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P O L I C Y

Policy

Strong Memorial Hospital is committed to providing 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 includes the inpatient and outpatient facilities on the medical center campus, off-site offices such as those located at Corporate Woods, Sawgrass, and the Hospital’s other off-campus ambulatory care facilities.

Description

1. Vendor representatives may not be present in Strong Memorial 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 the Symplr Corporation 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 (281-863-9500) 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 such as the Purchasing offices at Celebration Drive.
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 in to the Symplr station before entering and when leaving the Hospital property. Vendor representatives with appointments in the SMH Perioperative area can check in at the Hospital Information Desk or at the OR reception desk 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 (e.g. Sawgrass, Goler House), 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 scrubs will be provided at the point of use. Scrub attire provided by the Hospital must be returned immediately following use
5. Vendor representatives may not page faculty, staff, fellows, residents or students at the Hospital, place telephone calls to patient care areas, or use the medical center 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.

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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 Mgt. Department should be contacted if vendor representatives are observed in public areas for extended periods of time.
7. If a vendor representative/specialty technician will be present during a procedure for any reason (e.g. observation, handing off materials, calibration of instruments, etc), this must be disclosed in advance to the patient or the patient's authorized representative, and the patient or their representative must consent to such presence. (See SMH 9.2.1, Informed Consent). Individuals credentialed by Symplr may not perform any part of the procedure unless first credentialed and privileged as appropriate by SMH (see SMH 14.10 Credentialing and Privileging Healthcare Workers Not Employed by U of R).
8. Vendor representatives participating in shadowing or short term non clinical educational experiences with any patient interaction must adhere to SMH Policy 12.7, Shadowing and Short Term Observational Education Experiences.
9. Vendor representatives may supply products and materials for purchase or sale only when accompanied by a specific purchase order. Corporate Purchasing or Supply Chain Management provide final review and execution of purchase orders committing the Hospital to purchase goods, services and equipment. The Hospital reserves the right to refuse responsibility for equipment or supplies left without prior approval and proper documentation; if accepted, such merchandise would be considered a donation to the Hospital. Vendor representatives who offer free products for trial should be directed to contact the Value Analysis Department. Staff should not accept products for trial unless prior approval from Value Analysis Department has been obtained. Any questions about product trials should be directed to the Value Analysis Department. See also SMH policy 13.9, Gifts, Gratuities and Improper Inducements.
10. Pharmaceutical samples are not accepted and may not be left in inpatient Hospital areas. Pharmaceutical representatives who wish to leave medication samples for outpatient areas must strictly adhere to Hospital policy regarding sample receipt and distribution (see SMH Policy 7.1, Medication Use). URSH Form 905 (Sample Medication Record) forms must accompany each sample package distributed to clinic settings. Direct mailing of samples by pharmaceutical companies or representatives to Hospital sites without such forms is prohibited.
11. The use of the University of Rochester or Strong Memorial Hospital name or that of any of their officers, faculty, staff, divisions or departments in promotion of commercial products or services is not permitted unless expressly approved in advance by the Corporate Director of Purchasing or the Director of Public Relations and Communications.
12. Vendor representatives are ordinarily not permitted in patient care areas, conference rooms, or staff rooms in the Hospital (including inpatient units, outpatient clinics, Emergency Department, Radiology, Operating Rooms, etc.). Such presence must be specifically approved in advance. Representatives may visit offices or conference rooms in or near patient care areas *only* for a specific, previously arranged appointment. Presence in corridors adjoining patient care areas is permitted only as necessary to take a direct route to and from appointments.
13. Hospital conference, teaching, and clinical space is a scarce resource and must be conserved for the institution's educational, research and clinical functions. Vendors will not be provided space for the purpose of general marketing demonstrations unless specific arrangements are made through Corporate Purchasing, Supply Chain and the department head.

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14. Gifts to faculty, staff, students, residents and fellows are prohibited and will not improve the business relationship. Greater value is placed on vendors' continued support in providing quality products and services at low prices.
15. Vendor representatives and vendors may not deliver or arrange for delivery of food to any area of the Hospital.
16. Certain presentations, support and contributions to the hospital or the medical center from vendor representatives are permitted under very limited circumstances, as described in the URM Policy on Interactions between the University of Rochester Medical Center and the Pharmaceutical, Biotech, Medical Device, and Hospital Equipment and Supplies Industries (attached). See that policy for further information.
17. Representatives may not actively detail or promote any nonformulary medication at the Hospital.
 - a. Outpatient use of certain nonformulary medications may be an exception; consult the Department of Pharmacy.
 - b. Representatives should present information on new drugs or indications only to the Department of Pharmacy. The Department of Pharmacy will assist in determining the appropriate attending staff to be contacted and coordinate such contacts.
 - c. New information regarding a previous Therapeutics Committee decision should be provided to the Department of Pharmacy for review and consideration by relevant attending staff and committee members. Vendor representatives may not contact individual Therapeutic Committee members or other faculty or staff members to seek explanation for a decision or to urge reconsideration.
18. Representatives may not directly distribute promotional materials or drug information via intramural mail of the medical center, nor may they have direct access to student, resident or staff mailboxes. Representatives may initiate distribution of drug detail information, educational materials or reprints of published articles to faculty, staff, fellows, students or residents in the Hospital with the prior explicit approval of the Department of Pharmacy or the respective clinical department chair, chief of service, or residency program director, or their specific designee, after they personally review the content of the material. Approved materials may be sent via US mail or delivered directly to an office for distribution at the discretion of the office's staff.
19. Vendor representatives must adhere to these policies as a condition of their continuing access to the Hospital. Access of company representatives to the Hospital and the University of Rochester Medical Center may be further limited at the discretion of hospital administration.
20. Violations of these policies by any vendor representative should be reported to the Director of Corporate Purchasing, Director of Contract Operations and Supply Chain Management. First violations will be reviewed with the representative and a warning issued. Second violations will be reviewed with the representative and a written warning issued. A copy of the written warning will be given to the representative and their immediate supervisor at the company. Any further violations may result in the representative (and possibly the company) being ineligible for access to the hospital for a specified period of time. Any violation considered to be serious may also result in restriction of access for the representative and/or company.

References

University of Rochester Corporate Purchasing Policy

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SMH Ambulatory Policy 3.16 Control of Drug Samples
SMH Operating Room, Materials Processing Department Policy, Manufacturer's Representatives
SMH Policy 7.9, Pharmaceutical Company Representatives
SMH Policy 12.7, Shadowing and Short Term Non-Clinical Educational Experiences
SMH Policy 13.9, Gifts, Gratuities and Improper Inducements
SMH Policy 14.10, Credentialing Healthcare Workers not Employed by U of R.
[URMC Policy on Interactions between the University of Rochester Medical Center and the Pharmaceutical, Biotech, Medical Device, and Hospital Equipment and Supplies Industries](#)

History

For history prior to 2010, contact Hospital Policy Coordinator at 276-6065
11/10 Revised by Supply Chain Management Dept to reflect credentialing by VeriRep vendor and combine with Policy 7.9 Pharmaceutical Representatives
1/11 Reviewed and approved by Policy Management Team
2/11 Reviewed and approved by Clinical Council
12/13 Reviewed by Chief Quality Officer and Supply Chain Management
1/14 Reviewed and approved by Policy Management Team
2/14 Reviewed and approved by Clinical Council
5/15 Revised by Supply Chain Management Department to reflect credentialing by Symplr Vendor