

# JOHNS HOPKINS HEALTH SYSTEM CORPORATION

## SUPPLY CHAIN SHARED SERVICES – PURCHASING DEPARTMENT

### VENDOR REPRESENTATIVE ACCESS POLICY

#### PURPOSE

The purpose of the policy of Johns Hopkins Health System Corporation, Supply Chain Shared Services, Purchasing Department is to provide a consistent set of requirements for access to patient care environments for all authorized vendors. It also provides a program from compliance with the relevant standards of regulating agencies. This policy does not supersede or replace the policy statements contained in the Johns Hopkins Medicine Policy on Interaction with Industry. Vendors accessing Johns Hopkins facilities must do so in accordance with the requirement of that policy in addition to this Vendor Policy.

#### DEFINITIONS

Johns Hopkins Medicine: The clinical settings (hospitals, clinics and community-based care) of The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, Inc. (“Johns Hopkins”), Howard County General Hospital, a member of Johns Hopkins Medicine

Johns Hopkins Faculty and Staff:- For purposes of this policy, any reference to faculty and staff also includes house officers, health care providers, students, volunteers and persons hired by Johns Hopkins to perform work at a Johns Hopkins facility or on its behalf.

Vendor Representative: An individual associated with a company that does business with Johns Hopkins For purposes of this guideline, two levels of vendor representatives are defined:

a. Classification Level 1 – Clinical Vendor Representatives

Vendor Representative who meet with administrative or clinical staff in clinical care areas, who routinely provide technical assistance, have access to patient care areas and/or consult with or provide assistance to patient care staff. Clinical Vendor Representatives are required to register with Vendormate.

b. Classification Level 2 – Non-Clinical Vendor Representatives

Vendor Representatives who meet with administrative staff in common areas of the facilities (non-clinical settings).

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#### **POLICY**

It is the policy of Johns Hopkins Health System Corporation to establish and enforce a framework that provides control of vendor representative movement within the Johns Hopkins facilities. All Vendor Representatives will adhere to Johns Hopkins Procedures and will abide by the laws and regulations of the State of Maryland, federal government, The Joint Commission (TJC), AORN, HIPAA Privacy Rule, and other regulatory standards of practice. Prior to coming to a Johns Hopkins entity for business purposes, all “clinical vendor representatives” (those in direct patient care areas) will register with Vendormate for Johns Hopkins Medicine, providing evidence of competency.

#### **PROCEDURE**

Purpose: To provide guidance which will assist the clinical staff and physicians in providing the highest quality, uninterrupted patient care and to maintain the highest degree of patient confidentiality. All Vendor Representatives will adhere to Johns Hopkins Procedures and will abide by the laws and regulations of the State of Maryland, federal government, The Joint Commission (TJC), AORN, HIPAA Privacy Rule, and other regulatory standards of practice. It is the responsibility of all Johns Hopkins staff to monitor that vendors are compliant with these guidelines.

#### Check-In/Out Location and Procedure for Clinical Vendor Representatives

Upon arrival to any entity, in order to obtain a nametag, Clinical Vendor Representatives will:

#### **Johns Hopkins Hospital**

1. Vendors should park in the McElderry Street garage; proceed to the Johns Hopkins Outpatient Center Loading Dock (6 a.m. – 6 p.m.) to log into the available computer. If you are in good standing through Vendormate, a badge will print. This printed badge should be affixed to your clothing identifying you as a vendor who may access the Johns Hopkins Institutions. Upon departure, vendor representatives shall return to the kiosk and log out of Vendormate.
2. Blalock 8<sup>th</sup> floor (GOR) and the Children’s Medical Surgical Center, 5<sup>th</sup> floor, also has a Vendormate kiosk available for representatives visiting those respective departments. Departmental specific instructions will be available at these locations, i.e. scrub attire, etc. Upon departure, vendor representatives shall return to the kiosk and log out of Vendormate.
3. Vendor Representatives will be issued a badge upon logging into Vendormate which will serve as a pass for the visit. The badge serves as a photo ID and includes the location the vendor representative will visit, the date, the representative’s employer and the representatives’ level of compliance.

