



BON SECOURS
RICHMOND HEALTH SYSTEM
Bon Secours Health System

Business Partner Process



Initiated 11/1/2006

Business Partner Orientation Packet

Welcome to Bon Secours Richmond Health System (BSR). This orientation packet has been especially developed to introduce you to BSR's business partner practices. Please take a few minutes to review the enclosed information. If you have any questions contact the hospital Materiel Management Department.

Prior to conducting business at any BSR facility, you need to understand that **YOU MUST:**

- Review the Existing Business Partners Process **(keep for your records)**.
- Review the Guide for Business Partners Codes, Fire & Safety Information **(keep for your records)**.
- Complete and *return* a signed Business Partner Profile to any facility Materiel Management Department or Pharmacy.
- Attach a letter from your Manager or Training Officer that verifies your competencies.
- Schedule an appointment with the appropriate Clinical Resource Analyst or Pharmacy Buyer based on your product's specialty for consideration of use, or for consideration of introduction of a new technology or product. Pharmacy will only see representatives at the Pharmacy Operations weekly meeting, a maximum of two representatives per meeting.

In addition, prior to conducting business in any surgical or procedural area (i.e., Operating Room, Cath Lab, Radiology, Labor & Delivery, any patient care area, etc.) you MUST schedule an appointment with the appropriate Department Representative, at each facility to have specific departmental policies, expectation, guidelines, and procedures reviewed.

INTRODUCTION OF NEW PRODUCTS

BSR is dedicated to working with our Business Partners to bring clinically relevant items that will improve patient care, and assist us in reducing our overall supply costs. If you believe your products fall into one of these two categories – then we would be happy to meet with you.

BSR is working to provide a coordinated, streamlined system for the introduction of new products and technology into our hospitals. We would ask for your assistance in following the guidelines listed below for the introduction of any product, into any BSR hospital within our system.

In order to safely introduce new products, please schedule an appointment with the Clinical Resource Analyst at 804-627-5002 before discussing this product with any hospital department or Director. Pharmaceutical business partners please schedule an appointment with the BSR Pharmacy Buyer at 804-764-7560 or Pharmacy Director at each facility. Allow a minimum of one month for your initial appointment to be scheduled.

Your product will be evaluated to determine high-quality, cost-effective patient care. If your product is approved, you will be contacted to proceed with next steps.

All clinically related products for review and/or evaluation shall be submitted to the Clinical Resource Analyst, and will be evaluated by the appropriate New Technology or Utilization Committee. You will receive notification within 1 month of the New Technology or Utilization Committee meeting of the BSR decision regarding your product.

Samples are only to be supplied upon the request of the Materiel Management Department or Pharmacy. Samples are not to be left in patient care areas or ancillary departments. Drug samples are not to be left in any facility areas. Chemicals offered as samples will not be accepted unless accompanied by an OSHA Material Safety Data Sheet. No in-service or product demonstration will occur without prior knowledge and authorization from Materiel Management. Under no circumstances are products to be used on patients without the proper in-servicing to Medical Staff and Health Care Providers. Failure to comply may jeopardize the Business Partner's ability to conduct future business with BSR.

As a reminder that we take our patient's safety seriously, **BSR WILL NOT PAY** invoices for new products that have not followed the process unless you obtain approval in writing from the Department Director prior to the case.

If you have any questions, please contact the Clinical Resource Analyst at 804-627-5002.

We appreciate your cooperation in making our patient's stay a safer stay.

