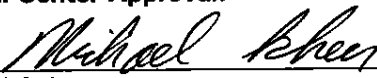
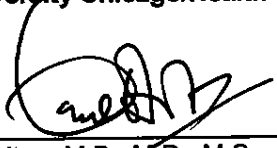
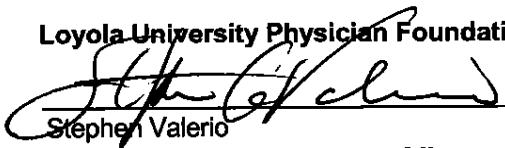


**LOYOLA UNIVERSITY MEDICAL CENTER  
ADMINISTRATIVE POLICY NUMBER: PS-6**



LOYOLA  
UNIVERSITY  
HEALTH SYSTEM

Loyola University Chicago

<b>Subject:       VENDOR ACCESS</b>	
<b>Date Implemented: March 31, 2003</b>	<b>Date Revised: January 31, 2007, October 15, 2007</b>
<b>Loyola University Health System/Loyola University Medical Center Approval:</b>	
<b>Loyola University Chicago/Health Sciences Approval:</b>	
	Michael Scheer Senior Vice President, Chief Financial Officer and Treasurer
Paul K. Whelton, M.B., M.D., M.Sc. President and Chief Executive Officer Loyola University Health System/ Loyola University Medical Center Vice President for the Health Sciences Loyola University of Chicago	<b>Loyola University Physician Foundation Approval:</b>
	
	Stephen Valerio President and Chief Executive Officer Loyola University Physician Foundation

**I. PURPOSE**

The purpose of this policy is to limit and monitor vendor activity with staff and at points of access to the Medical Center campus and the ambulatory care sites (Loyola Locations). This policy does not apply to Vendor Representatives who perform maintenance and repair on-site.

**II. DEFINITIONS/APPLICATIONS**

1. Definitions

- Vendor Liaison – A vendor liaison is an employee of a company that provides funding for educational events or research opportunities.
- Vendor Representative – A vendor representative is someone who works for a company performing a service on Loyola's behalf.
- Vendor Sales Representative – A vendor sales representative is someone who sells products or services for a company that provides or seeks to provide goods or services to Loyola University Medical Center (LUMC), Loyola University Physician Foundation (LUPF), Loyola University of Chicago's Stritch School of Medicine (SSOM), Loyola University of Chicago's Neihoff School of Nursing (SON), LUMC employees or visitors.

- Applications - This policy applies to LUMC and LUPF employees, residents and fellows and Loyola University of Chicago (LUC) employees working at the Medical Center campus or the ambulatory care sites and students (Loyolans).

**III. PROCEDURES**

- Vendor Sales Representatives should register with the Purchasing Department prior to

**LOYOLA UNIVERSITY MEDICAL CENTER  
ADMINISTRATIVE POLICY NUMBER: PS-6**

conducting business at any Loyola Locations.