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4. Vendor Representative shall display the badge prominently above the waist along with their company issued nametag. Vendor Representative shall wear the badge and their company badge at all times while in the facility.
5. Credentialed Clinical Vendor Representatives may be present at the point of care; however, **they are not to open any sterile product.** All product is to be given to the appropriate Johns Hopkins Staff member to open for use.
6. Clinical Vendor Representatives who enter departments without a Vendormate badge will be asked to leave the facility, or return to the designated area to check-in.
7. Clinical Vendor Representatives not adhering to this policy will be referred to the Supply Chain Shared Services Procurement Offices, 1100 E. 33<sup>rd</sup> Street, Suite B001, Baltimore, Maryland 21218 during normal business hours for appropriate action; such action may include removing the Vendor Representative's privileges to call on the hospital.

**NOTE: Depending on services provided, Vendor Representatives may be accompanied by a staff member within any patient care area or interacting with any patient anywhere in Johns Hopkins and in any storeroom or clinical inventory area.**

### **ADDITIONAL GUIDELINES AND PROCEDURES TO BE FOLLOWED BY ALL VENDOR REPRESENTATIVES:**

Each Johns Hopkins Facility, or specific departments within each facility, may have additional Vendor Policies and Procedures. Vendor Representatives shall receive such information from the department representative and shall be expected to abide by the specific area's policy.

Vendor representatives who routinely call on JHH faculty or staff are required to register with the JHHS Supply Chain Office (non-pharmaceutical) or JHH Pharmacy Office (pharmaceutical). Non-Pharmaceutical/Clinical Vendor Representatives are required to schedule appointments with the Johns Hopkins Supply Chain Shared Services at 443-997-5600.

Pharmaceutical Vendor representatives will register with the Johns Hopkins Pharmacy Office and shall adhere to these guidelines as well as Pharmacy specific guidelines contained in the Pharmacy Vendor Policy.

Vendor representatives having appointments or business within the Surgery areas will adhere to these guidelines as well as the Department of Surgery specific guidelines contained in the Surgery Vendor Policy.

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To report an unauthorized vendor or a breach in policy, call Supply Chain Shared Services at 443-997-5600 and request to speak to either a Strategic Sourcing Analyst, or Contract Specialist with the details of the incident including the vendor representative's name and company so that follow up can occur.

Failure to comply with these Procedures shall result in the loss of Vendor Representative's privileges and exclude Vendor Representative from further transactions with Johns Hopkins. Length and duration of privilege loss will be determined on a case by case basis.

Vendor Representatives are prohibited from displaying company advertisements.

Johns Hopkins reserves the right to limit the number of Vendor representatives that any single company has visiting any Johns Hopkins facilities or departments.

Vendor Representatives may be present in common areas of the facilities; however, initiating unsolicited contact with clinicians and faculty employees is prohibited and may result in the suspension of visitation privileges.

Vendor Representatives **shall not**, under any circumstances:

- Make unauthorized, unaccompanied visits to or loiter in any patient care areas within the Johns Hopkins facilities.
- Use valet parking for convenience purposes. Our valet areas are a service for our patients.
- Introduce new products without the prior approval of the Value Analysis team or the appropriate Department/Clinical Management. If products are introduced without VAT approval, it will be at the cost of the company or sales representative.
- Take pictures or photographs in any patient care area of the Johns Hopkins facilities.
- Discuss any confidential or patient information at any time either within or outside of Johns Hopkins facilities.
- Review, search or otherwise gain access to patient or confidential information of any kind without the express permission and in the presence of a Johns Hopkins staff member.
- Enter any inventory or supply room/area unless escorted by a member of the Johns Hopkins staff.
- Allowed to access Physician Locker Rooms, Physician Lounges, or Employee Lounges unless authorized by department management.
- Attend any meeting where patient specific information, quality assurance activities or risk management issues are being discussed.

Clinical Vendor Representatives in clinical area **may not**:

- Operate any equipment or devices while being used on a patient without specific, explicit written authorization from a staff member.
- Touch patients at any time.
- Scrub-in to any procedure.