EMERGENCY CODES AND STAFF RESPONSE

CODE	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE
RED	FIRE , smoke or smell of something burning	RESCUE those in immediate danger. ALARM by dialing the emergency number. CONTAIN by closing doors. EXTINGUISH if safe to do so.	Evacuate if directed to so do.
BLUE 99	Adult medical emergency Pediatric medical emergency	Assess patient for CPR needs. CALL FOR HELP. If trained, initiate CPR.	Code Team report to scene.
ATLAS	COMBATIVE PERSON	Dial emergency number immediately. Security will respond. Assist victim/others if safe to do so.	Assist response team, if necessary.
A PINK , at SFMC	INFANT/CHILD ABDUCTION	Dial emergency number immediately. Monitor all exits, stairwells, hallways, etc.	Report suspicious persons or activities to Security.
B	BOMB THREAT , may be written or verbal	Get as much information as possible. Dial the emergency number immediately. Assist in search.	If a suspect device is located contact Security.
C	CRIMINAL ATTACK	Isolate the offender(s) by activating fire doors. Security will contact local Police.	Other response determined by nature of attack.
D	EXTERNAL DISASTER	Refer to Policy in Safety Manual. Key operational areas will be established depending on the nature of the emergency.	Refer to depart specific plans.
E	EVACUATION	Decision made for horizontal evacuation made by Hospital staff in area. Vertical evacuation made by Administration on recommendation by Fire Officials. Patients in immediate danger moved first, followed by ambulatory patients then non-ambulatory.	Assist in evacuation of patient records if time and situation allows.
H	HAZARDOUS MATERIAL SPILL/RELEASE	Isolate area. Report amount of spill and location. Direct response team.	Dispose in hazardous waste container. Housekeeping will clean up.
U	UTILITY FAILURE	Check that all critical equipment is plugged into a red outlet and is functioning. Ventilate intubated patients if necessary.	Unplug any non-essential equipment. Secure battery backup as needed.
100	HOSPITAL AT CAPACITY	Patient Placement or Nursing Supervisor will decide when to call. Hospital Operator announces "Code 100". Each department has a plan that is to be followed. Please refer to your manual.	Hospital operator will continue announcements every 4 hours between 8 a.m. and 9 p.m.

The above codes are employed throughout the Bon Secours Richmond market. However, not all codes are used in all the hospitals. The following table shows which codes are in effect at each hospital.

CODE	SMH	MRMC	SFMC	RCH
RED	X	X	X	X
BLUE	X	X	X	X
99	X		X	X
ATLAS	X	X	X	X
A	X	X		X
PINK			X	
B	X	X	X	X
C	X		X	X
D	X	X	X	X
E	X	X	X	X
H	X	X	X	X
U	X	X	X	X
100	X		X	X
EMERGENCY PHONE #	5555	0	4444	164

We are sharing this information with our Business Partners and representatives to inform you of your obligation under the Business Partner agreement with BSR.

Beginning April 14, 2003, BSR along with other health care providers must meet stringent federal requirements to protect the privacy and security of the health care information we collect or create and maintain.

The Federal Privacy Rules, under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

- Regulates the **use and disclosure** of patients' protected health information (PHI), which is any information that is individually identifiable, such as demographics, physical or mental health or condition of an individual or payment for the provision of health care. PHI includes electronic records, paper records, and oral communications.

Under the Business Partner Agreement you must safeguard protected health information.

- **Uses and Disclosures PHI.** You must use and disclosure protected health information only for those purposes necessary to perform your duties, obligations and functions under the contract.
- **Safeguards.** Your company must implement appropriate safeguards to prevent any use or disclosure of PHI.
 - Employees will receive training on confidentiality
 - Password management
 - Physical security
 - Confidential file storage
 - Fax and e-mail policies
- **Report of Impermissible Use of Disclosure.** You must report to your company and then to BSR any use or disclosure of protected health information not permitted by the contract. This must be reported within five (5) days of learning about such use or disclosure.
- **Destroy PHI.** You must return or destroy PHI at termination of the contract.



I. BUSINESS PARTNER REPRESENTATIVE PROFILE

Date: _____

Full Name of Company: _____

Representative Name (Print or Type): _____

Rep Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ Voice Mail #: () _____

Fax #: () _____ Cellular Phone #: () _____

E-Mail: _____ Website: _____

Does your company have contracts with BSR's GPO (Premier)? Yes No

Areas of Responsibility – List Each Applicable BSR Hospital:

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

As a representative of a surgical product manufacturer, Yes No N/A
have you completed BSR's HealthStream Vendor training? _____

Scope of Responsibility (for patient care products only):

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Education |
|--|------------------------------------|

List Products the above applies to:

_____	_____
_____	_____
_____	_____

My qualifications and specific training enable me to Teach, to Demonstrate:

- | | | | |
|--|-------------------------------------|---|-------|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Product | _____ |
| <input type="checkbox"/> Instrumentation | _____ | <input type="checkbox"/> Specify Product Name | _____ |

My qualifications and specific training enable me to Teach, to Demonstrate:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Nursing Staff | <input type="checkbox"/> Department Management | <input type="checkbox"/> Physicians |
|--|--|-------------------------------------|

My product(s) is to be used in a patient procedure:

- | | |
|---|--|
| <input type="checkbox"/> With my assistance | <input type="checkbox"/> Without my assistance |
|---|--|

I am qualified to teach and demonstrate this product (these products) because I have had special training in its use (to include hazards.) My training included (list specific training / education and dates completed.)

