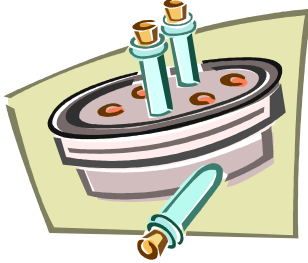




Banner Health®

# Existing Business Partner Protocol



**THIS PACKET MUST BE FILLED OUT BY ALL BUSINESS PARTNER REPRESENTATIVES WHOSE COMPANIES CURRENTLY DO BUSINESS WITHIN BANNER HEALTH. IT IS NOT INTENDED FOR VENDOR REPRESENTATIVES WHOSE COMPANIES DO NOT CURRENTLY DO BUSINESS WITHIN BANNER HEALTH.**

**UPDATED 07/2011**

## Existing Business Partner Representative (EBPR) Orientation Packet

Existing Business Partner Representatives are defined as those individuals providing or attempting to provide education, verbal consultation, information, products, or services to any Banner Health Facility on behalf of the company/companies they represent.

Welcome to Banner Health (BH). This packet has been especially developed to introduce you to Banner's business practices. Please take a few minutes to review the enclosed information. If you have any questions contact any Clinical Supply Manager

Prior to conducting business at any Banner facility, I understand that **I MUST:**

- Review the Existing Business Partner Process (**keep for your records**)
- Review The Guide for Business Partners Fire & Safety Information (**keep for your records**)
- Complete and *return* a signed Business Partner Profile to Banner Support Services, Corporate Supply Chain Management. You may drop off your completed packet at BSS, 7300 W. Detroit Street, Chandler AZ or fax ATTN: Denise Little to 602-747-1567.
- Lab vendors need to drop off their completed packets at LSA or fax ATTN: Richard Hahn at 602-685-5065.
- Forward the checklist located at the end of the packet to your Manager or Training Officer. The completed form must accompany your profile. Failure to comply will delay your authorization.
- Schedule an appointment with the appropriate Clinical Supply Manager based on your product's specialty. For Pharmaceuticals, please contact the Pharmacy Director and for Laboratory Supplies/equipment, please contact Sonora Quest Laboratories. This appointment must occur prior to going into any Banner Facility.
- Obtain my Authorized Vendor Tag prior to visiting any Banner Facility.

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

**This does not include delivery personnel whose sole responsibility it is to provide products or service personnel who are contracted for the sole purpose of servicing equipment.**

## INTRODUCTION OF MED/SURG PRODUCTS

Banner Health is dedicated to partnering with vendors to improve patient care and to reduce costs. Your product may be evaluated to determine if it brings clinical and cost value to Banner.

- All products for review and/or evaluation must be submitted to the appropriate Clinical Supply Manager (CSM) and Contract Administrator (CA).
- Product evaluations can only occur after you have received authorization from the CSM and the details of the evaluation have been determined.
- Free product is not accepted for any evaluation and samples are not to be left in any patient care areas or given to staff, physicians or other health care providers.
- Chemicals offered as samples will not be accepted unless accompanied by an OSHA Materials Safety Data Sheet.
- No in-service or product demonstration will occur without prior knowledge and authorization from the Clinical Supply Manager.
- 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 Banner Health.
- Banner Health does not support the use of "trunk stock" on patients, as the integrity and sterility of the product can not be guaranteed.

As a reminder that we take our patient's safety seriously, BANNER 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. Agreements made with physicians in their offices are not binding with Banner Health.

In order to safely introduce new products, please schedule an appointment with the appropriate Clinical Supply Manager listed below.

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Sue Hellriegel, RN  
602-747-1547  
[Sue.hellriegel@bannerhealth.com](mailto:Sue.hellriegel@bannerhealth.com)

Cardiology, Critical Care, Medical Imaging, Interventional Radiology, Advanced Wound Care, Infection Control, Emergency Services, Dialysis, Product and Medical Device Recalls and Vendor Relations.

Cairne-Lee Larson, RN  
602-747-1578  
[Cairne-lee.larson@bannerhealth.com](mailto:Cairne-lee.larson@bannerhealth.com)

Women/Infants , Neonatal/Pediatrics, General Med Surg Supplies, Infusion Devices, Enteral Feeding Pumps and supplies, Safety Products.

Dee Whittington, RN  
602-747-1584  
[Dolores.whittington@bannerhealth.com](mailto:Dolores.whittington@bannerhealth.com)

Surgical, Respiratory Care, Endoscopy Pain Management, Reprocessing

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If you have any questions, please contact any of the Clinical Supply Managers.