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- Engage in the practice of nursing, surgery, or medical decision making

Johns Hopkins equipment and services including but not limited to telephone and fax machines are for Johns Hopkins Health System Corporation business only and for use only by JHHS employees; vendor representatives shall not use such equipment or services without the express permission of the Johns Hopkins Clinical Staff the vendor representative is visiting and shall limit their use of such equipment.

Vendor Representatives' access to patient-specific information in a clinical or other setting shall be managed in accordance with the HIPAA Privacy Rule.

Extended use vendor badges will be issued from Security ID office, in accordance with this policy and at the specific written request of Supply Chain Shared Services (JHHS).

Vendors Representatives not adhering to this policy will be referred to the Supply Chain Shared Service for appropriate action; such action may include removing the Vendor Representative's privileges to call on the hospital.

All incoming products and equipment must be covered by a Johns Hopkins Health System Purchase Order which is issued by the Johns Hopkins Supply Chain Shared Services. Medical Equipment must be inspected and approved by Clinical Engineering prior to use. Vendors will assume all responsibility of the equipment on loan or evaluation for proper operation or suitability. Vendor Representatives may not introduce products to any Johns Hopkins facility prior to meeting with the appropriate Supply Chain Shared Services representative. Products and equipment that are delivered without a valid purchase order may be considered a donation to Johns Hopkins or may be returned at the vendor's expense.

#### Access

1. Vendor Representatives are restricted in access to: physician offices, department offices, Pharmacy administrative and Supply Chain Management offices (all by appointment only), conference rooms (by invitation only), and public areas.
2. Under most circumstances and unless specifically authorized, Vendor representatives are prohibited from entering patient care areas within the hospital including the: Emergency Department, the Operating Rooms, patient care units, outpatient clinics, waiting rooms, Pharmacy dispensing areas and the Materials Management storerooms or warehouse.
3. Vendor representatives are not permitted in physician lounges. A Vendor Representative may leave a message with the appropriate department in order to arrange an appointment with a House Officer. Vendors may meet with House Officers in public areas such as the cafeteria.
4. Vendors are prohibited from attending any meeting where patient specific information, quality assurance activities or risk management issues are being discussed.

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#### In-services

The procedure area team shall be in-serviced on new equipment, procedures and techniques before they are used or performed during a procedure. In-services for new equipment may be provided by the appropriate clinical vendor representative. The responsible RN/technician in the procedure area will supervise the behavior of the clinical vendor representative while in the procedure room. The responsible RN/technician will be informed prior to the procedure that the clinical vendor representative will be present and about their purpose.

Vendor sponsored medication/device/product in-services are limited to the following:

- Drugs and devices which have been approved by the Johns Hopkins Value Analysis team and will reflect any restrictions on use within the Johns Hopkins facilities.
- Institutional Review Board (IRB) approved investigational studies
- Product that is currently being used at Johns Hopkins facilities
- Product being considered for use (trial) by the Johns Hopkins Value Analysis team.

#### Extended Use Vendor Badges

1. A Vendor Representative may qualify for an Extended Use badge if he/she is required by JHH to be on-campus at least three days per week on an ongoing basis to provide non-sales related services.
2. Classification Level 2 Vendor representatives will be eligible for Extended Use badges only if registered and on a case by case basis to be determined by Supply Chain Shared Services.
3. Vendor representatives with Extended Use badges that have appointments not related to the purpose of the Extended Use badge will follow the normal vendor check-in procedure.
4. A request for an Extended Use Vendor badge is to be completed and signed by the Director Supply Chain Shared Service for approval. The approved form will be returned to Security. The Vendor Representative should then be instructed to take the approved form to the Security ID office for the issuance of the badge.

#### Food and Beverages / Gifts / Displays / Promotional Activities

1. Food or drink may not be provided by vendors.
2. Vendor representatives are not permitted to display products or product information within Johns Hopkins facilities unless specifically arranged through the Supply Chain Shared Services or Pharmacy offices.
3. Cash or other incentive programs are strictly prohibited at Johns Hopkins.
4. Vendor representatives are not permitted to distribute post or leave any type of printed or handwritten material, advertisements, signs or other such promotional materials anywhere on the Johns Hopkins premises. Unsolicited materials may not be provided to clinicians; any

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promotional or informational material provided by a Vendor Representative must be explicitly requested by faculty or staff.