In providing the proceeding information I am certifying my capability and knowledge in the use of the products that I am demonstrating and assume full responsibility for the proper working condition of my products and my ability to use it (them). In connection with the above mentioned equipment, the undersigned Business Partner hereby agrees that as a condition to provide a demonstration of the equipment on the premises of BSR, and to the extent permitted by law, Business Partner does hereby covenant and agree to indemnify and hold harmless BSR, its appointed boards and commissions, officials, officers, employees, students, agents and subagents individually and collectively from all fines, claims, suits or actions of any kind and nature by reason of Business Partner's acts or omissions, loss, claim and liability arising out of defects in the equipment or the equipment demonstration.

I agree to comply with and observe all applicable rules and regulations concerning conduct on the Premises, which BSR imposes upon its employees and agents. If I am requested or permitted to observe clinical procedures conducted on patients at any BSR facility, I shall comply with all policies and procedures of BSR instructions from the physician and health care providers, and shall in all events restrict activities to observation and verbal consultation to physician. BSR reserves the right to ban any Business Partner representative from providing services to any BSR facility. BSR may request Business Partner to replace any representative deemed inappropriate, for whatever reason.

I understand that prior to any demonstrations, in-services or educational training sessions, Materiel Management or Pharmacy and the Department Director/Designee must review all educational material.

I further understand that any demonstration, in-service or educational training sessions are to be limited to the specific products or equipment. Pharmaceutical business partner will only be allowed to provide in-service or education on BSR formulary items after the presentation has been approved by the Pharmacy Director.

BSR will not be responsible for any unauthorized products brought in or sent into any BSR facility without prior written authorization. Products brought in or sent into any BSR facility without prior written authorization will be done so at the Business Partner's expense.

In addition, prior to conducting business in any surgical or procedural area (i.e. Operating Room, Cath Lab, Radiology, Labor & Delivery, etc.) **I MUST** schedule an appointment with the appropriate department representative, at each facility; to have specific departmental policies and procedures reviewed.

EFFECTIVE NOVEMBER 1, 2006, BSR REQUIRES THAT ALL QUALIFICATIONS AND TRAINING LISTED BE VERIFIED IN WRITING BY EITHER YOUR MANAGER OR TRAINING OFFICER. THE LETTER MUST SPECIFICALLY DETAIL YOUR TRAINING/EDUCATION AND DATES COMPLETED. NO GENERIC LETTERS OF VALIDATION WILL BE ACCEPTED. PACKETS SUBMITTED WITHOUT THIS LETTER WILL BE CONSIDERED INCOMPLETE AND WILL DELAY YOUR ABILITY TO CONDUCT BUSINESS WITHIN THE BSR SYSTEM.

I understand and agree to abide by these guidelines while conducting business at Bon Secours Richmond facilities.

Furthermore, I have read and received adequate training in the Emergency Code Response requirements as outlined in this document.

Name (printed)

Signature

Company

Date

**Existing Business Partner profiles are to be reviewed on an annual basis. If a Business Partner changes, a new form MUST be completed.
It is the responsibility of the Business Partner to ensure their representative(s) remain current on immunizations and TB testing.**

Title: Business Partner Policies, Business Partner Code of Conduct

I. Purpose:

To establish uniform guidelines and policies for Business Partner sales and service representatives who interact with any hospital in the Bon Secours Richmond Health System Inc (BSR).

