



# MEDEC

CANADA'S MEDICAL DEVICE TECHNOLOGY COMPANIES  
 LES SOCIÉTÉS CANADIENNES DE TECHNOLOGIE DES  
 DISPOSITIFS MÉDICAUX

## Vendor Credentialing for Canadian Healthcare

***“The HSCN National Standard is an efficient, effective and reasonable solution.”***



***“MEDEC fully endorses the HSCN National Standard for Vendor Credentialing.”***

Representatives of medical device companies are often required to enter hospitals and other health care facilities for many different reasons, including: training health care professionals on the safe and effective use of devices, demonstrating new and advanced technologies that can improve patient outcomes and increase system sustainability, or servicing vitally important medical equipment like an MRI machine. The members of MEDEC operate in the Canadian healthcare system in partnership with the medical community based on the strong foundation of the industry's (MEDEC's) Code of Conduct<sup>1</sup> and are deeply committed to patient safety.

MEDEC understands the desire by some healthcare institutions to implement credentialing requirements in order to coordinate admission to certain areas of their facilities by suppliers and external contractors.

### **BACKGROUND**

For those that have chosen to implement vendor credentialing programs, some hospitals are utilizing third party companies to manage these programs. In healthcare facilities where credentialing is required, the credentialing process can be complicated and may include vendor training, health and safety training and background checks. The system of third party hospital vendor credentialing is relatively new in Canada, but has existed in the U.S. for a number of years. Although the jury is still out on evidence of the benefits of vendor credentialing in the U.S., it is clear that the inconsistency of credentialing requirements across various health care facilities, as well as the cost of implementation has created an unnecessarily large burden on the healthcare system.

The cost implications on the U.S. health care system have been staggering - primarily due to the inconsistency in credentialing requirements across healthcare facilities. Vendor credentialing has added nearly \$1 billion in costs to the healthcare system in the U.S.<sup>2</sup> and many companies have had to hire internal staff in order to track and manage all of the differing training, background checks and health and safety requirements in order to become credentialed. Additional challenges are created by the various differences in timelines required for each of the credentialing requirements (some ask for annual updates, others biannual etc.). This lack of consistency has burdened the U.S. healthcare system with considerable and avoidable costs and caused significant confusion that has led to a loss of focus towards everyone's shared objective of ensuring that patients receive the best possible care.

A group of healthcare providers, trade associations, and companies in the U.S. have now formed a coalition that seeks to establish more consistent credentialing requirements in their country<sup>3</sup>, with the goal of streamlining the process for all stakeholders, while ensuring patient safety and confidentiality.

In Canada, the process of collecting and storing data for any credentialing system is influenced by a number of laws in the areas of privacy and human rights. These legal considerations, as well as the awareness of the aforementioned issues involving the vendor credentialing experience in the U.S., led to the effort to establish a vendor credentialing standard in Canada.

## ***The benefits of having one credentialing standard for Canadian healthcare:***

- **Creates consistency**
- **Avoids excessive and unnecessary duplication and resulting costs**
- **Addresses Canadian legal issues**
- **Adaptability - allows for the Standard to evolve easily if laws or practices change**

## **ABOUT MEDEC**

**MEDEC** is the national association representing the medical technology industry in Canada. Our members are committed to providing safe and innovative medical technologies that enhance patient care and advance patient outcomes. The medical technology industry in Canada employs over 35,000 Canadians in close to 1,500 corporate facilities, and has sales of nearly \$7 billion per annum. We are committed to ensuring that Canada has a strong and vibrant medical technology industry.

As a result, in 2012 the Healthcare Supply Chain Network (HSCN), a Canadian industry association comprised of health care provider and supplier professionals (hospital representatives, shared services and group purchasing organizations and industry representatives), developed a Canadian National Standard for Vendor Credentialing (see Appendix 1).

### **MEDEC POSITION ON VENDOR CREDENTIALING IN CANADA**

MEDEC fully endorses the HSCN National Standard for Vendor Credentialing.

The HSCN National Standard is an efficient, effective, and reasonable solution that allows for healthcare providers who have adopted the standard to log onto a password protected website in order to view attestations by vendor companies who have completed the requirements of the Standard.

The HSCN standard:

- Creates consistency
- Avoids the excessive and unnecessary duplication and resulting costs experienced in the U.S.
- Addresses Canadian legal issues that form barriers for vendors to meet their credentialing requirements
- Is adaptable - by virtue of HSCN's position and its membership from the provincial and territorial health care provider community and vendors, it is a perfect forum for the evolution of the standard if laws and practices change over time

The HSCN Standard has also been recognized by Québec's Ministry of Health and Social Services as the acceptable standard for Québec healthcare facilities to rely upon if credentialing is deemed necessary.