2. Vendor Sales Representatives' and Vendor Liaisons' access to Loyolans is by appointment only and limited to contact with senior management, attending physicians, administrative directors and/or managers (Loyola Personnel).
3. Vendor Sales Representatives and Vendor Liaisons should provide written proof of the appointment to Security at the Medical Center campus check-in location or to the Ambulatory Care site's front-desk service representative, as applicable. Proof can be in the form of a confirming email from the appropriate Loyola Personnel or a completed Vendor Access Form.
4. Vendor Representative's access is limited to non-patient care areas unless a Vendor Representative has a bona fide reason to be in a patient care area. Vendor Liaisons and Vendor Sales Representatives are prohibited from patient care areas.
5. Upon arriving at the Medical Center, if applicable, Vendor Sales Representatives should sign-in at a location staffed by LUMC Security personnel. Vendors should print legibly on the sign-in sheet, provide a business card and wait for Security to review the sign-in sheet for completeness. Security will provide the Vendor with a temporary I.D. badge.
6. Medical Supply and/or Pharmaceutical Vendor Sales Representatives and Loyola Personnel campus meetings may be held only in the Purchasing Department in Mulcahy Bldg 106 between the hours of 8:30 a.m. and 5:00p.m. or SSOM (Bldg 120) Room 106 or Room 108 between the hours of 7:00a.m.and 10:00a.m. or 2:00p.m. and 5:00p.m. The Purchasing Department meetings may be scheduled by calling 708-216-9017. The SSOM meeting rooms may be scheduled at <http://www.meddean.luc.edu/call/rmres.htm>.
7. When Vendor' Sales Representatives and Vendor Liaisons' appointments are completed, they should return immediately to the original point of entry to return the temporary ID badge and sign-out.
8. Vendor Sales Representatives may not attend Loyola's on-site educational events even if the Vendor Sales Representative or his/her company funded the event. However, a Vendor Liaison may attend a Grand Rounds event that s/he did not fund if: no patient information is discussed and prior approval is obtained from the Chair of the department hosting the event. Vendor Liaisons may not speak, distribute literature or bring food to any Loyola Educational Event.
9. Unless approved by Senior Management, Vendor Sales Representatives may not set-up booths on the Medical Center campus or give out free information or gifts. In general, requests will be given consideration when Loyolans will benefit from Vendor Sales Representatives' presence at the Medical Center. The Supervisor Approval Form should be completed.
10. Faculty should report any vendor-sponsored research projects prior to initiation to the Senior Associate Dean for Research, 708/216-8433 and any vendor-sponsored educational event to the Continuing Medical Education Office at 708/216-3236.
11. Any sample products should be left with the appropriate Loyola Purchasing Department staff.
12. Upon Loyola's request, Vendor Liaisons' companies may be asked to identify their Vendor Liaisons.

#### **IV. RESPONSIBLE PARTY**

Employees should report non-compliance with this policy to Security at 708/216-9077. The Department of Purchasing will receive a vendor noncompliance report from Security and contact the company. The Associate Vice President, Procurement Services will inform the Chief Compliance Officer when appropriate.



*We also treat the human spirit.*

**VENDOR ACCESS FORM**

To: Loyola Security Personnel

From: \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Title)  
 \_\_\_\_\_ (Department)  
 \_\_\_\_\_ (Extension)

Re: Vendor Site Visit

=====

Please be advised that the below-named individual is authorized to enter the facility and proceed to the designated location:

Vendor Company Name :
Vendor Sales Representative or Vendor Liaison's Name:

Date of Appointment:	Time of Appointment:
Location of Appointment:	

Please contact me with any questions.

\_\_\_\_\_  
 Signature of Authorizing Individual

THIS FORM MAY BE FAXED TO THE VENDOR SO THAT S/HE CAN PRESENT IT AT CHECK-IN.

**Supervisor Approval Form****Instructions:**

1. This form should be used to obtain your Supervisor's pre-approval as required by any of the following policies:
  - a. Vendor Access – PS-6.
  - b. Vendor Relations – PS-10.
  - c. Vendor Receipt of Vendor Funds for Educational Events – PS-11.
  - d. Vendor Funding for Off-Site Promotional Training and Seminars – PS-12.
  - e. Permissible Arrangements between Colleagues & Vendors Policy – PS-13.
  - f. Itinerant Vendors – PS-18.
  
2. Supervisor, for purposes of this form means:
  - a. For faculty, the Department Chairperson
  - b. For Department Chairpersons, the Dean of SSOM or SON as applicable,
  - c. For non-faculty employees, his/her Vice President or Associate Dean, as applicable
  - d. For Associate Deans, the Dean of LUC-SSOM
  - e. For Vice Presidents or higher, the Senior Vice President or President as applicable
  - f. For residents and fellows, the Department Chairperson
  
3. The Supervisor should maintain a copy of this form in the Colleague's personnel file.
  
4. The staff member completing this form should retain a copy of the form in his/her departmental files.

**Reason Supervisor Approval is requested:**

- Vendor funded educational event
- Vendor funded attendance at professional association conference
- Vendor promotional training
- Vendor sponsored seminar
- Vendor sponsored site visit
- Consulting services performed by Loyola staff for vendor
- Speaking engagements performed by Loyola staff for vendor
- Vendor booth on-site at Loyola

**General Information:**

Name of Person Completing this Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

**Vendor Information:**

Vendor: \_\_\_\_\_

**Program/Event/Service Information:**

Title/Subject matter: \_\_\_\_\_

Description of Program/Gift/Compensation to be received: \_\_\_\_\_

Purpose/Benefit: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

**Signature of Requestor:**\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

**Signature of Supervisor if approved:**\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_