We appreciate your cooperation in making patient safety our number one priority.

## INTRODUCTION OF LABORATORY PRODUCTS

Sonora Quest Laboratories and Laboratory Sciences of Arizona (SQL/LSA) is dedicated to partnering with vendors to improve patient care and reduce costs. If your product will improve patient care and reduce cost, then we would like to meet with you. If your company is only interested in selling your products, then we do not have time to meet with you.

In order to safely introduce new products, please schedule an appointment with the appropriate person listed below. Allow a minimum of one month for this process to occur.

Richard Hahn  
Director, Materials  
Management

602-685-5391

Laboratory Products &  
Equipment Only

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 products for review and/or evaluation shall be submitted through the appropriate contact listed above. Samples are only to be supplied upon the request of the SQL/LSA Materials Management Department. Samples are not to be left in patient care areas or ancillary departments. Chemicals offered as samples will not be accepted unless accompanied by an OSHA Materials Safety Data Sheet. NO in-service or product demonstration will occur without prior knowledge and authorization from SQL/LSA Materials Management. Under no circumstances are products to be used on patients without the proper in-servicing to Laboratory Personnel. Failure to comply may jeopardize the Business Partner's ability to conduct future business with SQL/LSA.

As a reminder that we take our patient's safety seriously, SQL/LSA 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 any of the persons listed above.

We appreciate your cooperation in making our patient's care safe.

## **A GUIDE FOR PHARMACEUTICAL REPRESENTATIVES**

*While this section refers specifically to pharmaceutical representatives, the representative is also required to adhere to the guidelines and protocols in the entire packet. Prior to conducting business at any Banner Facility, representatives must complete the Existing Business Partner Packet and submit along with their letter of competency. Representatives must first sign in at the Materials Management Department each time they are in a Banner Facility and must display their temporary vendor badge at all times while in the facility.*

### **Access to Banner Health and Banner Facilities**

Your primary contact in each facility is the Director of Pharmacy. You should not be doing any business in the facility until you see the Director or his/her designee and receive guidelines specific to that institution.

Issues that involve Banner Health should be directed to:

Chuck Berry, RPh, MS  
Administrative Director of Pharmacy for Banner Health  
605-747-1524

Appointments can be scheduled by calling that number.

### **Contracting Practices with Banner Health**

It is the policy of Banner Health that all contracts for pharmaceutical products be applicable to all Banner facilities. Individual facility agreements are not allowed nor can any agreement be signed at the facility level. Chuck Berry is the point person for contract development and negotiation. The contracting process is as follows:

1. The contract proposal is presented to Chuck Berry.
2. The terms of the proposal is negotiated by a Banner team with the appropriate pharmaceutical company representatives.
3. Once terms are agreed upon, the contract is signed by the Vice President of Materials Management for Banner Health.

Contracts may be discussed with individual Pharmacy Directors but the negotiation/approval process must go through Chuck and the Corporate Materials Management Department. Any changes in current contracts or agreements would go through the same process.

In the contracting process, Banner expects the lowest prices and the best contracts in the country. Banner is a very large account for most firms and expects to be treated as such. The negotiation phase is an intense process designed to bring about the best agreement for Banner.

### **Sales Activities**

The philosophy of Banner Health is to serve the interests and needs of the patients, their families and employees. Sales activities that are conducted in inappropriate areas or under inconvenient circumstances are viewed by Banner as opposed to this philosophy. It is for this reason that the policies governing access of representatives to specific areas of the Medical Centers will be rigidly enforced.

Sales activities in each facility are governed by the facility Director of Pharmacy and the policies he/she institutes. It is the representative's responsibility to become versed in these policies. As a Corporation, Banner does endorse the concept that representatives should not be doing business in patient care areas nor, in any way, interfere with any caregiver's opportunity to provide patient care. Any breach of the above requirements could result in the representative being banned from all Banner facilities.

## **Samples and Displays**

Samples may be distributed only to specific physicians (for personal or office use) and are not to be left in patient care areas or ancillary departments. Banner Pharmacies do not hold or distribute samples to individual physicians. In the rare instance where samples are required to treat a specific patient with a drug not on formulary, samples are to be left **ONLY WITH** the Pharmacy Department. Pharmaceutical displays at each facility, where allowed, are scheduled thru the Medical Education Office.

## **Educational Activities**

The facility Director of Pharmacy or his/her designee must approve all educational programs conducted in the facility by pharmaceutical representatives.