The Standard provides consistency and ensures that the privacy and human rights of supplier representatives are respected, while allowing Canadian healthcare organizations to achieve their credentialing objectives without overburdening the system with unnecessary costs. It is for these reasons that MEDEC fully endorses the HSCN National Standard for Vendor Credentialing.

(1) MEDEC Code of Conduct: <http://www.medec.org/code>

(2) Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Best Practices: <http://www.hcirbestpractice.org/wp-content/pdfs/Joint-Recommendation-for-HCIR-Best-Practices-August-2013.pdf#page=5&zoom=auto,0,28>

(3) Coalition for Best Practices in HCIR Requirements website: [http://www.hcirbestpractice.org/?page\\_id=15](http://www.hcirbestpractice.org/?page_id=15)

## **MEDEC**

405 The West Mall, Suite 900, Toronto, Ontario M9C 5J1

T: 416-620-1915 F: 416-620-1595

Toll-free: 1-866-58-MEDEC(62332)

**E: [medec@medec.org](mailto:medec@medec.org) [www.medec.org](http://www.medec.org)**

## **Appendix – The HSCN National Standard for Vendor Credentialing**

Vendors are to provide an annual attestation that each of the vendor's Healthcare Industry Representatives (HCIRs) who calls on a Healthcare Organization (HCO), to supply goods or services to a healthcare facility and whose Category (as defined in the HCIR Categories) requires it:

1. Has passed an appropriate process for hiring and/or screening to determine he/she does not have a background that would pose a security risk to patients and residents within the health care setting.
2. Has shared their immunization status and the date of their most recent vaccination for Influenza, MMR, Chicken Pox, Tetanus, Hepatitis B and Tuberculosis testing with their vendor employer.

This information will be made available to an HCO in the event it is needed for the purpose of safety such as a pandemic or outbreak. If HCIR access restrictions need to be implemented, they should not exceed those placed on HCO workers. Vaccination and TB testing frequency should meet the guidelines provided by the Centre for Infectious Disease Prevention and Control (CIDPC) – part of the Public Health Agency of Canada. An HCIR, who declines to share their immunization status with their vendor employer, will be presumed not to be vaccinated for pandemic or outbreak management purposes.

3. Has the appropriate education and training concerning any goods, services and information supplied.
4. Has received training on the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA), and any applicable provincial legislation regarding patient privacy.
5. Has been made aware of, and have undertaken to respect, principles and procedures regarding appropriate handling and non-disclosure of HCO's confidential and proprietary information.
6. Where appropriate for the specific position of the HCIR, has been made aware of Provincial Procurement Directives, Canadian Agreement on Internal Trade (AIT) and any other inter-provincial trade agreements.
7. Has been trained on policies and procedures consistent with nationally recognized applicable industry code of ethics such as the MEDEC Code of Conduct, the Rx&D Code of Ethical Practices etc.
8. Has received training consistent with the Position Statement on Hand Hygiene by the Community and Hospital Infection Control Association of Canada (CHICA-Canada).
9. Has the appropriate education and training relating to sterile or restricted areas such as an Operating Room, Cath Lab, Interventional Radiology, Medical Device Reprocessing Department (SPD) (e.g.. sterile/aseptic controls), as applicable.

Vendor credentialing requirements should be consistent with the expectations placed on the general public for visits to public areas of the HCO and with HCOs' own staff for entering restricted areas of the facility.

Individual HCOs may have organization-specific vendor codes of conduct and/or vendor guidelines, which should be made available to vendors and their HCIRs.

Failure by vendors and their HCIRs to act in accordance with this National Standard for Vendor Credentialing or with individual HCO's vendor codes of conduct and/or vendor guidelines could result in restrictions to the representative.

When credentialing policy and contract differ, the contract between the parties will prevail.

Appendix Continued...

## **HCIR Categories**

Credentialing standard requirements should be proportional to HCIRs' roles. Attestation by a vendor to the National Standard for Vendor Credentialing is deemed to reflect those of the following HCIR category levels applicable to that vendor.

### **Category I – HCIR Guest**

- Definition: HCIRs who may seek to call on an HCO facility, but do not provide technical assistance, do not operate equipment, do not enter patient care or clinical areas and do not provide assistance to, or consult with, patient care staff or clinicians.
- Requirements: credentials or documentation are not required, but individuals must wear a name tag identifying their company and personal name.

### **Category II – Tech Support and Sales HCIR**

- Definition: HCIRs who seek to call on patient care environments excluding sterile or restricted areas.
- Requirements: attestation to points 1 through 8 of the Standard and wearing of a name tag identifying their company and personal name.

### **Category III – Clinical Support and Sales HCIR**

- Definition: HCIRs who seek to call on patient care environments including sterile or restricted areas.
- Requirements: attestation to points 1 through 9 of the Standard and wearing of a name tag identifying their company and personal name.