II. Protocols:

- A. BSR belongs to Bon Secours Health System Inc (BSHSI), which is a Catholic health care ministry headquartered in Marriottsville, Maryland. The system includes 20 acute-care hospitals, one psychiatric hospital, six nursing care facilities, numerous ambulatory sites, six assisted living facilities, and home health and hospice services.
- B. This Business Partner policy and Code of Conduct are developed to provide a relationship with Business Partners with the goals of improving the clinical care we deliver to our patients; providing our patients, physicians and staff access to new products and technology; and to reduce supply costs within BSR. In addition, our goal is to provide a neutral forum for product assessment and evaluation, and to select products and equipment that will ultimately improve the clinical care we provide.
- C. BSR strives to maintain the highest standards of conduct in our daily operations, and expect the same from our Business Partners.
- D. BSR is committed to maintaining an environment of care free from discrimination and harassment. All Business Partner representatives are required to conduct business in a manner that upholds this commitment.
- E. All Business Partners will be in compliance with requirements set forth by any Federal, State, or other Regulatory agencies.
- F. Business Partner Packets must be completed, signed, and returned to Materiel Management or Pharmacy prior to conducting business within BSR.
- G. It is the responsibility of the Business Partner to maintain compliance with the following:
 - Notification to BSR within 30 days of any Officer of the Corporation or the Corporation is placed on the Sanctions' List as published by the Office of the Inspector General.
 - Obtain prior authorization from the department designee before the demonstration and/or use of the products and/or equipment.
 - Scheduling and conducting in-services under the direction and approval of the department designee.
 - Arrange electrical equipment checks by the Bio Med Department prior to the equipment use.
 - Arrange for cleaning of non-sterile equipment prior to use.
 - Provide product /pricing information to the appropriate Materiel Management or Pharmacy representative prior to use.
- H. Business Partners who conduct business or in-service sessions in BSR facilities must provide documentation of their competency and/or credentials (copy attached). Presentation must be approved by BSR prior to being scheduled.
- I. All products for review or evaluation are to be submitted through the Clinical Resource Analyst or BSR Pharmacy Buyer of the local hospital, following the process outlined on page 3 "Introduction of New Products". Samples are only to be supplied at the request of the Materiel Management Department or Pharmacy, and are never to be left in the clinical areas. Chemicals offered as samples will not be accepted, unless properly packaged, and accompanied by a Material Safety Data Sheet. Drug samples are not to be left within each facility.
- J. New products submitted for evaluation should be accompanied by literature describing the product, information regarding FDA approval, in-service material for hospital clinicians, billing, coding, reimbursement, cost and consignment information, and physician credentialing recommendations if needed.
- K. Any equipment requested by hospital personnel to be brought in for evaluation purposes must undergo the entire purchase order process including the "Equipment Evaluation Request" form (copy attached).
- L. No in-service or product demonstration should ever occur in a BSR hospital, or clinical area without the prior knowledge and authorization by the Materiel Management Department/Pharmacy. Presentations are to be approved prior to being scheduled.

- M. Under no circumstance should any product or device be used on a patient at BSR without prior approval by Materiel Management or Pharmacy and the hospital Clinical Department, and without proper in-servicing to the medical staff, and hospital providers.
- N. All Business Partners are expected to enter the hospital through the main entrance, and immediately check in with the hospital Materiel Management Department or Pharmacy. Each Business Partner will receive a Business Partner Badge valid for a 24 hour period only – and are required to return this badge to the department before leaving the facility.
- O. Visitation to any BSR department requires a pre-scheduled appointment with Materiel Management or Pharmacy, and the hospital Clinical Department representative. Under no circumstances will Business Partner representatives be permitted to visit any BSR hospital without a scheduled appointment.
- P. Business Partner representatives are only authorized to visit areas designated by the Materiel Management Department or Pharmacy. Initiating communication or contact with clinicians in other areas of the hospital other than the pre-scheduled area is prohibited.
- Q. Business Partners will be required to review the Health Insurance Portability and Accountability Act (HIPAA) synopsis on page 6 and agree to abide by these standards as indicated by their signature on page 8 of this booklet.
- R. Business Partners will also be responsible to review the hospital Emergency Codes and Staff Response Sheet prior to gaining access into any clinical areas within the hospital.
- S. No contract, purchasing agreement, or any other form should be given to anyone other than the designated representative in the Materiel Management Department. Agreements, contracts, or purchasing agreements signed by non-authorized personnel will not be honored. As a reminder to all Business Partners, BSR **will not pay** any invoices for new products that have not followed the proper process, unless you obtained prior written authorization from the Department Manager.
- T. Business within any BSR hospital will be conducted from 8:00 am to 4:00 pm, Monday through Friday, unless prior authorization has been obtained.
- U. Business Partners will adhere to any and all hospital policies and procedures, and will be properly educated in BSR purchasing policies including group purchasing organizations, product evaluations, technology management requirements, receiving policies, etc.
- V. Business Partners should only provide verbal consultative services to physicians and health care providers during surgical, interventional and diagnostic procedures. Under no circumstance should any Business Partner directly participate in the care of the patient, or operate equipment of any kind during a procedure. Business Partners are allowed access into patient care treatment centers if, and only if, their product is being utilized on that particular patient, and the treating physician has requested the presence of the Business Partner representative in the room.
- W. Business Partners are not permitted to view any scheduled procedure without authorization to ensure the privacy of BSR patients. Business Partners are not permitted to have access to patient medical records or surgery schedules without authorization.
- X. Business Partners are not to go into any supply areas unless escorted by a designated BSR employee and are not to remove any supplies without the written authorization of the Department Director or his/her designee. Unauthorized removal of supplies will be considered theft and appropriate action will be taken.
- Y. Materiel Management, Department Director or Designee and Business Partners will coordinate all clinical in-service education with the Clinical Resource Analyst. It will also be the responsibility of the Business Partner to obtain an in-service education log sheet and ensure that all BSR staff sign-in when attending an in-service session.
- Z. The use of electronic devices (cell phones, lap top computers, blackberries, etc.) within a BSR facility must be limited to approved areas and should not be used in any areas where patients or visitors are present.

