

HOSPITAL & AMBULATORY SURGERY CENTERS

HEALTH CARE PROFESSIONAL ZONE



SCREENING & VALIDATING



Vendor Information Management

Health Care Professional Zone is committed to ensuring you, our customers, have accurate and up-to-date information regarding the individuals & manufacturers coming into your facility. You work hard to take care and provide your patients with the best standard of care. So we ask that you let us work hard for you and provide you & your team with a safe and secure work environment. With our Registered Nurses (RN) on staff monitoring each of your vendor’s credentials, you can be sure we always go the extra mile.

Vendor Classifications

<i>Access Level</i>	<i>Visits Patient Care Areas</i>	<i>Description</i>	<i>Departments being visited</i>	<i>Examples</i>
<i>Tier 1</i>	NO	Visits ONLY safety or security sensitive areas of facility such as administration offices.	<ul style="list-style-type: none"> ✓ Hospital Access ✓ Administration Offices ✓ Construction Areas 	<ul style="list-style-type: none"> ✓ Pharmaceutical Representatives ✓ Construction Workers ✓ Delivery Workers
<i>Tier 2</i>	YES	Clinical Providers that access highly sensitive areas of facility such as the Operating Room	<ul style="list-style-type: none"> ✓ Patient Care Areas ✓ Operating Room (OR) ✓ Sterile Processing 	<ul style="list-style-type: none"> ✓ Medical Device Representatives ✓ Capital Representatives ✓ Disposable Representatives ✓ Rental Equipment Representatives
<i>Tier 3</i>	YES	Individuals that sell, distribute, or train for bone and tissue implants. Accesses highly sensitive areas of facility such as Operating Room	<ul style="list-style-type: none"> ✓ Patient Care Areas ✓ Operating Room (OR) ✓ Sterile Processing 	<ul style="list-style-type: none"> ✓ Implant Representatives (Tissue/Bone)
<i>Tier 4</i>	YES	Facility Personnel that accesses highly sensitive areas of facility.	<ul style="list-style-type: none"> ✓ Patient Care Areas ✓ Operating Room (OR) ✓ Sterile Processing 	<ul style="list-style-type: none"> ✓ Medical Students ✓ Visiting Physicians ✓ Other outside medical visitors