### **FAQ'S ON PHARMACEUTICAL CONTRACTS WITH BANNER HEALTH**

#### **WHO ARE THE KEY PLAYERS IN NEGOTIATING BANNER CONTRACTS?**

Chuck Berry, Distractive Director of Pharmacy  
Mike Halmrast

#### **WHO IS BANNER'S GROUP PURCHASING ORGANIZATION?**

Banner's GPO is Premier.

#### **WHAT DO I DO WITH A NEW OR CHANGED CONTRACT?**

Your first stop is Chuck Berry. The question that will always be posed is, "is this a facility-specific contract or can it be applied to Banner". Remember, all contracts are Banner contracts. It is recognized that BGSMC is a teaching as well as a 340B eligible hospital which sometimes qualifies it for special pricing.

#### **I HAVE THESE GREAT SAVINGS TO PROPOSE**

Banner welcomes any savings that you can bring to us. We are always looking for opportunities to decrease costs. You will probably bring a spreadsheet showing the proposed savings. This is a required starting point but we will always verify your figures independently. This is not a challenge to your efforts. There may be factors you are unaware of that would impact the proposed savings. Do not show these "savings" to any other Banner personnel, except Banner Directors of Pharmacy, until you have our permission to do so. Misrepresentation of anticipated savings to people unfamiliar with pharmaceutical purchasing can create problems.

#### **WHAT ARE BANNER'S CONTRACTING EXPECTATIONS?**

As stated above, Banner expects the lowest prices and best contracts. We recognize that the pharmaceutical firm must also execute an agreement in their best interests. The aim of the negotiation process is to arrive at an agreement in both party's best interests. Please come to the negotiation meetings prepared and with the appropriate people from your company present. This will help expedite the process.

#### **WHO CAN SIGN CONTRACTS?**

Signatory authority for pharmaceutical contracts rests with the Vice President of Materials Management. It does not rest with anyone at the facility level. Proposed contracts, when applicable, will be reviewed by Banner Legal.

#### **MY MANAGER IS PRESSURING ME FOR ANSWERS ABOUT THE PROPOSAL**

Banner is a large organization and sometimes decisions take time. Proposals may have to be reviewed by our chain of command or be presented to groups of individuals for review. Chuck, Mike or Martin will try to keep you apprised of the time line and would be happy to speak with your manager regarding the process.

#### **WHAT DOES BANNER EXPECT OF YOU AFTER THE CONTRACT IS SIGNED**

The expectation is that you monitor Banner's performance within the contract to maximize the agreement. Chuck Berry will be the point person but you will also work with the individual Pharmacy Directors. If the agreement is based on market share, the expectation is that Banner will be kept apprised of the current tier and what it would take to reach the next tier in enough time to respond. In other words, you need to manage your agreement with Banner. When the contract involves a product change at a facility, we expect the pharmaceutical company to apply your full resources, working with the Pharmacy Director, to make this change happen.

## **Title: Existing Business Partner Representatives (EBPR) Protocol**

### **I. Purpose:**

To establish uniform protocols for the interaction between BH staff and Business Partner Representatives and assist the Banner Health Facilities in promoting patient rights and safety.

Banner Health expects our BPRs to conduct themselves in a professional and ethical manner at all times. In order to ensure patient rights and safety and maintain the integrity of our business partner relationships, you must:

- A. Be properly educated in BH purchasing policies, product evaluations, Technology Management requirements etc. These will be reviewed with you upon your initial meeting with the Banner Clinical Supply Manager and Contract Administrator.
- B. Review all new products with the appropriate CSM before introducing into any Banner facility.
- C. Have written authorization from one of the CSM's prior to making appointments within a Banner Facility. You will need to obtain this written authorization each time you wish to visit a Banner Facility. The only exception will be when you have been scheduled to be present during a surgical or interventional procedure.
- D. Provide **ONLY VERBAL** consultative services to physicians and health care providers during surgical, interventional and diagnostic procedures.
- E. Be in compliance with requirements set forth by any regulatory agencies.
- F. **Not** view any scheduled procedure without authorization from the Department Director. This helps to ensure the privacy of BH patients and to be compliant with HIPPA regulations. **Not** have access to patient medical records or surgery schedules without authorization.
- G. **Not** go into any department lounge or changing areas without prior authorization. Business is **NOT** to be conducted in any waiting rooms, or other public areas.
- H. **NOT** go into any supply areas unless escorted by a Banner employee and are not to remove any supplies without the written authorization of the Department Director or his/her designee.  
Unauthorized removal of supplies may be considered theft and appropriate action may be taken.
- I. Comply with all BH policies and procedures and/or instructions from the physician and/or health care provider. be knowledgeable of, and practice aseptic principles and techniques at all times.
- J. Coordinate all clinical in-service education with the Clinical Supply Manager. It will also be the responsibility of the BPR to obtain an in-service education log sheet and ensure that all BH staff sign-in when attending an in-service session.

