Sales representatives use a number of tactics to sell supplies and equipment to ORs. Most behave professionally and are good resources on how to use products. Vendor representatives are sometimes invited into the OR when a surgeon wants technical information on a new product. But unapproved and unannounced reps in ORs can lead to patient safety and liability issues, as well as bills for items the vendor says were requested, but the hospital never approved for purchase.

Two organizations described their policies for credentialing vendor representatives, which require evidence that reps are familiar with policies on OR practice and purchasing. The American College of Surgeons and Association of periOperative Regis-tered Nurses (AORN) have guidelines to aid in developing policies on health care industry representatives in the OR.

““There is a time and a place for vendor support in the OR, but it needs to be under hospital control,” says Sunder R. Nambiar, RN, MPH, CNOR, executive director for perioperative services at Loma Linda University Medical Center in Loma Linda, Calif. Loma Linda has developed a policy that includes having the rep sign off on a web-based orientation packet that explains the organization’s policy. (The packet can be viewed at www.llu.edu/llumc/perioperative/pdfs/periop-vendor.pdf?PHPSESSID=#searc.)

Two-stage credentialing process
Kettering Medical Center in Ketter-ing, Ohio, began developing its policy in 2004 with systemwide meetings of the purchasing departments, which were reporting increasing incidents of unapproved instruments and equipment being brought into ORs, says Tricia Osborn, MBA, business office manager for surgical services. Her office supports 37 ORs in the 4-facility system, 21 of which are at the medical center.

The new policy, implemented in January 2005, involves a 2-stage process. The first stage must be completed by any vendor rep who wishes to enter any area of the hospital, Osborn says. Vendors must present to the purchasing department:
• evidence of a negative TB test as well as a vaccination record
• credentials to sell for a particular company
• certification that they have received training from the company in aseptic tech-nique
• knowledge of the basic vendor policy.

Approved representatives receive a “vendor credentialing card” that is valid until the rep’s next TB test is due, or no longer than a year. A vendor must have the card whenever present in Kettering facilities.

Credentialing for the OR
To enter an OR requires a second stage of credentialing. Among additional crite-ria are the documentation on company letterhead or some other acceptable form that the rep has been trained in the use of the company’s instruments.

Credentials are withdrawn when a rep changes companies, says Osborn. At that point, the vendor repeats the credentialing process.

Any new representative who wants to enter an OR must review and sign the
Kettering OR policy, which states, among other things, that the person will not participate in patient care in any way, even by adjusting or manipulating a device. The policy also states that any product not approved for purchase will not be paid for, regardless of whether a surgeon uses it.

Vendor reps must make an appointment at least 24 hours ahead of the scheduled surgery to have access to an OR.

Appointment required

Once the appointment is made, a note is placed on the case record that the rep will be present. Reps sign in and out with the control desk or nurse specialist for the OR they are visiting. They may not enter the surgeons’ lounge or use hospital phones or computers.

“When a vendor arrives, they are referred to the control desk, which checks to make sure their credentialing card is valid and that they have reviewed and signed the OR policy,” Osborn says. “If it is their first time, they are referred to the specialist nurse, who generally hands them off to the circulating nurse in the OR.” There is a mention on Kettering’s patient surgical consent form that a health care industry rep may be in the OR. Patients may object, but Osborn says she is not aware of any patient doing so.

Sign-off on packet

At Loma Linda, the process is similar but has some different elements. Nambiar’s department worked with purchasing staff, OR managers, and service line specialists to draft a policy and the orientation packet.

The credentialing process starts when a vendor rep asks to be in an OR or a surgeon calls and asks that the vendor be allowed access. The rep is told that he or she must present a TB test and vaccination record and documentation of training in aseptic technique.

Then the vendor must download and read the orientation packet, which includes policies on purchase of unapproved items and an absolute policy that the vendor is not allowed to touch the patient or any caregiver at any time in the OR.

The last page of the packet must be downloaded, printed, and signed before a rep is allowed to check in at Loma Linda, Nambiar says.

The rep checks in with the purchasing-buyer assistant at each site, he says. The rep is issued a tag that must be prominently displayed on the rep’s scrubs, so everyone in the OR knows the person is not a member of the clinical staff, he adds.

Identifying vendors has been an issue at Kettering, Osborn acknowledges, especially when surgeons allow reps to enter without making an appointment or checking in.

“If we have new staff in an OR, they don’t always know someone is a vendor,” Osborn says.

She thinks the problem will be ameliorated somewhat as Kettering changes from an open-scrub system to a locker-scrub system. Not only will vendors not have lockers, they also will be assigned a different color of scrubs, she says.

Good marks from JCAHO

In a recent announced survey by the Joint Commission on Accreditation of Healthcare Organizations, Kettering’s vendor policy got good marks, she adds.

“The Commission only made 2 recommendations: that we add a requirement for a hepatitis B vaccination and that we put vendors through our in-house education on safety issues in the OR, specifically fire safety procedures,” Osborn says.

“We’re meeting with our managers to see if we can establish an abbreviated version of our in-house training for vendors. On hepatitis B, we’re reviewing that to see if it is a requirement or a recommendation. Requiring that would mean a lot of extra work.” Loma Linda also does not require a hepatitis B vaccination from vendors, Nambiar says, “because the vendors never touch the patient.”

Nambiar says the online orientation packet seems to be working well at Loma Linda, allowing vendors to review policies on their own time, while protecting the hospital when they register and sign the document page saying they accept the rules.
At Kettering, Osborn says, the policy has been in effect for less than 2 years, and compliance has been uneven.

“As with any policy, it’s only as good as the enforcement,” she says. “We’ve had pockets of success. Some specialties, like orthopedics and neuro, are not as observant as others—but we keep trying.”

— Kate McGraw

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Resources
