MEMORANDUM FOR ALL EMPLOYEES OF THE MATERIALS MANAGEMENT – SUPPLY PROCESS DISTRIBUTION DEPARTMENT.


1. PURPOSE: This handbook prescribes the policy and procedures necessary for the operation of the Materials Management – Supply Process Distribution Department, MGC Health, Inc.

2. SCOPE: This manual provides essential information to the management and staff of the Materials Management – Supply Process Distribution Department on policies and procedures for day-to-day operations.

3. This handbook supersedes all other.

4. Submit recommended changes, corrections, and/or suggestions to the undersigned.

Trey French
Manager, Supply Process Distribution

StJohn J. Sturton, MBA, CMRP
Senior Manager for Materials Management
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ADMINISTRATIVE POLICIES (SECTION # 1)
MISSION (POLICY # 1)

POLICY STATEMENT
The Senior Manager for Materials Management with the Manager, Supply Process Distribution will jointly develop a mission statement that is consistent with and supports the organization’s mission.

PROCEDURE
A. The leadership of the Materials Management Department will jointly develop a mission statement.
B. This statement will include the department’s mission, vision for the future, and values, which will support the mission.
C. Leadership will share the mission statement with staff. It will be posted prominently within each work area.
D. Leadership will refer to the mission frequently and relate job duties and services to it.
E. At least once every other year the Materials Management leadership will formally review the mission statement and revise as needed.

MISSION
The mission of the Materials Management – Supply Process Distribution Department is to provide routine and emergency medical material support to the MCG Health System.

Personnel of this department plan, coordinate, and manage a variety of functional areas pertaining to the requisition, receipt, management, storage, and distribution of medical material, equipment, and services used in support of the healthcare mission.

VISION
A corporative effort working to enhance the medical material support of the health system by providing the highest-valued supplies and services; ensuring their availability at the lowest delivered cost in support of high-quality patient care while maintaining fiscally responsible operations.

VALUES
A. Respect  
B. Service  
C. Diversity  
D. Communication  
E. Quality  
F. Collaboration  
G. Cost Efficiency
SCOPE OF SERVICES (POLICY # 2)

POLICY STATEMENT
The Materials Management – Supply Process Distribution Department is directly or indirectly responsible for some of the major supply chain activities within the institution.

PROCEDURE
A. The Materials Management – Supply Process Distribution Department is directly responsible for the following activities:
   1. Receiving of supplies and equipment.
   2. Shipping of supplies and equipment.
   3. Supply storage and inventory control.
   4. Distribution of supplies (including the PAR level program) and equipment.
   5. Monitoring of supply and service usage.
   6. Code, disaster, and isolation cart inventory, replenishment, and distribution.
   7. Movable patient equipment inventory, distribution and cleaning.
   8. Linen services.
B. The Materials Management – Supply Process Distribution Department is indirectly responsible for the following activities
   1. Product assessment, evaluation and standardization.
   2. Cost savings activities.
ORGANIZATIONAL STRUCTURE (POLICY # 3)

POLICY STATEMENT

Materials Management is directly responsible for the following activities shall have a uniform structure for the department’s operation and management. There will be a specified chain of command for departmental employees.

PROCEDURE

A. Materials Management – Supply Process Distribution Department is composed of the following sections:
   1. Shipping, Receiving and Distribution Services Section.
   2. Supply Services Section.
   3. Equipment and Cart Services Section.
   4. Linen Services Section.

B. The Manager, Supply Process Distribution holds overall responsibility for the direction and administration and strategic planning of all department activities and reports to the Senior Manager for Material Management. In the absence of the Manager, Supply Process Distribution, the senior Distribution Coordinator will have overall responsibility.

C. Individual job descriptions for all positions are located in a departmental file and in the employee’s file.

D. The attached organizational chart shows the overall makeup of Materials Management – Supply Process Distribution Department in greater detail.

E. Employees are encouraged to direct all problems or suggestions to their direct supervisor as outlined in the organizational chart. However, employees are free to contact anyone in the chain of command and/or human resources in situations where contact with the direct supervisor would not be appropriate.

ATTACHMENT

A. Organizational Chart.
ORIENTATION (POLICY # 4)

POLICY STATEMENT
All new Materials Management – Supply Process Distribution employees will have a thorough understanding of standard policies and their specific job responsibilities as they relate to the department and to the organization.

PROCEDURE
A. Each new employee will begin his or her employment by attending the institutional orientation program.
B. If, due to special circumstances, a new employee must start before attending orientation, he or she will attend at the first available opportunity. Human Resources must approve this exception.
C. After attending the organizational orientation program the new employee will report to his or her supervisor to begin the departmental orientation.
D. Departmental orientation will include an overview of the department and its role in the organization, departmental policies that relate to all employees, departmental policies that relate to the individual’s position and specific job-related duties.
E. Each new employee will receive an orientation check sheet. The employee will have each item initialed by the appropriate individual as it is completed. Once the entire check sheet is complete it will be filed in the employee’s personnel file.

ATTACHMENT
A. New Employee Orientation Checklist.
# NEW EMPLOYEE ORIENTATION CHECKLIST

## Employee Name:

<table>
<thead>
<tr>
<th>Activity/Item</th>
<th>Date Completed</th>
<th>Checked By</th>
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<tbody>
<tr>
<td>Assign “buddy”</td>
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<td>Introduction to the Department</td>
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<td>What is Materials Management</td>
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<td>Scope of services</td>
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<td>Employee’s section responsibilities</td>
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<td>Overview of the institution</td>
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<td>Patient care mission</td>
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<td>Introduction to voice mail and e-mail</td>
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ETHICS (POLICY # 5)

POLICY STATEMENT
All Materials Management – Supply Process Distribution employees will conduct themselves in an ethical manner.