5. No personal gifts of any kind from vendors to faculty or staff are permitted.
6. Distribution of vendor patient educational material that may be useful to our patients should be left at the appropriate department for determination of distribution. Either the department or the Patient Education department must review all educational information before it is distributed to patients or families. Vendor representatives are strictly prohibited from providing educational material of any type directly to patients or from leaving them in areas accessible to patients.
7. Only pricing/cost information which has been approved by Johns Hopkins Supply Chain Shared Service may be discussed with clinicians. Contracts must be routed through the Supply Chain Office and are not to be presented to clinical staff. Only authorized agents of Johns Hopkins Health System may commit Johns Hopkins Health System to contract terms and conditions.
8. Raffles, lotteries, or contests which provide the winner with gifts of any value are not permitted.

#### Educational Programs

1. Vendor representatives shall not sponsor any educational programs without approval by the Department or Division Administrator. In all cases, the selection of speakers and assurance of the educational integrity of the program is the responsibility of the responsible Johns Hopkins faculty member or program chair.
2. Vendors shall not attend programs intended specifically for medical students, house staff and faculty or staff without prior permission of the responsible faculty member or program chair.

#### **RESPONSIBILITIES**

##### Department and Staff:

The Sr. Director Supply Chain Management is responsible for vendor management and the administration of this policy.

All Johns Hopkins departments and staff are responsible for assuring that vendors interacting with the Johns Hopkins Health System Corporation comply with this policy. Non-compliant vendors are to be immediately reported to the JHHS Director of Supply Chain Shared Service, 443-997-5625 or 443-997-5600.

##### Security

Security is responsible for screening and checking-in all vendors in accordance with Security procedures and this policy.

Security may, at any time, request to inspect a Vendor Representative's vendor badge. Vendor representatives without proper identification badges will be directed to the appropriate vendor

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check-in area. **Uncooperative vendors or those in violation of Johns Hopkins policies may be escorted off the premises.**

#### Compliance

The Director, Supply Chain Shared Service will investigate any reported violation of this policy.

Vendors who fail to comply with Johns Hopkins requirements are subject to losing their business privileges at Johns Hopkins. Johns Hopkins reserves the right to restrict the representative and/or the company they represent from any Johns Hopkins facility.

#### **Suburban Hospital Center – A Johns Hopkins Medicine Institution**

##### Vendor Access Policy

#### **PURPOSE:**

The purpose of this policy is to provide guidelines for the conduct of all vendor visits to Suburban Hospital. A vendor is defined as any representative or official of a company from whom supplies, equipment, or services may be purchased or received. While we recognize that these visits are beneficial to all parties involved, Suburban Hospital is committed to ensuring the safety and security of our patients and staff, as well as the maintenance of a professional atmosphere.

#### **POLICY:**

The visits and activities of all vendors to Suburban Hospital shall be governed by the provisions of this policy. The responsibility for the implementation and enforcement of this policy is equally shared by all parties involved, including but not exclusive to:

- Purchasing/Supply Chain Management
- Security
- Sales Representation
- Department Directors and Supervisory Staff
- Medical/Administrative Staff

#### **PROCEDURE:**

Vendor representatives must register online annually with Suburban's credentialing provider, Status Blue. Requirements specific to Suburban Hospital must be met. Once the representative has submitted the required documentation and it has been reviewed and approved, the vendor will be able to check in and receive a badge with photograph, department to be visited, and other pertinent information. When the Purchasing Department is closed, representatives will sign in and receive a pass from Security.

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Vendor Access Policy

The system allows new or non-approved vendors to be signed in and receive a vendor badge within a grace period before they have been credentialed on Status Blue. Because the database is directly linked to the visitor log they will receive an automated email invitation from Status Blue to become an approved vendor.