The use of electronic devices (cell phones, lap top computers, blackberries etc.) within a Banner facility must be limited to approved areas and should not be used in any areas where patients or visitors are present. All electronic devices must be turned off prior to entering any procedural areas. You are not to conduct business in any public areas such as facility main lobbies, waiting rooms, cafeterias or cafes.

It is the responsibility of the BPR to maintain compliance with the following:

1. Arranging electrical equipment checks by the Technology Management Department prior to the equipment use.
2. Arrange for cleaning of non-sterile equipment 24 hours prior to the scheduled procedure.
3. Banner Health's EBP Dress Code

BPR must wear appropriate business attire. (business or business casual are required if you wish to conduct business within Banner. Scrubs, even those issued by the BPR's Company **ARE NOT** to be worn into the hospital. You must change out of your street clothes and into hospital issued scrubs before proceeding into any sterile procedure areas.

Please limit the use of perfumes, colognes, and aftershave products. Some patients are hyper-sensitive to scents. Representatives who come in direct contact with patients and sterile supplies are prohibited from wearing artificial nails. Natural nails must be trimmed within ¼" of the tip of the finger. Open-toed shoes are not allowed in clinical areas. Temporary Vendor ID badges are to be worn and prominently displayed at all times.

#### **K. Product Evaluation**

1. Product evaluations can only occur after all the following steps have been taken:

- ⚙ Schedule an appointment with the appropriate CSM and CA to review the product, part number and pricing information
- ⚙ Permission to proceed with and the terms of the evaluation have been agreed upon.
- ⚙ The appropriate Banner paper work has been filled out.
- ⚙ Evaluation product has been ordered. Banner will not accept free product.
- ⚙ Staff has been in-serviced
- ⚙ If the evaluation includes equipment, the BPR must schedule a meeting with the Corporate Capital Team.

2. Commitments made on behalf of the hospital are null and void unless authorized by an agent of the facility (Corporate or Hospital Administration; Corporate Materials Management; Pharmacy Director, or Food Service Director).

#### **L. Business Partner Representative Noncompliance:**

- **First Offense:** BPR will be notified the Clinical Supply Manager of the issue and expected corrective action steps.
- **Second Offense:** The CSM (Clinical Supply Manager) will meet with the BPR and his/her manager. After the incident is discussed, corrective action may be taken up to and including the inability of the BPR to conduct business within any Banner Facility. The CSM will document final outcome on Vendor Incident Log and notify the BPR'S Regional/National Sales Director.
- 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. This would result in an immediate ban from Banner Health.
- Any attempts to solicit pricing information from any Banner Employee will be considered a breach of ethics and may result in the immediate removal of the EBP representative.

## **II. Consignment:**

- The BPR MUST work the appropriate Contract Administrator prior to placing products on consignment, the information related to pricing, quantity and product codes must be submitted on the appropriate Consignment Agreement Form.

### **III. Contract Awards:**

- Contracts will be awarded based on criteria established by Banner Health. Criteria include, but are not limited to product specifications and quality, service specifications and quality, total delivered costs and logistics.
- The Contracting Department will be responsible for ensuring that potential contracts do not conflict with existing Banner and/or Group Purchasing organization commitments.
- Prior to any award of business, Banner may at its' discretion request sample products for analysis and evaluation. Banner may also request references from existing customers of the Business Partner.
- Banner reserves the right to accept or reject any or all proposals based on criteria established by Banner Health.
- Contract terms and pricing are applicable to all Banner Facilities unless otherwise noted in the agreement. Individual departments/facilities are not authorized to negotiate or set the terms of a Corporate Contract.

## **A GUIDE FOR BUSINESS PARTNER REPRESENTATIVES**

### **Upon Arrival:**

You must sign in at the Supply Chain Management Department. You will be required to show written authorization from the CSM allowing you to proceed to your destination. If you do not have written authorization you will be turned away. You can download a copy of an appointment request form at [www.bannerhealth.com](http://www.bannerhealth.com) and click on vendor. The only exceptions will be in the OR, Cath Lab or Interventional Areas where you are scheduled for a specific case

or in-services have been pre arranged by one of the Clinical Supply Managers.

