



Intermountain Healthcare

Vendor Management



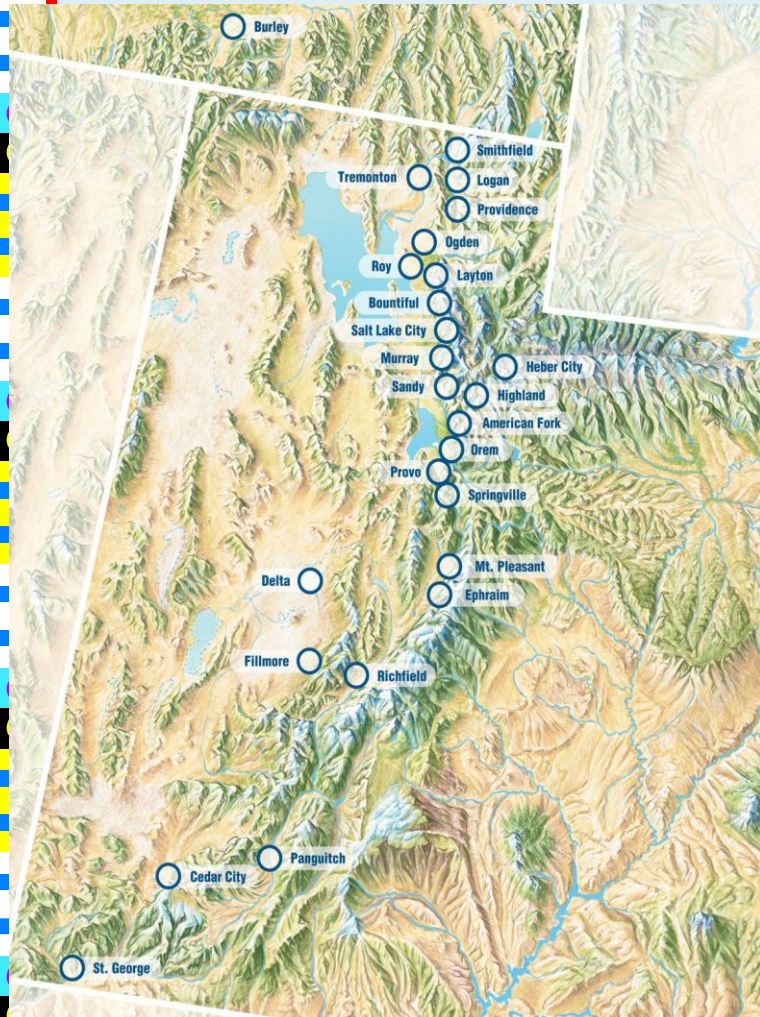
Agenda

1. Intermountain Healthcare – overview
2. Vendor Access – history and overview
3. Need for Vendor Credentialing
 - Government regulations
 - Education and expectations
4. Implementation
5. Impact



Intermountain Healthcare Overview

Intermountain Healthcare Facts



- Largest company in the state of Utah – 33,000 employees
- Created in 1975 as LDS Church “gifts” it’s hospitals to the community
- Rated the #1 or #2 hospital organizations in the nation each year during the past decade
- Only IDN with AA+ rating with both S&P and Moodys
- \$3.8 billion in Net Patient Services Revenue - \$5.0 billion in Assets
- 23 hospitals, over 150 clinics
- Intermountain’s #7 on Gartner’s Healthcare Supply Chain top 25



VENDOR ACCESS HISTORY AND OVERVIEW

Prior to 2007

- LDS Hospital held a monthly vendor orientation meeting. Vendors were required to sign up – hoping they would be able to get in for orientation. Often, they had flown in for this “exciting orientation.”
- Other Intermountain hospitals would send their vendors to this orientation-hoping they would attend.

Prior to 2007 (cont.)

- Access was open – very difficult to control.
- Immunization requirements were not kept up to date.
- Close relationships caused non-standard product introductions.
- Lack of transparency.
- Not knowing who was in our hospital.

Need for Vendor Credentialing

- Government Regulations
 - Joint Commission
- Education
 - Orientation - eliminates “I didn’t know!”
 - Intermountain policies
 - To make sure vendors are trained in the products and services that they provide
 - Clinical Vendors
 - Infection control, aseptic practices, blood borne pathogen training



Implementation of Current Program

- Process
 1. Wanted more than “checking the box.”
 2. **Commitment** from Chief Medical Officer, Administrators, Supply Chain, and from all categories of disciplines – such as Imaging, Surgical Services, etc. in all of our facilities.
 3. Standardization in requirements.
 4. Standardization in badges.