Compliance with the requirements established by this policy is mandatory in order to maintain good standing and enable business opportunities with Suburban Hospital. Vendors found to be violating this and other Suburban Hospital policies may be escorted out of the building by Security and prevented from visiting the premises in the future.

All supply and equipment vendors must work closely with Purchasing as well as with those departments interested in their goods and services. Quotations for purchase are to be provided to Purchasing with a notation regarding the department that may be interested in the product or equipment. Shipments of goods or equipment, including when intended for evaluation at no charge, require an official purchase order. Vendors may access Status Blue at the following url: [www.status-blue.com](http://www.status-blue.com)

**Bayview Medical Center – A Johns Hopkins Medical Institution**

**Johns Hopkins Bayview Medical Center**  
**Surgical Services Policy and Procedure Manual Policy No:**  
**Original Date:**  
**Previous Date:**  
**Vendor Access Policy and Procedures Revised Date: 10/8/08**

**Purpose:**

The detailing of products and services at Johns Hopkins Bayview Medical Center (JHBMC) by vendor representatives is a granted privilege, not a right. Because of the high level of activity related to this function, the following guidelines are necessary to provide fair and equal opportunity for vendor representatives to detail JHBMC, while permitting JHBMC to carry out its missions of patient care, research, and education. Vendor representatives as guests of JHBMC are expected to be aware of their role and conduct themselves accordingly. This policy applies to the JHBMC perioperative area.

**Vendor Representative Roles:**

While it is understood that one vendor representative may fulfill both, JHBMC recognizes “sales representative” and “technical advisor” as two distinct roles in the hospital.

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• **Sales Representative:** Vendor sales representatives' roles are to sell, detail, and provide in-services. These representatives include those individuals who market products to the hospital related to any pharmaceutical, supply, equipment, instrument, or medical device used in the hospital.

• **Technical Advisor:** Vendor technical advisors' role includes providing support on a specific product in the OR and otherwise. When providing support during a case, the technical advisor should only be present during the time period in which their product is being used. Technical advisors may not participate in patient care for any reason.

#### **Vendor Representative Competency Documentation:**

Documentation of competencies must be scanned and posted in the Vendor management system for any Technical Advisor that provides an in-service within the JHBMC OR environment. Required competencies are as follows:

- Principles of aseptic technique in the OR environment per AORN and JHBMC policy
- Knowledge of industry fire and safety protocol
- Infection control practices
- Blood borne pathogens
- Patient rights and confidentiality
- Documentation of overall product competency on file in the vendor management system
- Proof of indemnity for being in the role of "Technical Advisor"

#### **Documentation of Other Requirements:**

In addition to the above competencies, all Technical Advisors should provide proof of current MMR immunization and completion of JHBMC OR orientation provided by a Service Coordinator. Applicable documentation should be scanned and posted in the Vendor management system.

#### **Delivery of Products:**

For scheduled elective cases, non-stocked products, loaner instruments, and/or equipment should be received by the hospital within 24 hours before the scheduled time of surgery. This allows non-sterile products to be processed and sterilized by Central Sterile Processing (CSP), and equipment to be inspected/tested by Clinical Engineering. If instruments or equipment are not here within the allotted time period, the physician will be notified to change or cancel the procedure by the OR Administrator.

#### **New/Off-contract Products:**

Absolutely **no new products** may be introduced into the facility--or the OR--without prior approval from the JHBMC Surgical Value

Analysis Team (SVAT). An emergency approval process is outlined in the SVAT policy for items needed in an emergent situation.

Requests to use off-contract products are submitted by physicians or the service coordinators. ***NOTE: If an off-contract item is used without prior SVAT approval, then that item will be considered a***  
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*donation to the hospital and a purchase order will not be issued for it.* OR staff must receive an in-service on all new items prior to their first use.