Please be prepared to show your Authorized Banner Vendor key tag. You will receive a temporary ID badge and be directed to the appropriate department. BPR'S who arrive at a department without a badge will be sent back to Supply Chain Management to check in before being seen. BPR'S will only be allowed in the area(s) of the facility where they have made specific appointments. Prior to departure, you must sign out.

**Parking:**

You may park in the designated visitor parking area. BPR'S are never to park in reserved parking spaces. There is a "NO PARKING" POLICY ENFORCED IN THE RECEIVING AREA. Vehicles in violation will be towed at owner's expense.

**Deliveries:**

All deliveries accompanied by a packing slip, receiver, bill of lading, purchase order, product evaluation, or equipment rental are to be made to the Receiving Department at the designated Banner Facility between 7 a.m. and 4 p.m., Monday through Friday. Emergency deliveries (after 4 p.m. and on weekends) are to be made to the SPD Department at the designated Banner facility. **ALL MERCHANDISE MUST BE SIGNED FOR - NO EXCEPTIONS.**

**Compliance Policies:**

Banner health has a *Code of Conduct*, a *Compliance Handbook* and a policy entitled *Compliance Issue Reporting Policy*, all of which provide information on how to detect and report fraud, waste and abuse at Banner Health. These documents also ensure that vendors are aware of the Federal and State laws and regulations that govern false claims and statements and the roles these laws play in preventing and detecting fraud, waste and abuse. These documents can be assessed at Banner's web site: [www.bannerhealth.com](http://www.bannerhealth.com). Click on vendor at the bottom of the page. BPR's should review these documents before engaging in any activity within Banner Health.

**Sales Activity:**

Banner Health's Anti-Solicitation Policy prohibits the distribution of note pads, pens, and other items of an advertising nature or the posting of any literature on walls or bulletin boards in patient care areas or any other area with public access. No food will be allowed.

**Authority/Penalties:**

Failure to comply with the above protocol will result in the initiation of the BPR non-compliance policy.

**TB Testing/Immunizations:**

It is the responsibility of the Business Partner to ensure their representative(s) remain current on immunizations and T-B testing.

**Changes in Employment/Product Line:**

It is the responsibility of the Business Partner to notify Banner Health of any changes in employment status or representation in product line. A new Business Partner profile must be filled out any time employment status changes. Failure to do so may result in your inability to conduct business within any Banner Facility.

**EMERGENCY CODES AND STAFF RESPONSE**

CODE	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE
<b>RED</b>	FIRE, smoke or smell of something burning	RESCUE, those in immediate danger. ALARM by activating the nearest pull station and dialing your emergency number. CONTAIN the fire by closing doors. EXTINGUISH if safe to do	Evacuate if directed to do so.

		SO.	
<b>BLUE</b>	Adult medical emergency "CODE BLUE ADULT".  Pediatric medical emergency "CODE BLUE PEDS".	Assess patient for CPR needs. CALL FOR HELP. If trained, initiate CPR.	Code Team(s) report to scene.
<b>PINK</b>	INFANT/CHILD ABDUCTION	Dial emergency number immediately. Monitor all exits, stairwells, hallways, etc.	Report suspicious persons or activities to Security.
<b>YELLOW</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.
<b>TRIAGE</b>	Internal disaster "CODE TRIAGE INTERNAL". External disaster "CODE TRIAGE EXTERNAL".	Refer to Policy in Safety Manual. Key operational areas will be established depending on the nature of the emergency.	Refer to department specific plans
<b>GRAY</b>	COMBATIVE PERSON	Dial emergency number immediately. Security will respond. Assist victim/others if safe to do so.	Contact local Police Dept.
<b>ORANGE</b>	HAZARDOUS MATERIAL SPILL/RELEASE	Isolate and contain spill to smallest area possible. Dial emergency number. Notify Supervisor.	Trained staff or vendor will address large scale spills.
<b>PURPLE</b>	EMERGENCY DEPT BYPASS		



Banner Health\*

### EXISTING BUSINESS PARTNER REPRESENTATIVE PROFILE

ALL EXISTING BUSINESS PARTNERS, SERVICE AND/ OR DELIVERY PERSONNEL MUST COMPLETE PARTS ONE AND THREE.

ALL EXISTING BUSINESS PARTNERS WHO CONDUCT BUSINESS IN THE OR, CARDIAC CATH LAB AND/OR INVASIVE PROCEDRUE SUITES MUST COMPLETE PARTS ONE, TWO AND THREE.

#### PART ONE

Full Name of Company: \_\_\_\_\_

Your Name (Print or Type): \_\_\_\_\_

Voice Mail # \_\_\_\_\_ Cellular Phone #: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Does your company already have contracts with Banner?  Yes  No

Your Manager's Name: \_\_\_\_\_

Your Manager's Contact number: \_\_\_\_\_

I was previously employed by **(list company)**. I have a tag **(list tag number)**

Areas of Responsibility (check all that apply):

<input type="checkbox"/>	Banner AZ Distribution Center	<input type="checkbox"/>	Banner Desert Medical Center /Banner Cardon Children's Hospital	<input type="checkbox"/>	Banner Heart Hospital	<input type="checkbox"/>	Arizona Medical Clinics
<input type="checkbox"/>	Banner Baywood Medical Center	<input type="checkbox"/>	Banner Estrella Medical Center	<input type="checkbox"/>	Banner Ironwood Medical Center	<input type="checkbox"/>	Banner MD Anderson Cancer Center
<input type="checkbox"/>	Banner Boswell Medical Center	<input type="checkbox"/>	Banner Gateway Medical Center	<input type="checkbox"/>	Banner Thunderbird Medical Center	<input type="checkbox"/>	Banner Outpatient Surgery Centers
<input type="checkbox"/>	Banner Del E. Webb Medical Center	<input type="checkbox"/>	Banner Good Samaritan Medical Center	<input type="checkbox"/>		<input type="checkbox"/>	Sonora Quest/Lab Sciences of Arizona

Scope of Responsibility (for patient care products)

Demonstration  Education  Service  Delivery

List Products the above applies to:


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

Equipment  Med/Surg products  Pharmaceuticals

Laboratory supplies/equipment  Instrumentation  Orthotics/Prosthetics

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

Nursing Staff  Department Management  Physicians  Patient /Family Members

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.)


Does anyone in your immediate family work for Banner Health? If yes, please list .  YES  NO

Is anyone in your immediate family part of the Medical Staff at any Banner Facility? If yes, please list.  YES  NO

**BANNER 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 BANNER HEALTH. UPON SUCCESSFUL COMPLETION OF THIS PACKET AND SUBMISSION OF YOUR VERIFICATION LETTER, YOU WILL BE ISSUED A "BANNER AUTHORIZED VENDOR CARD" WHICH YOU MUST CARRY WITH YOU AT ALL TIMES WHILE IN A BANNER FACILITY. IF YOU ARE A DISTRIBUTOR WHO REPRESENTS MULTIPLE COMPANIES, YOU MUST SUBMIT TRAINING LETTERS FOR EACH COMPANY AND LINE OF PRODUCTS.**

**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 VENDOR HEREBY AGREES THAT AS A CONDITION TO PROVIDE A DEMONSTRATION OF THE EQUIPMENT ON THE PREMISES OF BANNER HEALTH, AN ARIZONA NONPROFIT CORPORATION, ("BH") AND TO THE EXTENT PERMITTED BY ARIZONA LAW, VENDOR DOES HEREBY COVENANT AND AGREE TO INDEMNIFY AND HOLD HARMLESS BH, 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 VENDOR'S ACTS OR OMISSIONS, LOSS, CLAIM AND LIABILITY ARISING OUT OF DEFECTS IN THE EQUIPMENT OR THE EQUIPMENT DEMONSTRATION. (APPLIES ONLY TO BUSINESS PARTNERS WHO SUPPLY MEDICAL EQUIPMENT).**

**I AGREE TO COMPLY WITH AND OBSERVE ALL APPLICABLE RULES AND REGULATIONS CONCERNING CONDUCT ON THE PREMISES, WHICH BH IMPOSES UPON ITS EMPLOYEES AND AGENTS. IF I AM REQUESTED OR PERMITTED TO OBSERVE CLINICAL PROCEDURES CONDUCTED ON PATIENTS AT ANY BH FACILITY, I SHALL COMPLY WITH ALL POLICIES AND PROCEDURES OF BH, INSTRUCTIONS FROM THE PHYSICIAN AND HEALTH CARE PROVIDERS, AND SHALL IN ALL EVENTS RESTRICT ACTIVITIES TO OBSERVATION AND VERBAL CONSULTATION TO PHYSICIAN. BH RESERVES THE RIGHT TO BAN ANY BUSINESS PARTNER REPRESENTATIVE FROM PROVIDING SERVICES TO ANY BH FACILITY. BH MAY REQUEST VENDOR TO REPLACE ANY REPRESENTATIVE DEEMED INAPPROPRIATE, FOR WHATEVER REASON.**