Implementation (Cont.)

- Created a “Tool Box” for training
- How did we implement “Tool Box?”
 - Advertised!
 - Training Modules sent throughout Intermountain to Managers to train employees.
 - Empowered Employees – “Where is your Badge” – “You need to sign in” – “Who are you here to see.”

Implementation (Cont).

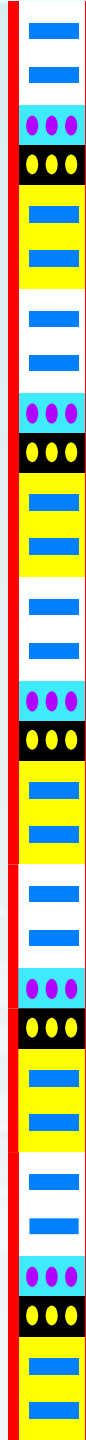
- A cost study was performed to see if our goals could be met internally –it was decided it was cost prohibitive and we could not meet our goals.
- A selection of a Vendor Credentialing Company was made.

Implementation 2008

- After one year of planning and training
 1. It was implemented in 2008.
 2. Changing the culture was difficult the first year – but we held the line – commitment and support was the key.
 3. Intermountain has an active Vendor Infraction Board. (Infractions have dropped)
 4. Relationships became more professional.
 5. Provided a Compliance Hotline for employees and for vendors to report infractions.

Impact - Statistics

1. 2009 – 43,805 (known) vendors entered our hospitals with 69.369% compliant to the requirements.
2. 2010 – 52,023 signed in with a 86.79% compliant rate.
3. 2011 – (8 months) 36,581 signed in with 87.29% complaint rate.
4. Intermountain currently has 1850 vendors who are compliant.



Impact (Cont.)

Infection Control & Risk Mgmt

Prevention of communicable diseases and hospital acquired illnesses.

- Three cases of live TB caught.
- Two sex offenders identified.
- Example -Theft of patients from a DME representative identified.

Impact (Cont.)

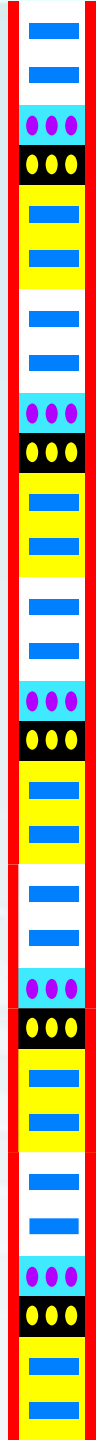
- Effective in regulation of compliance.
- Cost savings in labor time, FTE's and traffic – removes huge burden.
- No files to keep.
- Issues easily resolved.
- Effective in regulation compliance – with system wide standardization.

Impact (Cont.)

- Pharmacy prospective
 1. Prevents manufacturer representatives from detailing non-formulary drugs to physicians on our campuses.
 2. Keeps the reps out patient care units and away from nursing staff.
 3. Positive impact on our formulary compliance, which is now 99% system wide.
 4. Impacts care of patients as well as cost.

Impact (Cont.)

- Clinical Support
 1. Intermountain feels much more comfortable with vendors who work with their clinical support team.
 2. It helps ensure that the vendors are able to easily register (check-in) with out delay or interruption if they are compliant.
 3. Vendors no longer “hang out.”



Impact (Cont.)

- It is invaluable.
- It allows us to know who is in our facilities, when and where they have been.
- Vendors with questionable practices are monitored closely.
- Transparency is critical to Intermountain in having working relationships with our vendors.

Impact (Cont.)

- Financially, it has allowed us to keep tighter controls on unsolicited products arriving in our facilities and OR's.
- Vendor Management – we are in control!

Future

- Intermountain's Vendor Access program has been very successful.
- Intermountain's Executive team has now assembled an Access Committee team to review all access to our facilities.

Vendor Credentialing Summit

- A summit was held in July 2011 to discuss:
 1. Standardization w/flexibility, not a single standard.
 2. Hospital engagement is critical (Most attendees were Suppliers).
 3. Transparency from/to all stakeholders.
 4. Self-regulation preferred.
- Another summit is being discussed for next 2012.