III. Code of Conduct:

Business Partner Representative Noncompliance:

- First Offense: Business Partner will receive a verbal warning from the Department Director. The Director will inform Business Partner what the issue of noncompliance is, discuss appropriate policies and guidelines, and remind them of current policies and expectation of no further infractions. The staff involved will document the incident and the Director will forward to the appropriate Materiel Management or Pharmacy Representative.
- Second Offense: The Materiel Management representative notifies Business Partner and documents a corrective action plan in conjunction with the Clinical Resource Analyst. A copy of this action plan should be sent to the Clinical Resource Analyst. Materiel Management or Pharmacy also notifies: Facility Materiel Management Departments, Regional/National Sales Manager, and appropriate Clinical Departments. Pharmacy will also contact the corporate pharmacy director, who will have the option to communicate with other BSHSI facilities
- Third Offense: Materiel Management or Pharmacy notifies the Business Partner that they are prohibited from conducting business with BSR. Materiel Management or Pharmacy will document final outcome on Business Partner Incident Log and notify the Business Partner's Regional/National Sales Director. Pharmacy will also contact the corporate pharmacy director, who will have the option to communicate with other BSHSI facilities
- Situations may occur that necessitate bypassing one or more steps in the non-compliant process. The decision will be made after consulting with the Department Head and Risk Management, when applicable.

IV. Business Partner Procedures:

New Business Partners:

- Schedule an appointment at BSR Materiel Management, Windsor Corporate Offices, through the Clinical Resource Analyst. Pharmaceutical Business Partners will schedule an appointment with the BSR Pharmacy buyer at MRMC.
- Complete a New Business Partner Profile and return to the Materiel Management Department or Pharmacy at one of the Bon Secours Richmond facilities.
- Profiles will be kept on file by the Materiel Management or Pharmacy staff, and reviewed for future consideration during contract renewal.

IV. Consignment:

- Prior to placing products on consignment, the information related to pricing, quantity and product codes must be submitted to Materiel Management documented on the Business Partner company letterhead.

V. Contract Awards:

- Contracts will be awarded based on criteria established by BSHSI and/or BSR. Criteria include, but are not limited to product specifications and quality, service specifications and quality, total delivered costs and logistics.
- The BSHSI Contracting Department or the local Materiel Management Department will be responsible for ensuring that potential contracts do not conflict with existing BSHSI/BSR and/or Group Purchasing Organization commitments.
- Prior to any award of business, BSR may at its' discretion request sample products for analysis and evaluation. BSR may also request references from existing customers of the Business Partner.

- BSR reserves the right to accept or reject any or all proposals based on criteria established by BSR.

Additional Information:

- A. Questions regarding this protocol should be directed to the system or hospital Materiel Management Department.
- B. Business Partners are defined as those individuals providing or attempting to provide information, products, or services to any BSR Facility on behalf of the company they represent. This does not include delivery personnel whose sole responsibility is to provide products already authorized by Purchase Order.

Business Partner Name:

Company:

Product Description:

Department (s) Requesting Evaluation: _____

Name of Requestor: _____

Purpose of Evaluation: _____

Physician Requesting Evaluation (if applicable): _____

Is This A First Time Procedure At This Hospital?

Date of Evaluation:

Equipment Checked By Bio Med Department:

Physician Credentialing Required?

Equipment FDA Approved:

Reimbursement Codes Established: _____

Legal/Administrative Approval Needed? _____

Staff Training Scheduled? _____

Formal Criteria For Evaluation Established? _____

Comments:

Comments:

Comments:
