

Welcome to Supply Chain Services



Introduction

This information is intended for our vendors at Downtown Naples Hospital (DNH) and North Naples Hospital (NNH) as a guide for conducting business with departments within the NCH Healthcare System (NCH).

In order to achieve constant enhancement of quality patient care, it is necessary that NCH control all solicitation, distribution, vendor and service visits to our hospitals. Our goal in promoting these policies is to establish ground rules of a fair and orderly, but competitive, process. By following this guide, vendors may carry out their professional responsibilities in an environment of mutual respect.

The Supply Chain Services Department invites suggestions and ideas for the improvement of patient care and reducing patient cost.



General Terms and Conditions

The purpose of this policy is to define the rules which have been established for NCH. ***Failure to comply with the following requirements may result in disqualification of the vendor representative from doing business with our organization.***



Vendor Certification

All representatives selling products or services related to patient care must complete the vendor certification process by registering with Reprax (see Vendor Compliance Guide at www.nchmd.org). Sales representatives not compliant with this process will be unable to gain access to the NCH Healthcare System. Check in is required in the lobby of either DNH or NNH prior to conducting any business in the hospital. A visitor's badge will be issued for each NCH visit. All appointments must be prescheduled with NCH staff and/or physicians. ***Dropping in without an appointment is not permitted.***



Interviews and Hours

All vendors and salespersons are required to visit the NCH Healthcare System between the hours of 9:00 a.m. and 3:00 p.m., Monday through Thursday. **NO VENDOR HOURS ON FRIDAY.**

Vendors, salespersons, or other representatives are not to contact department managers or other personnel until access has been granted through the vendor access program.

Authority to Purchase

The Supply Chain Services Department is responsible for the procurement of all equipment (including repairs for maintenance) and supplies, with the exception of Nutritional Services and Pharmacy. No other department managers or personnel are authorized to place orders directly with any salesperson or vendor representative. Engineering is authorized to place orders for those products or services that are vital to the maintenance to the plant.



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NCH Vendor Policy (cont.)

The preprinted information, plus any supplemental information on our purchase order is important. Should you disagree with any of this information, please clearly express any exceptions to us immediately upon receipt of an order. By not doing so, this will indicate your agreement and acceptance of the purchase order terms and prices.

Purchase orders are required for ALL purchases of equipment, supplies, and maintenance/service contracts. This includes any leased equipment. After an order has been issued, all acknowledgments, correspondence, invoices, packing slips and shipping labels must bear the assigned purchase order number. NCH reserves the right to withhold payment on items that are not duly authorized.

The NCH Healthcare System, which includes DNH and NNH, is a privately owned, non-profit, tax-exempt organization. We will forward a copy of our tax-exempt certificate upon request.

Deliveries, Invoices, and Returns

NCH shipping standard is FOB destination. Invoices shall not be sent with the merchandise, but must be mailed separately to the attention of Accounts Payable. The specific address appears in the "Bill to" portion of the purchase order.

No materials shall leave the hospitals for return credit without written authorization documents from the Supply Chain Services Department.

Samples and/or Equipment for Evaluation

New product studies will be at the expense of the vendor. Experimental devices used in the O.R. will require technical assessment review and physician credentialing.

All equipment, supplies, rentals, loaners, and items for evaluation must be documented on a purchase order, even if no cost on invoice will occur.

HIPAA

The NCH Healthcare System respects the privacy of our patients and we are committed to upholding their rights as stated in the federal HIPAA law and State of Florida law. As one our vendors, our expectation is that you will respect these same rights by not entering an unauthorized area, visit a patient area without permission, or request any patient demographic or clinical data without permission of our privacy officer.

Gifts and Gratuities

It is contrary to the Gift Policy of NCH for any employee to accept gifts, gratuities, event tickets, or other awards and incentives of monetary value. We prefer any rewards to be expressed in terms of quality, service, and price discounts. Suppliers wishing to provide gifts or donations are encouraged to contact the NCH Foundation Office at 239-624-2000. Personnel of the Supply Chain Services Department are forbidden to accept personal gifts. All vendors will refrain from all personal gifts so that they will not jeopardize their future position or that of the Supply Chain Services personnel.

Corporate Compliance Program

We are committed to ethical practices at the NCH Healthcare System. We ask that you help us maintain an ethical environment by not offering gifts or gratuities to any staff. If you have been pressured to provide gifts or kick-backs, or asked to participate in any unethical business practice, please notify us either through our Corporate Compliance Hotline at 239-624-4044 or contact our Corporate Compliance Officer at 239-624-4017. All complaints be will handled promptly and discreetly.



Thank You!

Thank you for taking the time to read this information. We are appreciative of your assistance and acknowledge in advance the courtesies and services extended by you and your company.

Please acknowledge your agreement to cooperate and comply with the policies and procedures outlined herein by signing the statement below:

I, the undersigned, understand the policies and procedures contained herein and agree to abide by them. I am signing on behalf of my company and will share these policies with any other company representative to insure compliance.

I further understand that failure to abide by these policies may result in my disqualification as a vendor representative authorized to do business with the NCH Healthcare System.

Representing _____
Company

Agreed _____
Signature

Phone Number _____ Date _____

Please sign and upload this copy to your Reprax profile, or fax it to Reprax at 214-222-3339.