PROCEDURE
A. Ethical behavior is ultimately the best business practice.
B. The department has adopted the AHRMM code of ethics.
C. All employees are expected to work within the code of ethics.
D. If an employee believes he or she is being placed in a compromising ethical position, the employee should seek counsel from his or her supervisor or other trusted supervisory personnel.

RELATED POLICIES
A. MCGHI policy 18.06 – Acceptance of Business Courtesies & Contributions.
B. Gifts Policy.

ATTACHMENT
A. AHRMM Code of Ethics and Professional Conduct.
ASSOCIATION FOR HEALTHCARE RESOURCE & MATERIALS
MANAGEMENT (AHRMM)

CODE OF ETHICS AND PROFESSIONAL CONDUCT
The Association for Healthcare Resource & Materials Management (AHRMM) issues this voluntary Code of Professional Ethics and Conduct to assist its members in determining ethically appropriate professional conduct and to recognize conduct that does not meet this standard. Ethics demand that healthcare resource and materials management professionals, who make or influence decisions for healthcare institutions, act with complete fidelity to the institution and respect the valid rights of others.

AHRMM’s mission is to lead, educate, and promote the healthcare resource and materials management profession by supporting our members and their healthcare organizations in the delivery of cost-effective quality healthcare.

PERSONAL ETHICS
Strive to conduct all business with honesty, fairness, integrity, and loyalty to the institution and the profession.

Know, follow, and enforce the healthcare organizations corporate compliance policy on all matters. Never enter into any transactions that would result in personal benefit or a conflict of interest.

Conduct oneself in such a manner as to merit the trust, confidence, and respect of the healthcare marketplace.

Strive to reduce costs and obtain the maximum value for each dollar of expenditure. Develop and implement supply chain tools that will benefit the healthcare marketplace. Remain committed to emphasize high-quality, effective, safe patient care.

Treat with discretion and respect all information obtained in confidence.

PROFESSIONAL CONDUCT
Cooperate with all associations and individuals engaged in activities designed to enhance the development, stature, and understanding of healthcare resource and materials management. Treat everyone with dignity and respect.

Promote an environment that facilitates sharing knowledge, ideas, and experiences to improve the healthcare resource and materials management profession. Actively participate in seminars, professional association activities, projects, and continuing education.

Enhance the profession through recognition programs for individual achievement and professional commitments. AHRMM encourages all members to work towards professional development. This includes, but is not limited to, obtaining the CMRP and Fellow level of certification achievement.

Uphold the Association for Healthcare Resource & Materials Management’s mission and the integrity of this Code of Ethics and Professional Conduct.
GIFTS (POLICY # 6)

POLICY STATEMENT
Materials Management – Supply Process Distribution personnel will adhere to the institution’s acceptance of business courtesies and contributions policy with regard to the acceptance of gifts.

PROCEDURE
A. Materials Management – Supply Process Distribution personnel must adhere to the highest standards of ethics and avoid conflicts of interest as well as the appearance of conflicts of interest.

B. Because Materials Management – Supply Process Distribution can influence and in some cases even determine purchasing decisions, care must be taken to avoid the perception of favoritism toward one company or company representative over another. Acceptance of gifts from a company may foster that perception.

C. Materials Management – Supply Process Distribution staff will strictly adhere to the MCGHI policy 18.06 – Acceptance of Business Courtesies & Contributions.

D. If a gift is received that exceeds the policy limits, it should be returned. If it is impossible or impractical to do so, the gift will be transferred to the Corporate Compliance Office for use in fundraising activities.

RELATED POLICIES
A. MCGHI policy 18.06 – Acceptance of Business Courtesies & Contributions.
CONFIDENTIALITY (POLICY # 7)

POLICY STATEMENT

Materials Management – Supply Process Distribution staff will keep information about patients and visitors as well as information about the institution confidential.

PROCEDURE

A. In the course of the business day staff members may discover information about patients and visitors. Any information about patients, including that they are patients, their diagnosis, their condition and their visitors is strictly confidential and will not be shared with anyone without a valid need to know.

B. Much of the operation of the institution should be treated as confidential as well. If not public record, revealing things such as strategic plans, budgets, staffing, operational statistics, terms of contracts, etc., can place the organization at a competitive disadvantage. Sharing such information is prohibited.

C. Care must be taken in any public area where a conversation between authorized individuals may be overheard. These include waiting areas, elevators, cafeteria, hallways, nursing stations, etc.

D. Care must also be taken with documentation. Sensitive documents will not be left visible and/or unattended. Documents that are no longer needed will be shredded.

E. Violation of this policy is a serious offense.
CONTINUING EDUCATION (POLICY # 8)

POLICY STATEMENT
All Materials Management – Supply Process Distribution employees will attend training programs deemed mandatory by the organization or the department. To the extent possible, all departmental employees will have the opportunity to attend other educational programs that have a direct bearing on their current or future performance.

PROCEDURE
A. Mandatory training:
   1. Mandatory training classes will be established and conducted by the organization. Currently, the following must be attended annually:
      i) Infection control.
      ii) Fire safety.
      iii) Accident prevention.
      v) Emergency preparedness.
      vi) Hazardous material handling.
      vii) Workers’ right to know.
      viii) Health industry patient privacy act.
   2. Some of these topics will be covered during departmental staff meetings. Supervisors will brief employees who miss a staff meeting when a topic is covered.
   3. When possible, employees will be scheduled for organizationally conducted classes during their normal work schedule. When necessary, employees will be scheduled during other times and will be compensated for the time.
   4. Mandatory training will be attended as scheduled. It is the responsibility of each employee to attend required programs. Records of attendance will be maintained in departmental personnel files and compliance will be reviewed as part of the annual employee evaluation process.

B. In-service training:
   1. In-service training will be provided as needed throughout the year. It will normally be provided during staff meetings, but may be scheduled at other times or conducted individually.
   2. Records of attendance will be maintained in departmental personnel files.

C. Other continuing education:
1. The department encourages individuals to pursue other optional educational opportunities provided by the organization as well as education conducted by outside entities. These may include college courses, adult education courses, seminars, professional conferences, etc.

2. The organization maintains a tuition assistance program and employees are encouraged to apply. Supervisors will assist employees as requested.

3. Supervisors will make reasonable accommodations to allow time off or schedule modifications so that individuals may attend such programs.
DRESS CODE (POLICY # 9)

POLICY STATEMENT
Materials Management – Supply Process Distribution employees will dress and maintain personal grooming in a manner that presents a positive, professional image consistent with job requirements.

PROCEDURE
A. Appropriate dress enhances professionalism, engenders respect, and improves morale.
B. All employees are to maintain a neat and clean appearance at all times while on duty.
C. Employee ID badges are to be worn at all times and displayed for security and personal identification purposes.
D. Shipping, Receiving and Distribution Section, Supply Services Section, and Linen Services Section personnel will wear uniforms as specified below. Uniforms will be worn in the manner in which they were designed.
   2. Pants – Khaki cargo work pants.
E. Equipment and Cart Services Section personnel will wear scrub attire (see supplemental Dress Code policy).
F. All Materials Management – Supply Process Distribution employees will be issued a light weight jacket with the MCG Materials Management logo on it – this is the only authorized jacket the will be worn on the job – employee will not wear scrub jackets, sweaters, or sweatshirts while on duty.
G. Employees will keep clothing and uniforms neat and clean.
H. When personal protective equipment is required as per individual section policy, it must be worn in accordance with that policy. Such personal protective equipment is not optional.
I. Clothing must always be clean and in good repair.
J. Medallions and other badges worn for identification purposes other than association with the institution or a professional organization are not authorized.
K. Hats, shirts, jackets, etc., bearing company logos other than the institution’s and its subsidiaries shall not be worn while on duty.
L. Certain clothing may be prohibited by hospital policy – i.e. Blue Jeans.
M. Distribution Coordinators may, but are not required to wear uniforms. If Supervisors chose not to wear a uniform, they are expected to dress in a professional, businesslike manner relative to the position in which they work.
N. Personnel will not wear / utilize headphone, ear-buds, etc while on duty.

O. The Manager, Supply Process Distribution will be the sole determiner of appropriateness.

P. Personnel not complying with the dress code will be sent home (on his or her time) to change into proper attire and are subject to disciplinary action.

RELATED POLICIES

A. Supplemental Dress Code.
SCHEDULING (POLICY # 10)

POLICY STATEMENT
Materials Management – Supply Process Distribution personnel’s work days and times will be scheduled in advance to ensure operational adequacy and allow for personal commitments.

PROCEDURE
A. The Materials Management – Supply Process Distribution Department operates seven days per week.
B. Employees will normally have rotating or variable schedules. Both vacations and holidays will be requested as per the scheduled time-off policy.
C. Work schedules will be posted at least two weeks in advance. Previously unscheduled time off will only be granted after the schedule is posted when it can be accommodated without operational problems.
D. Employees in the same section may switch with other employees by mutual consent and approval of their supervisor. Part-time employees may fill in for other part-time employees as long as this would not result in overtime. All changes to the schedule will be written in red ink on the schedule and initialed by the supervisor. In all cases the originally scheduled employee is still responsible for the coverage.
E. In the event that additional staff are needed (generally because of a sick call-in), individuals will be called and requested to work in the following order:
   1. Part-time employees who would not incur overtime.
   2. Full-time (Regular and/or Temporary) employees.
   3. Part-time employees who would incur overtime.
Q. The Manager, Supply Process Distribution, must approve all overtime in advance.

RELATED POLICIES
A. Scheduled Time Off Policy.
B. Vacation Policy.
ATTENDANCE (POLICY # 11)

POLICY STATEMENT

All Materials Management – Supply Process Distribution employees are expected to be present on the days and hours they are scheduled.

PROCEDURE

A. Efficient departmental operations depend on adequate staffing.

B. The Materials Management – Supply Process Distribution will follow and enforce the corporate attendance policy.

C. Any PTO will be requested at least 14 days in advance. Such days will be granted as long as operational needs can be met. Employees will, upon their return, log their PTO in the Activity Log.

D. Any employee too ill to work must notify his or her immediate supervisor at least one hour prior to the beginning of his or her scheduled shift. When possible, the individual will speak with the direct supervisor. Only if the direct supervisor is not available may the employee leave the message with another member of the staff. The individual will not leave a message on voice mail.

E. Return to work after an absence due to illness of three or more days in duration will require a written release from the employee’s physician that must be presented to Employee Health prior to returning to work. Employee Health will in turn provide the employee with a “return to work” slip that the employee will present to their supervisor.

F. Employees are considered on time when they are at their work area in uniform, with their badge and ready to work at the start of their shift.

G. Employees may not leave their work areas until the end of their shift unless granted permission from their supervisor.

RELATED POLICIES

A. MCGHI Policy 4.90.00, Rev 3 – Attendance.

B. Scheduling Policy.

C. Vacation Policy.
VACATION (POLICY # 12)

POLICY STATEMENT
Employees will schedule planned days off as far in advance as possible. Supervisors will honor requests for time off as much as possible.

PROCEDURE
A. The organization grants each employee Paid Time Off (PTO) according to position, length of service and hours worked per week.
B. In October of each year employees will be given the opportunity to request weekly blocks of vacation time for the coming year as well as time off for the major holidays (July 4, Thanksgiving day, day after Thanksgiving, Christmas Eve and/or Christmas, and New Year’s Eve, and/or New Year's Day). No more than two consecutive weeks should be requested. Requests for more than two weeks will not normally be granted.
C. After the request period has been closed, requests will be granted based on seniority and anticipated departmental need. Time off for major holidays will be split evenly between employees.
D. If an individual wishes to schedule a vacation farther in advance than this policy will allow, the employee should discuss this need with his or her supervisor. The supervisor will attempt to honor the request, but will check with those employees with more seniority to determine if granting the request might result in a conflict.
E. Employees may also request PTO at any other time. This should be done as far in advance as possible. At least two weeks’ advance notice should be given for a full week off. The farther in advance the request is made, the greater the chance that it will be granted.
F. PTO is always subject to operational needs.
G. Employees who have used their allotted PTO may request time off without pay. Based on operational needs, supervisors may offer time off without pay at any time.

RELATED POLICIES
A. Scheduling Policy.
B. Vacation Policy.

ATTACHMENT
A. Vacation Request.
VACATION / HOLIDAY REQUEST FORM

Employee: __________________________________________ Date ________________

Advance Request for Vacation Due no later than ________________

I request the following weeks off:

<table>
<thead>
<tr>
<th>Choice</th>
<th>From</th>
<th>To</th>
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<tr>
<td>1st</td>
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I request the following major holidays off (rank from 1 to 4):

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<thead>
<tr>
<th>Rank</th>
<th>Holiday</th>
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<tbody>
<tr>
<td></td>
<td>4th of July</td>
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<tr>
<td></td>
<td>Thanksgiving</td>
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<tr>
<td></td>
<td>Christmas</td>
</tr>
<tr>
<td></td>
<td>New Year’s Day</td>
</tr>
</tbody>
</table>

I request the following minor holidays off (rank from 1 to 4):

<table>
<thead>
<tr>
<th>Rank</th>
<th>Holiday</th>
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<tbody>
<tr>
<td></td>
<td>President’s Day</td>
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<tr>
<td></td>
<td>Easter</td>
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<tr>
<td></td>
<td>Memorial Day</td>
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<tr>
<td></td>
<td>Labor Day</td>
</tr>
</tbody>
</table>

Signed: _________________________________________________________________
LEAVE REQUEST FORM

Employee: __________________________________________ Date ________________
(Print Full Name)

Section: ________________________________________________________________

<table>
<thead>
<tr>
<th>Annual</th>
<th>PTO</th>
<th>Leave without Pay</th>
<th>Other (Specify in Remarks)</th>
</tr>
</thead>
</table>

Month: _________________________________________________________________

Circle Dates Requested

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Note: PTO / Annual leave authorized in excess of your earned balance will be charged to leave without pay.

Remarks: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: _________________________________________________________________
LUNCH (POLICY # 13)

POLICY STATEMENT
Employees will adhere to established times for lunch.

PROCEDURE
A. Each employee is entitled to a 30-minute nonpaid lunch period if he or she works 5 ½ hours (5 paid & ½ non-paid) or more. Employee may choose a 1-hour non-paid lunch period if they are scheduled for a 9-hour shift (8 paid & 1 non-paid).
B. Lunch times will be assigned by the supervisor.
C. Lunches may not be taken in such a way that all employees of any work area are gone at the same time.
D. Lunch may not be used at the beginning or end of the day.
PERSONAL TELEPHONE CALLS (POLICY # 14)

POLICY STATEMENT
Personal calls should not be made or answered during working hours.

PROCEDURE
A. Personal calls, except in emergency situations, are strongly discouraged. The use of phones for personal reasons may interrupt mission critical communications. Employees will inform family and friends that the employee is not authorized to take or make personal calls at work.

B. Employees may carry cell phones, however cell phones are to be turned to vibrate. Employees will not answer cell phones, but may check the incoming number and return the call at a later time.

C. Employees may make or return calls from their cell phones or pay phones during their lunch time.

D. It is acknowledged that there are legitimate reasons for employees to make or take personal calls. When received or made, these calls should be kept brief. Situations such as the following would be considered “emergency” under this policy:
   1. Sick child.
   2. Problem at school.
   3. Arranging for transportation to or from work.
   4. Unattended child at home (in limited amounts).
   5. Etc.

E. Repeated violations of this policy will result in disciplinary action.
DEPARTMENTAL ACCESS / VISITORS (POLICY # 15)

POLICY STATEMENT
Access to Materials Management – Supply Process Distribution areas will be restricted to authorized personnel.

PROCEDURE
A. Controlling access to departmental areas is necessary for the personal security of employees and the safeguarding of organizational property.

B. Access to departmental areas:
1. The Central Distribution Department working areas (including the Shipping, Receiving and Distribution Section, the Supply Services Section / Equipment and Cart Services Section, and the Linen Services Section) are restricted to Materials Management – Supply Process Distribution staff members.
2. Employees of other departments may access designated Materials Management – Supply Process Distribution areas for official business only.
3. Supplier representatives may access the Materials Management – Supply Process Distribution area when on official business and escorted by a staff member.
4. All departmental areas will be secured at the routine close of business each day. Any departmental employee needing access to the area after normal hours should notify his or her supervisor in advance.
5. Special attention will be given to the receiving dock area. At no time will truck drivers be left unattended while loading or unloading items. Items, especially highly pilferable items, will be removed from the dock and breakdown areas as soon as possible.

C. Visitors:
1. Personal visitors, including Materials Management – Supply Process Distribution employees who are off duty or on vacation, are not allowed in the department without the prior approval of their supervisor or the Manager, Supply Process Distribution. Employees may meet personal visitors in the cafeteria or lunchroom when they have scheduled lunch breaks.

D. Personal safety and security:
1. Anyone leaving the building after dark may request a security escort.
2. All staff members will wear their employee identification at all times.
3. Employees will keep all valuable personal items locked up at all times during working hours. In particular, purses should not be stored in unlocked desks.
E. Security of goods and equipment:
   1. No one will be allowed to remove supplies or equipment from departmental areas without proper authorization.
   2. Anyone observing an individual acting suspiciously or carrying items from the departmental areas will contact Security.

RELATED POLICIES
   A. Departmental Security Policy.
DEPARTMENTAL SECURITY (POLICY # 16)

POLICY STATEMENT

The Materials Management – Supply Process Distribution will implement security measures for its functional areas in accordance with the organization’s security policy. These measures will include restrictive access to certain areas, proper control and storage of supplies and equipment, and provision of a safe environment for the staff and visitors to the area.

PROCEDURE

A. Distribution Coordinators will ensure that departmental areas are secured at the appropriate times.

B. Supply Services Section / Equipment and Cart Services Section
   1. The Supply Services Section / Equipment and Cart Services Section:
      i) This area is staffed 24 hours a day / 7 days a week.
      ii) The doors to the Supply Services Section are to be locked at all times and require a keypad code to be opened.
   2. Three digitally recorded cameras are located in the Supply Services Section / Equipment and Cart Services Section area.
   3. All supplies are located within the confined Supply Services Section / Equipment and Cart Services Section area. No supplies are stored in the hallway.
   4. All hospital staff who need access to the Supply Services Section / Equipment and Cart Services Section area for any reason are to be escorted by a staff member at all times.

C. Shipping, Receiving and Distribution Section:
   1. Shipping, Receiving and Distribution Section hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.
   2. The Receiving dock doors are locked at the close of business each day. Departments that require access to this area will be given door access as appropriately determined by facility security during off hours.
   3. Four digitally recorded cameras are located in the Shipping, Receiving and Distribution Section area.
   4. Supplies not delivered during that day’s course of business are secured in the Shipping and Receiving area and therefore this area requires restricted access.

D. Linen Services Section:
   1. Linen Services Section hours are 5:00 a.m. to 8:30 p.m. 7 days a week.
2. The doors to the linen storage area are to be locked at all times.
3. Two digitally recorded cameras are located in the Linen Services Section area.
4. All hospital staff who require access to the Linen Services Section area for any reason are to be escorted by a staff member at all times.
DEPARTMENTAL SAFETY (POLICY # 17)

POLICY STATEMENT

Materials Management – Supply Process Distribution employees will be familiar with and adhere to all established safety rules.

PROCEDURE

A. The Manager, Supply Process Distribution, with the assistance of the Distribution Coordinators, is responsible for maintaining safety standards, developing safety rules, and supervising and training of personnel in department standards. The Manager, Supply Process Distribution, will maintain written documentation of all training programs.

B. The Manager, Supply Process Distribution, with the assistance of the Distribution Coordinators, is responsible for notifying the safety officer of any safety hazard.

C. All department employees shall report defective equipment, unsafe conditions or acts, or safety hazards to their direct supervisor or the Manager, Supply Process Distribution.

D. All equipment and supplies must be properly stored. All personal electrical appliances shall be inspected by Biomedical Engineering for safe use before being used – a sticker will be affixed to the electrical appliance by Biomedical Engineering.

E. Scissors, knives, pins, razor blades and other sharp instruments must be safely stored, used and disposed.

F. The use of space heater is prohibited.

G. Employees will not permit rubbish to accumulate.

H. Employees will advise Maintenance immediately of any illumination and ventilation problems.

I. Furniture and equipment must be arranged to allow passage and access to exits at all times.

J. Minor spills, i.e., water, coffee, soft drinks, etc., should be cleaned by the employee who discovers the spill. This should be done immediately. Environmental Services will clean major non-hazardous spills.

K. Employees will report faulty equipment to Biomedical Engineering or Maintenance per policy.

L. Employees will close all file drawers and cabinet doors when not in use.

M. When machines are moved, they should always be carried or rolled by the frame. Also employees will remove and/or secure all attached cables and/or protruding parts before beginning transport.
N. Employees will use proper body mechanics when lifting, pushing or pulling.

O. Personnel will keep to the right when moving equipment through corridors, approach intersections carefully, and ascertain that there is no traffic on the other side of any door before opening it. Employees will push doors open slowly, using only the push panel or doorknob, and never use equipment to open a door.