**I UNDERSTAND THAT PRIOR TO ANY DEMONSTRATIONS, IN-SERVICES OR EDUCATIONAL TRAINING SESSIONS, THE CLINICAL SUPPLY MANAGER 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 AGREED UPON.**

**I AM AWARE OF THE FEDERAL AND STATE LAWS AND REGULATIONS THAT GOVERN FALSE CLAIMS AND STATEMENTS AND THE ROLES THESE LAWS PLAY IN PREVENTING AND DETECTING FRAUD, WASTE AND ABUSE. I HAVE REVIEWED THE BANNER HEALTH CODE OF CONDUCT, COMPLIANCE HANDBOOK AND COMPLIANCE ISSUE REPORTING POLICY ON THE BANNER WEBSITE. ([WWW.BANNERHEALTH.COM](http://WWW.BANNERHEALTH.COM)). CLICK ON VENDOR AT THE BOTTOM OF THE PAGE).**

**BH WILL NOT BE RESPONSIBLE FOR ANY UNAUTHORIZED PRODUCTS BROUGHT IN OR SENT INTO ANY BH FACILITY WITHOUT PRIOR WRITTEN AUTHORIZATION. PRODUCTS BROUGHT IN OR SENT INTO ANY BH FACILITY WITHOUT PRIOR WRITTEN AUTHORIZATION WILL BE DONE SO AT THE VENDOR'S EXPENSE.**

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**Name (printed)**

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**Signature**

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**Company**

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**Date**



## **PART TWO**

### **ALL EXISTING BUSINESS PARTNER REPRESENTATIVES WHO CONDUCT BUSINESS IN THE OPERATING ROOM CARDIAC CATH LAB AND/OR INVASIVE PROCEDURE SUITES MUST REVIEW AND SIGN PART TWO,**

#### **Existing Business Partner Representative Requirements for Conduct in the Operating Room and Invasive Procedure Suites within Banner Health.**

In accepting an invitation to support our physicians, operating room personnel and procedure suites staff, you assume many responsibilities. Of vital importance to the patient is the maintenance of aseptic technique to prevent infection in the surgical wound as well as confidentiality of patient information. Each individual present in the operating room and procedure suites shares in the maintenance of asepsis through proper conduct. The following restrictions apply when you are in the room.

##### **Hand Hygiene:**

The easiest and most effective way of reducing the spread of infection is proper hand hygiene. Please adhere to appropriate hand washing protocols (**CDC recommendations for hand hygiene can be found at [www.cdc.gov](http://www.cdc.gov)**) during your visit within our institution.

##### **Surgical Attire:**

When suitable, you will be directed to the appropriate locker room to don scrubs. A scrub top, scrub pants, hat that covers all the hair, shoe covers (optional) and mask must be worn before entering the operating room when a patient is present or when sterile supplies are opened. It is acceptable to wear an undershirt (crew neck or V-neck, short sleeves) under your scrubs since the temperature in the operating room is a bit cool.

If you leave the department, please be sure to remove your hat, shoe covers and mask as you depart the operating room or procedure suite.

##### **Hair Coverings:**

In the operating room and in some procedure suites a cap will be provided. Hoods are the preferred head covering for persons with beards or facial hair. Be sure to cover your hair completely when donning the cap. Stud earrings are the only type allowed in the operating room. Confine necklaces inside your scrubs.

##### **Mask:**

Mask must be worn when entering and the operating room. For some procedure suites masks are not necessary. Ask any member of the patient care team and they will direct you in the expectations for the area you are working. Surgical masks are tied so that the nose and mouth are completely covered. Universal precautions are necessary for all involved. Please ask the Operating Room Educator or any patient care team member if you have any questions about universal precautions.

##### **Personal Valuables:**

Please place your valuable items in a locker if one is assigned to you. The Department cannot be responsible for lost or stolen items while you are in a procedure.

##### **Badge:**

All persons must be identified on the surgical record, which is a legal document; therefore, your badge must be visible. Upon entering the operating room or procedure suite, please introduce yourself to the circulator or appropriate health care professional. The badge needs to be located on the left upper portion of the scrub top. It should be placed above the pocket .

**Existing Business Partner Representatives Involvement in a Procedure**

At no time will an EBP in an operating room or in an invasive procedure suite be allowed to “scrub in” on a case, touch a patient, manipulate a device while on a patient, operate any equipment during a procedure, or open sterile packages in the sterile field. However, a vendor’s representative who must be present intra-procedurally in order to adjust, program, or test a medical device, that is on a patient may do so only when the manufacturer’s product instructions specifically state that such services must be performed by a trained representative of the manufacturer. The representative’s company will provide documentation detailing the scope of the representative’s capabilities and training to provide specific services during a procedure.

**The Sterile Field:**

To maintain sterile technique, nothing in a sterile field can be touched by those who are not scrubbed, gowned and gloved. The sterile area usually includes the draped patient, all gowned and gloved personnel, a mayo stand, back table, basins, all of which will be covered by sterile drapes. Please ask if you have any questions.

**Where to stand:**

If you are in the operating room or a procedure suite during the “set up’ of the case, the best position to select is one near the wall, away from the cabinets, out of the way of the traffic flow of the room. There is much preparation necessary before an operation; the staff is busy, so it is wise to stay back from those who are setting up at this particular time.

**Conduct, Conversation and Colds:**

Engage in minimum conversation in the operating room or procedure suite. Do not go into the operating room or procedure suite when you have a cold or any infectious disease because the patient must be protected from unnecessary exposure to bacteria. If you should begin to feel faint or nauseated during the procedure, sit down immediately away from the sterile field on a stool or even on the floor, until you regain your composure. This should not be an embarrassment for you, in fact it happens often. To help eliminate this possibility we suggest you eat breakfast or lunch prior to entering an operating room or procedure suite, especially foods with high protein content.

**Emergency Situation**

Should any type of emergency situation arise, take your direction from the patient care staff in your room. Emergency codes are posted in the department for your perusal.

Your responsibility as a Vendor in any procedure over and above your support of the physician and the staff with your equipment includes maintaining aseptic conditions, not touching the sterile areas and keeping conversation to a minimum. You facilitate the work of our health care personnel by taking an observational position, which does not interfere with the flow of traffic in the room. By following these directions it is hoped that your time in the hospital will be valuable for all parties.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date



Banner Health\*

**PART THREE**

**ALL EXISTING BUSINESS PARTNERS, SERVICE AND/ OR DELIVERY PERSONNEL MUST HAVE THEIR MANAGER OR TRAINING OFFICER FILL OUT PART THREE. YOU MUST SUBMIT THIS AT THE TIME YOU SUBMIT PARTS 1 & 2.**

**EXISTING BUSINESS PARTNER VALIDATION CHECKLIST FOR \_\_\_\_\_ (Fill in name of Existing Business Partner Representative)**

The following checklist must be completed by either the Existing Business Partner’s manager or training officer. This must be completed for ALL Existing Business Partner Representatives prior to the representative conducting business in any Banner Facility.

**Please check that these have been completed:**

- Health Vaccinations-initial and annual as dictated by your company’s policy. **Please do not submit proof of immunizations. It is the company’s responsibility to ensure that their employees are current.**
- Background Verification-to include, but not limited to criminal background, sex offender registry, drug screening. **Please do not submit proof. It is the company’s responsibility to maintain these records.**

In addition, proof of the following must be provided for ALL Existing Business Partner Representatives who represent a company or companies in the immediate vicinity of patient care:

- Training Documentation- verification that specific training related to the device/equipment the Existing Business Partner will be responsible for. **By checking this box you are indicating that the training has been completed and can provide proof of such training if requested.**

**Please list all medical devices/equipment the Business Partner Representative has been trained on:**

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- HIPPA/Patient Confidentiality & Privacy Training
- Conduct Policies and Procedures-**By checking this box, you are verifying that your company requires the Business Partner Representative to successfully complete training on policies and procedures consistent with a nationally recognized industry code of ethics such as but not limited to the AdvaMed Code of Ethics.**
- OSHA/Blood Borne Pathogens-**By checking this box you are verifying that the Business Partner Representative has successfully completed training and can provide proof of such if requested.**

Finally, proof of the following must be provided for ALL Existing Business Partner Representatives who represent a company or companies in the immediate vicinity of patient care where sterile procedures are performed and/or there is the use of equipment that emits radiation or laser frequencies Please check any that apply:

- Sterile Aseptic Control- **By checking this box you are verifying that the Business Partner Representative has successfully completed training and can provide proof of such if requested.**
- Radiation Safety- **By checking this box you are verifying that the Business Partner Representative has successfully completed training and can provide proof of such if requested.**
- Laser Safety- **By checking this box you are verifying that the Business Partner Representative has successfully completed training and can provide proof of such if requested.**

Please note, it is the manager’s responsibility to notify Banner Health of any changes in vendor representation. You must notify Denise Little when a Business Partner Representative leaves or joins your company’s employment.

\_\_\_\_\_  
Name of Person Completing this form (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date