#### **60-Day Notification:**

Vendor representatives are required to provide a New Product Alert containing clinical and financial information on new products 60 days prior to marketing to JHBMC staff. The New Product Alert should be submitted to the SVAT and is required to contain at a minimum:

- Proof of FDA approval
- Clinical efficacy literature
- Indicated procedures
- Indicated population size
- Implant and implementation cost

#### **Requisite Appointment:**

Vendor representatives are not permitted to enter any areas of the hospital without a scheduled appointment. JHBMC staff members have the authority to schedule appointments with sales representatives in the Vendor management system. Presence of technical advisors in the OR must be requested by a surgeon and approved by the OR Administrator or designee. Technical Advisors are limited to the specific case they have been requested to attend and are not to circulate to any other cases. Loitering in the JHBMC corridors, cafeterias, and other areas in an attempt to facilitate a nonscheduled meeting with a JHBMC staff member is prohibited.

#### **In-House Registration:**

Upon arrival, all vendor representatives are required to sign in at the OR front desk, at which time he/she will receive a Vendor Representative visitor's pass for that specific visit.

#### **Vendor Representative Visibility Requirements:**

Vendor representatives must keep their one-time visitor's pass visible at all times while in the hospital. Furthermore, while in the OR, Technical Advisors must always wear the red hair cover to distinguish themselves from JHBMC OR staff.

#### **Unauthorized Areas:**

Vendor representatives will not be permitted in the following areas except by prior appointment and approval:

- Physician lounge or locker room, except to change into scrubs
- Supply or service area of JHBMC, except with written approval of a Materials Manager and the presence of a Supply and Equipment Coordinator
- Sterile Processing department, except when accompanied by an escort.

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##### **Appropriate Protocol in the OR:**

Only vendor representatives serving as Technical Advisors are permitted in the OR suite itself and should observe the following rules:

- Technical Advisors should only be present during the portion of the procedure for which their product is being used, and they are never permitted to participate in the care of the patient.
- Only one Technical Advisor per vendor in the OR at a time. Exceptions may be allowed, but requests must be submitted in writing to the service coordinator 24 hours in advance and must include the reason additional Technical Advisors are necessary. Approval of the request is required for additional Technical Advisors to be allowed in the OR.
- No outside containers in sterile or sub-sterile areas.
- Enter OR suite after positioning for patient privacy.
- No computer use unless official business related to visit (i.e. no checking email or internet usage).
- Submit bill-only sheet to Materials Management office within 24 hours—or next business day—of the case (refer to bill-only protocol below).

##### **Bill-Only Protocol:**

Technical Advisors must use the Bill-Only form provided by JHBMC Materials Management to properly document implant use and charges. The form should include the patient addressograph, date of service, item number, description and cost. At the end of the case, the circulating nurse should compare the bill-only to what was documented in the implant and consumption screens in Clindoc. If the bill-only matches what is documented in Clindoc, the circulating nurse signs the bill-only and it is given to the Materials Management office. If the bill-only does not match what is documented in Clindoc, the circulating nurse and technical advisor should review and resolve any discrepancies before it is given to the Materials Management office. **NOTE: Any invoices without the appropriate verification sign-off or received after the submission deadline may not be acknowledged.** Authorization for payment will be based on the following criteria: 1) quote on a negotiated price, and 2) approval by the JHBMC SVAT committee. If an item fails to meet any of these criteria, the bill-only worksheet will be submitted to the OR Administrator for a second review. Any item deemed unauthorized after the second review, will be entered into non-payment status and will not be reimbursed.

##### **Non-Compliance:**

These policies and regulations for vendor representatives are to be followed rigidly. Failure to comply with these policies will result in the following actions:

- **First Infraction:** Materials Manager will assess the situation with the vendor representative and OR staff to identify and clarify the policy to prevent further issues. Imposing a loss of detailing and display privileges for one month is at the Materials Manager's discretion. This interaction will be documented in the Vendor management system. Depending on the severity of the infraction, the vendor may be suspended.

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- **Second Infraction:** A letter of reprimand with a copy being sent to the vendor representative's immediate supervisor, and loss of detailing and display privileges for three months. This incident will be documented in the Vendor management system.
  
- **Third Infraction:** A letter of reprimand with a copy being sent to the vendor representative's immediate supervisor, and loss of detailing and display privileges for one year. This incident will be documented in the Vendor management system.

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