ENTITY & INDIVIDUAL CHECKLIST

Company & Vendor Checklist	Description	Tier 1	Tier 2	Tier 3	Tier 4
Facility Policies	Completely customizable to meet your needs at the facility. Any policies specific to your facility that you would like the individuals and manufacturers to acknowledge. We have them electronically sign your policies before allowing them access into your facility.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Watch lists & Sanctions	<p>Ongoing monthly screening using the following up to date lists. All manufacturers are screened against all state lists to provide re-assurance.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> W-9 Type of business Headquarters <input checked="" type="checkbox"/> Physician Payments Sunshine Act (PPSA) <input checked="" type="checkbox"/> Publicly available business financials & legal alerts <input checked="" type="checkbox"/> HHS/OIG List of excluded individuals & Entities <input checked="" type="checkbox"/> State Disciplinary / Sanction Exclusion Lists <input checked="" type="checkbox"/> State Medicaid Exclusion Lists <input checked="" type="checkbox"/> Facility Access <input checked="" type="checkbox"/> TRICARE Sanctions <input checked="" type="checkbox"/> GSA Excluded Parties List <input checked="" type="checkbox"/> SAM GOV #1 <input checked="" type="checkbox"/> FDA Actions <input checked="" type="checkbox"/> DEA Actions <input checked="" type="checkbox"/> Diversity Statements <input checked="" type="checkbox"/> Compliance Policies Documents 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Company Background Check	Proof of your driver's license must clearly state your full name, address, date of birth, expiration date, and image matching all information on your background check.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Driver's License	Pre-employment screening refers to the process of investigating the backgrounds of potential employees and is commonly used to verify the accuracy of an applicant's claims as well as to discover any possible criminal history, worker's compensation claims, or employer sanctions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
General Liability Insurance	Proof of General Liability Insurance from your company that includes limits of liability of 1 million Occurrence and 2 million Aggregate including policy span dates. The customer will notify within ten (10) days of any substantial reduction, cancellation or termination of any insurance coverage.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Employer Product Competency	Proof that individual has been fully trained and certified for the products they will be discussing, evaluating, or using to the manufacturers standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Training (HIPAA)	Healthcare facilities must meet OSHA standards to protect Patient Rights & Confidentiality. HIPAA Training reviews the Health Insurance Portability and Accountability Act (HIPAA). This certificate should show proof of training on HIPAA training; ensuring all vendors entering the facility are properly trained on these precautions is essential to meeting standards. Reference: www.OSHA.gov	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Training (OR Protocol)	Healthcare facilities must meet OSHA standards to protect Patient Rights & Confidentiality. This certificate should show proof of training on Blood borne Pathogens; ensuring all vendors entering the facility are properly trained on these precautions are essential to meeting standards. Reference: www.OSHA.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Training (Aseptic Techniques)	Healthcare facilities must meet OSHA standards to protect Patient Rights & Confidentiality. This certificate should show proof of training on Aseptic Techniques; ensuring all vendors entering the facility are properly trained on these precautions are essential to meeting standards. Reference: www.OSHA.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Training (Blood borne Pathogens)	Healthcare facilities must meet OSHA standards to protect Patient Rights & Confidentiality. This certificate should show proof of training on Blood borne Pathogens; ensuring all vendors entering the facility are properly trained on these precautions are essential to meeting standards. Reference: www.OSHA.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Influenza	Proof of annually flu vaccination. Vaccines from previous seasons administered are no longer proof of immunity to influenza as different strains of the virus circulate from year to year. Reference: www.CDC.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MMR (Measles/Mumps/Rubella)	MMR (measles, mumps, and rubella) vaccine is a combination vaccine to protect against measles, mumps, and rubella. Two doses of MMR vaccine should be received by all personnel in a healthcare setting. Reference: www.CDC.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hepatitis B	Proof of Hepatitis B Vaccination series. Anti-HBs serologic testing may be obtained 1-2 months after the third dose to confirm immunity. Reference: www.CDC.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Varicella (Chicken Pox)	Proof of Varicella (Chickenpox). Persons with no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Please reference CDC for additional questions www.CDC.gov .		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tdap (Tetanus/Diphtheria/Pertussis)	The primary objective of the Tdap vaccination is to provide protection against pertussis while maintaining the standard of care for protection against tetanus and diphtheria. If you are unable to locate records from a previous Tdap immunization, you will need to receive another Tdap vaccine. Reference: www.CDC.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis (TB) Test	Proof of negative Tuberculosis (TB) Test. An intradermal, Purified Protein Derivative(PPD) type tuberculin skin test or chest X-Ray is used to determine if individual has developed an immune response to bacterium that causes TB. Reference: www.CDC.gov		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AATB Code of Conduct	Proof that the vendor recognizes that admission to take the certification examination and the CTBS/CRCS certification, once granted, may be revoked at any time if: it is established that information provided for certification or for recertification is not accurate and/or complete; if he/she engages in illegal or inappropriate conduct during the exam or once the certification is conferred; or if I violate the AATB Certification Code of Conduct. Reference: www.AATB.org			<input checked="" type="checkbox"/>	
AATB Certificate	Certifies the individual has successfully fulfilled the requirements of the American Association of Tissue Banks. Reference: www.AATB.org			<input checked="" type="checkbox"/>	
FDA (Tissue/Bone Acknowledgment)	Vendors must acknowledge and abide by the laws governing FDA regulations regarding Tissue & Bone. Reference: www.FDA.gov			<input checked="" type="checkbox"/>	