult with patient care staff. May include, but not limited to assisted living, hospice, rehabilitation facilities staff, home care representatives, long-term care staff, etc.

- *Requirements*; required to meet specific requirements within their organizations equivalent to credentialing requirements. At a minimum these HCIRs would be required to wear a name tag identifying their company and personal name. Proof of credentialing and immunizations should be made available to the HCO upon request of the HCIRs employer within 24 hours..

Level I – HCIR Guests – individuals who may seek access to an HCO's facility, however do not have access to clinical areas, do not provide technical assistance, do not operate equipment, do not enter patient care areas and do not provide assistance or consult with patient care staff or clinicians. These may include company representatives that visit less than three times per year, are accompanied by a credentialed HCIR and are not entering patient care areas. May include but are not limited to, delivery vendors, construction labor, non-clinical contract vendor, and vendor's management or implementation specialists. If guest is a frequent visitor to the HCO and is not a contracted or referral HCIR they should be elevated to a Level II.

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Level II – Tech Support and Sales HCIR –Primarily serve in a technical support role or product and service sales role. They may provide technical assistance, assist with operation of equipment, and be in patient care environment that is not defined as restricted or sterile procedure area. Their role requires them to often work in patient care areas where other visitors may be present and/or provide assistance to or consult with patient care staff. This also includes vendor and supplier sales representatives that interact with care providers for the purpose of sales, education and technical support. May include but not limited to, durable medical equipment providers, medical device sales and pharmacy representatives, representatives calling on departments such as laboratory and radiology, as well as diagnostic representatives.

Level III – Clinical Support and Sales HCIR – Individuals who serve primarily in a clinical support or product sales/service role while attending or observing patient procedures (including sterile or restricted areas). Often provide technical information and serve as a resource for the medical professional, by responding to questions regarding the appropriate operation of the medical equipment. **These representatives may not: scrub in on a procedure, touch patients, operate, control or touch any equipment being used on a patient, except that, at the request of the attending physician, and for the sole purpose of ensuring patient safety, they may troubleshoot and offer technical assistance, calibrate or program equipment, and provide other technical support needed to ensure that the respective equipment functions safely.**

Requirements:

The following outlines the credentialing requirements managed within the supplier representative registration system (excluded activities managed with HCO's security and HR systems/Right Sourcing):

Administrative Credentials	Levels		
	III	II	I
HCO Name Tag; name tag produced by an automated vendor credentialing system or the HCO or equivalent as determined by the HCO	X	X	X
Employment Verification: memo or letter on the supplier's letterhead will serve as acceptable documentation	X	X	
Proof of Liability Insurance: A general Acord Certificate of Insurance or letter of attestation on your company's letterhead as evidence that your company maintains insurance necessary to protect itself, its employees, directors and officers from liability in acceptable forms and limits. This document should not specify a certificate holder (e.g., healthcare system or customer name). Specifically, the vendor will maintain commercial general liability in minimum amounts of One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) in the annual aggregate. The vendor will notify the customer within ten (10) days of any substantial reduction, cancellation or termination of any insurance coverage. The vendor will provide evidence of insurance coverage	X	X	

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Administrative Credentials	Levels		
	III	II	I
Proof of Criminal Background Check	X	X	
Code of Ethics and Professional Conduct Policy	X	X	
Corporate Policy Manual	X	X	
Employee Awareness and Understanding of False Claims	X	X	
Vendor Privacy Form – University of Kansas Hospital	X	X	
Sanctions Checklist: Including OFAC (terrorism), GSA (failed contracts) , OIG (medicare/aid) , DEA (drug enforcement) , FDA (food/drug) , TRICARE, PHS (public health) Federal Register , State	X	X	

Training Credentials	Levels		
	III	II	I
Vendor Orientation Manual	X	X	
Operating Room Protocols (Sterile/Aseptic Controls)	X		
HIPAA Training	X	X	
Product Training/Competency Verifications per Manufacturer's Process	X	X	
Product Compliance & Medical Device Reporting (MDR) Requirements Training (as applicable) per FDA guidelines	X	X	
Ethics/Conduct Policies and Procedures	X	X	
HCO Specific Policies: organization specific policies that are relevant to all HCIR's may be placed in the credentialing system for the HCIRs to indicate they have read the documents (policy content required to be known by the HCIR may be placed in the Vendor Orientation manual)	X	X	

Immunization Credentials	Levels		
	III	II	I
Tuberculosis Testing per CDC Guidelines	X	X	
Influenza Immunization	X	X	

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MMR	X	X	
Hepatitis B	X	X	

Enforcement:
The University of Kansas Hospital, the HCIR and their employer have a responsibility to enforce requirements and practices that are in the best interest of the patient and the organization. Clear and effective communication and corrective escalation processes should be articulated within the HCO for the HCIR's employer to facilitate rapid resolution of any violations or issues that may need to be addressed by any of the parties. Infractions will be classified as follows (dependent on severity KUH reserves the right to move directly to actions outlined in Type 3 Infraction):

1. ***Type 1 Infraction*** – non-compliance with requirement or violation of a requirement; action will be direct communication with the HCIR and written communication to their manager
2. ***Type 2 Infraction*** – non-compliance or violation has not been resolved, an additional violation has occurred; or patient safety and/or confidentiality have been compromised; action will be written notification to the HCIR and their manager, as well as potential suspension dependent on the nature of the seriousness of the violation or non-compliance
3. ***Type 3 Infraction*** – Situation has not been rectified, there has been a repeated violation subsequent to a second notice, or business operations, patient safety and/or confidentiality have been severely compromised/impacted; action will be written notice to the HCIR, their manager and the employer that the HCIR is suspended from access to the facility until appropriate resolution of the infraction(s) or the HCIR's employer and the HCO can come to a resolution of the situation. Departments will be notified if their HCIR is no longer permitted in the facility.

In all instances, the HCIR employer should take responsibility for assuring continuity and quality of service and patient care safety in the event an HCIR is unable to perform their duties.

References:

Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Best Practices – August 30, 2013