P. Patients or staff assisting patients will always have the right of way.

Q. Equipment will not be parked in hallway traffic lanes.

R. Equipment will be returned to its proper location when not in use.

S. Employees will not obstruct fire-fighting equipment, and will know its location and how to use it. They will be familiarize themselves with all evacuation routes and know what to do if a fire is discovered.

T. In case of a disaster, all personnel will know their role and perform it safely and efficiently.
INCIDENT REPORTING (POLICY # 18)

POLICY STATEMENT
An incident report will be completed after all incidents involving patient, personnel or visitor injury, occupation illness, or property damage.

PROCEDURE
A. Incident reports are to be completed for any unusual occurrence. These include, but are not limited to, the following:
1. Patient fall.
2. Visitor injury.
3. Unruly visitor.
4. Equipment malfunctions that involved or could have involved serious injury.
5. Loss of valuables.
6. Any theft.
7. Property damage.
8. Staff injury.

B. The individual experiencing or witnessing the incident will report it to their supervisor. The supervisor will complete a Supervisor’s Accident Investigation Report form if needed.

C. In the case of an employee injury, the employee’s well being is the primary concern.
   1. In the event of a serious injury, the employee will seek immediate treatment—normally in the emergency department. A Supervisor’s Accident Investigation Report will be completed when possible.
   2. When the injury is such that treatment may be deferred:
      i) The employee reports the injury to the supervisor. The supervisor will complete a Supervisor’s Accident Investigation Report form
      ii) The employee will report to the Employee Health office when it is open.
      iii) If Employee Health is not open, the employee will report to the Emergency Department.
      iv) Normally, the Supervisor’s Accident Investigation Report form will be initiated before the employee goes for treatment.
      v) Following treatment the employee will report back to his or her supervisor.
3. The supervisor will complete a Supervisor’s Accident Investigation Report. This will include the cause of the accident and action to be taken to avoid reoccurrences.

4. All employee accidents will be reviewed at staff meetings.

D. Incident reports will always be completed and submitted as soon after the incident as possible.

ATTACHMENT

A. Supervisor’s Accident Investigation Report.
**SUPERVISOR’S ACCIDENT INVESTIGATION REPORT**

**SUPERVISOR’S ACCIDENT INVESTIGATION REPORT**
This form is for reporting to Management and not to be submitted to the Insurance Company

Instructions for completion of this form:
- Complete the form in its entirety. Must be completed in addition to the First Report of Injury for every accident, injury or exposure involving employees, volunteers or contract personnel.
- Fax to Employee Health at 705-721-0862 within 72 hours of the incident.
- All accidents/injuries/exposures must be reported regardless of the employee’s desire to be seen by Employee Health or Emergency Services.

<table>
<thead>
<tr>
<th>General Information</th>
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<tbody>
<tr>
<td>Name of Injured Employee:</td>
</tr>
<tr>
<td>Date of Incident:</td>
</tr>
<tr>
<td>Time of Incident: AM PM</td>
</tr>
<tr>
<td>Location of Accident:</td>
</tr>
</tbody>
</table>

**Description of Accident, Injury or Exposure**
Please be as detailed as possible. Describe in detail the duty/job the injured person was performing at the time of the accident. You may use reverse side for additional information.

What was the employee doing prior to the incident:

Describe what happened:

<table>
<thead>
<tr>
<th>Name of Witnesses/Passengers:</th>
</tr>
</thead>
</table>

**Nature of Injury (Be as Specific as Possible)**

Body Part Injured:

Describe object or substance that directly harmed employee.

Type of Injury:

If Other, please provide additional information:

| Treatment Provided: □ No Treatment □ First Aid (Employee Health) |
|                                                               | □ Emergency Room □ Other: __________________________ |

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**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

This form is for reporting to Management and not to be submitted to the Insurance Company.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>If the employee missed any time from work due to this injury, what was the first day of missed work?</td>
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<tr>
<td>If employee is still out of work, how long will the employee be away from work?</td>
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<td>If the employee has returned to work, on what date did the employee return?</td>
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**Corrective Measures Taken Following Accident**

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**Supervisor Completing Report**

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<tr>
<th>Name:</th>
<th>Job Title:</th>
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<tr>
<th>Date:</th>
<th>Extension:</th>
<th>Department #:</th>
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**Review/Recommendations**

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<th>Recommendation</th>
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</table>

**Reviewer:**

**Date of Review:**

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INFECTION CONTROL (POLICY # 19)

POLICY STATEMENT

Materials Management – Supply Process Distribution will support the organization-wide effort to reduce or eliminate hospital-acquired infections through strict adherence to good infection control practices.

PROCEDURE

A. Employees will maintain good personal hygiene, including clean uniforms and personal cleanliness.

B. Employees will wash hands frequently. Hands will always be washed before and after meals, after use of the restrooms, and before and after any contact with movable patient equipment.

C. Employees will use care when handling sterile supplies so that the sterile barrier is not compromised.

D. Whenever possible, supplies will be removed from excessively soiled shipping containers before being stored. Alternately, the shipping containers will be wiped down to remove soil.

E. Gloves will be used whenever handling soiled linen or bags filled with soiled linen or movable patient equipment.

F. All supply storage areas will be cleaned periodically to include dusting of shelves.
DEPARTMENTAL COMMUNICATIONS (POLICY # 20)

POLICY STATEMENT
Materials Management – Supply Process Distribution will maintain open communications with and between staff.

PROCEDURE
A. The Manager, Supply Process Distribution will foster a culture of openness and open access with regard to communication within the department.

B. The Manager, Supply Process Distribution will maintain an open-door policy. Distribution Coordinators are strongly encouraged to do the same. Employees are encouraged to take issues to their direct supervisor. However, there will not be a penalty for going directly to a higher authority.

C. Each section of the department will maintain a communication board. Information of general interest to the section and/or the department will be posted there. Employees are encouraged to check the board before the start of each shift. There will be a section for employees to add information.

D. Each supervisor is encouraged to have frequent staff meetings. Sections open over multiple shifts and/or seven days a week will schedule staff meetings so that everyone can attend some of them.

E. Supervisors will use bullet style minutes of the meetings to brief staff members who were unable to attend.

F. The Manager, Supply Process Distribution will have full departmental staff meetings at least monthly.
TELEPHONE ETIQUETTE (POLICY # 21)

POLICY STATEMENT
All departmental staff will maintain a high level of courtesy when answering and conducting business on the telephone.

PROCEDURE
A. To ensure that telephone communications are conducted in a professional, pleasant and effective manner the following standards will be maintained:

1. Incoming calls.
   i) Answer the telephone promptly – within three rings.
   ii) Use the following script:
       “Materials Management, this is (first name OR last name with prefix). How may I help you?”
   iii) Speak clearly, pleasantly and politely.
   iv) Offer to take a message if the party called is unavailable.
   v) Write messages carefully, especially telephone numbers, and repeat them to the caller for verification.
   vi) If the employee is unable to assist the caller at the time of the call, offer to return the call rather than to place the caller on hold. Then, obtain all the information necessary.
   vii) Thank the caller when terminating the conversation.
   viii) Transfer all difficult or upset callers to supervisors. If a supervisor is unavailable, assure the caller that a member of the management team will return the call shortly, note the caller’s information, and then promptly convey the message to the supervisor.

2. Voice Mail.
   i) Employees will check the voice mail every 30 minutes.
   ii) Appropriate action will be taken and calls will be returned as needed.

3. Outgoing calls.
   i) Except for emergency situations, employees should not place or accept personal telephone calls while on duty.
   ii) Other personal calls should be conducted during the employee’s lunch
   iii) All outgoing calls should be kept as short as reasonably possible to keep lines open for incoming calls.
EVALUATION OF EMPLOYEE PERFORMANCE (POLICY # 22)

POLICY STATEMENT
All employees will be formally evaluated at least annually and informally given performance feedback on a regular basis.

PROCEDURE
A. Frequent feedback regarding positive aspects of performance and opportunities for improvement is a strong motivating factor and leads to improved performance and enhanced morale.

B. Formal evaluations:
   1. Management will perform employee performance evaluations in accordance with the hospital policy. The direct supervisor will conduct the evaluation.
   2. After the first 180 days to determine whether the employee should advance beyond initial probationary status.
   3. Annually thereafter.
   4. Periodically, or as determined by the supervisor or by the employee’s performance.

C. Informal evaluations:
   1. Supervisors will regularly evaluate the performance of all their employees. These should be frequent enough so that the formal evaluation will never be a surprise.
   2. Supervisors will give frequent feedback to employees in an informal manner concerning their job performance. This feedback should be objective and concentrate on specific observable actions.
   3. Feedback should emphasize positive aspects of performance. Performance aspects that can be improved should also be discussed.
   4. Significant performance problems will be documented and performance feedback should become more formal. This feedback will be documented through counseling notes and/or a written warning. An improvement plan will be created with input from and agreement of the employee.

D. In the case of poor performance, the employee will be counseled and trained further.
   1. If the poor performance continues, the employee may be placed on probation or eventually dismissed.
   2. If performance reaches a satisfactory level, any written warnings will be removed from the employee’s records after one year.
PRODUCT / EQUIPMENT RECALLS (POLICY # 23)

POLICY STATEMENT

Materials Management – Supply Process Distribution will maintain a system to gather, disseminate, track, follow-up, and document action taken for all equipment and product safety recalls and alerts.

DEFINITIONS

A. Product Recall
   1. A product recall, alert, or safety notification is a warning notice sent by a manufacturer or other independent party which communicates a known or potential defect or dangerous condition detected in a product.
   2. The purpose of the communication may be:
      i) To advise users to immediately stop all use and withdraw from distribution all suspect stock,
      ii) To alert users of a potential hazard, or
      iii) To notify users to return known defective material, through proper channels, to the manufacturer for replacement. Notice is usually accompanied by the necessary corrective action to be taken by the manufacturer and the user.

B. Product Hazard Report
   1. Reports of known problems with medical devices (e.g., user errors) that have caused harm to patients and/or healthcare personnel but that have not resulted in a product recall.
   2. Some hazard reports are product specific and others apply to general areas of technology. Examples include ECRI Hazard Reports, FDA Public Health Advisories, and The Joint Commission Sentinel Event Reports.

PROCEDURE

A. Materials Management – Supply Process Distribution will receive medical product, device and drug safety alerts and recalls via multiple sources: letter, facsimile, telephone, e-mail, or through subscription with independent services (i.e. ECRI Institute’s Alerts Tracker Web-based system).

B. The Manager, Supply Process Distribution will take appropriate action to resolve these notifications by following the corporate policy’s provisions concerning medical product device and drug alerts and recalls.

