



Vendor credentialing for healthcare facilities

STANDARDS
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 - Australian and New Zealand College of Anaesthetists
 - Australian Healthcare and Hospitals Association
 - Australian Nursing and Midwifery Federation
 - Day Hospitals Australia
 - Health Purchasing Victoria
 - IVD Australia
 - Medical Technology Association of Australia
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-

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Australian Standard®

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PREFACE

This Standard was prepared by the Standards Australia Committee HE-033, Vendor Credentialing for Healthcare Facilities.

The objective of this Standard is to define the requirements for the credentialing of healthcare industry representatives and service providers (HCIRs) entering healthcare facilities (HCFs) for the purpose of conducting business; the goal is ensuring patient health, safety and confidentiality, and alignment with existing statutes applicable to HCIRs.

This Standard provides the following benefits for *healthcare providers*:

- (a) Ensures the health and safety of patients, residents and staff are appropriately safeguarded.
- (b) Ensures that vendor representatives attending restricted areas of healthcare facilities have the appropriate immunizations, background, education and training.
- (c) Minimizes the risk associated with allowing vendor representatives to call on restricted areas.
- (d) Manages vendor credentialing in an efficient and cost-effective manner.

This Standard provides the following benefits for *vendors*:

- (i) Ensuring the vendor complies with the terms and conditions of their customer's contract.
- (ii) Ensuring the vendor has a single periodic credentialing attestation requirement for all healthcare facilities who adopt the Standard.

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FOREWORD

Healthcare facilities rely on meeting accreditation standards as an assurance that patients are safe and that their care is of the highest level. Facilities also wish to ensure that vendors visiting their facility adhere to these standards.

Vendor credentialing is the process of establishing the qualifications of vendors and assessing their background and legitimacy. Healthcare providers may utilize vendor credentialing as a primary criterion to manage the access of vendors to healthcare facilities in general, and/or to certain restricted areas.

The basis for the requirements defined in this document are patient health, safety, confidentiality, and other applicable statutes and requirements. Healthcare industry representatives, like healthcare facilities, hold patient safety and quality care as essential goals that are embedded in its rigorous employee recruiting, hiring criteria and training programs. Healthcare facilities and vendors seek consistent standards for vendor representatives that may operate within the healthcare environment. Where the healthcare facilities' internal policies and guidelines differ from the vendor credentialing requirements in this document, the healthcare facilities' internal policies and guidelines will prevail.

The goal of creating a national vendor credentialing standard is to minimize the costs to the national healthcare system, simplify the process, avoid unnecessary duplication and protect the privacy rights of individuals. To this end, this Vendor Credentialing Standard was developed by the Standards Australia Committee HT-033 Vendor Credentialing for Healthcare Facilities. The Standard makes vendors responsible to ensure and attest that their employees who call on healthcare facilities meet the Standard.

STANDARDS AUSTRALIA

Australian Standard Vendor credentialing for healthcare facilities

1 SCOPE AND GENERAL

1.1 Scope

This Standard defines the requirements for the credentialing of healthcare industry representatives and service providers (HCIRs) entering healthcare facilities (HCFs) for the purpose of conducting business. The primary goal of these requirements is to ensure patient health, safety and confidentiality, and alignment with existing statutes applicable to HCFs.

Defining a clear framework for vendor credentialing is essential to ensure that HCFs manage access to their premises in a consistent manner and take into account different levels of criticality and complexity attached to the roles and duties performed by vendors entering HCFs.

1.2 Exclusions

Credentialing for the following categories of contracted vendors is addressed in the HCF's human resource processes or within the terms of the vendor's contract with the HCF (similar to that of an HCF's employee), and are excluded from the scope of this document:

- (a) HCF-contracted labour, clinical and collaborative partners, such as contract employees/vendors that may provide direct patient care and/or services on behalf of an organization.
- (b) Patient care personnel accredited by an accrediting or standards organization, including but not limited to: nursing, therapy, pharmacy, dietary, activities staff, drug and alcohol counsellors, and nursing assistants/aids.
- (c) Non-clinical contract labour such as building contractors and IT and software contractors/consultants.

2 NORMATIVE REFERENCES

There are no normative references in this document.

3 DEFINITIONS

For the purpose of this document, the definitions below apply.

3.1 Healthcare facility (HCF)

Health organization involved in supplying health services.

NOTE: Examples of healthcare facilities include: hospitals, clinics, day surgery centres, doctors' offices, urgent care clinics, aged care and rehabilitation facilities, nursing homes, outpatient care centres, pathology laboratories (in-hospital and community laboratories), imaging services and specialised care centres.

3.2 HCF restricted area

HCF areas where sterile/aseptic controls apply.

NOTE: Examples of HCF restricted areas include, but are not limited to: operating rooms, intensive care units (ICU), catheterisation laboratories, interventional radiology units, Central Sterilising Supply Departments (CSSD).