C. The Manager, Supply Process Distribution will subscribe to a recall notification service.
D. Upon receipt of a recall or alert notice, the Manager, Supply Process Distribution will review the information provided and determine what, if any, action to take.

E. Response Time: Recipients of Alerts Assignments will respond in a timely fashion by recording in the Alerts Tracker an initial indication of whether or not their area of responsibility is affected (i.e. Applicable or Not Applicable) within 5 to 7 business days.

1. Not Applicable Alerts
   i) When an assigned user finds that an alert does not affect his/her area(s) of responsibility, they will record a Not Applicable entry with Action Taken and Action Notes explaining generally what they did to rule out the alert. They should indicate resources checked and should acknowledge similar product that was determined not to be affected (e.g., Model ABC is in inventory, but none of affected serial numbers are present).
   ii) In particularly clear cut cases where notes would not be required in the future to clarify how the alert was ruled out (e.g., either the technology or vendor is completely absent from the facility/department), then the user can click the [NA] button on the alert reading page and skip entry of Action Taken and Action Notes.

2. Applicable Alerts
   i) Applicable - Open: Assigned users will make an Applicable-Open entry as soon as they have determined that their area of responsibility is or likely is affected by an alert. In such entries, they should record what is known about quantities and location of affected and/or suspected product, and plan of action for addressing (e.g., removal of product, repair of product, and/or retraining of users). Additional Applicable-Open entries should be made to update progress and/or explain delays in resolution of the alert (e.g., back ordered parts, user training scheduled in the future).
   ii) Applicable - Closed: Assigned users will make an Applicable-Closed entry each time an alert affecting their area(s) of responsibility has been resolved. In this (final) entry, the following information should be recorded: quantity of affected product (if known), means of resolving or determining that other personnel have resolved, and notation of any relevant information sources not noted in previous entries.

F. Inventory Products and Stocked Intravenous Solutions
   1. Upon receipt of a product recall, alert or safety notification of a stock inventory product, the Manager, Supply Process Distribution shall check all storage locations under the control of the Material Management Department.
   2. All affected products will be removed segregated from the other stock and appropriately identified with warning notices.
   3. All products being recalled will be exchanged as necessary by the Material Management Department. The products being recalled that are essential to
the hospital's operation will be replaced by a substitute product as soon as possible.

4. The substitution of products will be coordinated by the Materials Management Department. Any product that cannot be replaced with the exact manufacturer product will be replaced with a product that is comparable. This change will be communicated to the affected departments.

5. The Materials Management Department will coordinate the return of all recalled products with the Purchasing Department according to the instructions provided by the manufacturer.

6. All recall documentation will be maintained in the Materials Management Department.

RELATED POLICIES

A. MCGHI Policy TBD – Medical Products, Device & Drug Alerts & Recalls
EMERGENCY SUPPLIES (POLICY # 24)

POLICY STATEMENT
Materials Management – Supply Process Distribution will ensure supply availability during times of a disaster or similar mass casualty event. It will be the responsibility of Manager, Supply Process Distribution to implement necessary measures to insure proper flow of clinical supplies during these events.

PROCEDURE
A. In the event of a mass casualty event or other disaster, the Manager, Supply Process Distribution or, in his or her absence, the most senior departmental representative will contact the Incident Command Center (ICC) to determine the type of disaster/incident and the anticipated need for additional supplies.

B. Materials Management – Supply Process Distribution personnel will assess current stock levels in the Supply Services Section as well as par level areas. The Manager, Supply Process Distribution will determine the adequacy of supply levels including those expected to be delivered before the disaster event.

C. Materials Management – Supply Process Distribution will maintain a small stock of emergency supplies specifically for potential mass casualty events. The list of these supplies will be found in the mass casualty plan. These supplies will be delivered to the areas indicated in the mass casualty plan when so directed by the ICC.

D. In anticipation of disaster situations where additional supplies will be needed, the Manager, Supply Process Distribution will develop contingency plans with the institution’s prime medical supply distributor. These plans will include at a minimum:
   1. Pre-established emergency orders to be shipped in anticipation of an anticipated disaster such as a flood.
   2. Authorization for telephonic order and immediate shipment of goods in the event of an unanticipated disaster or mass casualty situation.
   3. Authorization to return unused goods at the end of the disaster without penalty.

E. If needed, Materials Management – Supply Process Distribution will order and receive emergency goods from the prime distributor.

F. The Manager, Supply Process Distribution or his or her designee will maintain close contact with the ICC throughout the emergency situation.
EMERGENCY RECALL TO WORK (POLICY # 25)

POLICY STATEMENT

Materials Management – Supply Process Distribution will maintain a process to recall employees to work in the event of an emergency or disaster.

PROCEDURE

A. Healthcare workers accept a responsibility to respond to emergency and disaster situations.

B. In the event of an emergency, mass casualty situation, anticipated or actual disaster or other such situation, employees who are contacted will endeavor to return to work.

C. The department will maintain a call list with current contact information for all employees.

D. Employees are required to keep an updated copy of the call list at their home.

E. An emergency return to work call is normally initiated by the administrator in charge or Incident Command Center (ICC).

F. When the callback list has been instituted, Distribution Coordinators will call all departmental employees and instruct them to either report to work or standing by for further instructions.

G. Each employee is responsible for notifying the Manager, Supply Process Distribution of any changes in his or her phone number. The Manager, Supply Process Distribution will update the call list any time there is a change of employees or telephone numbers and distribute an updated list to all employees.
BUDGET PREPARATION & MONITORING (POLICY # 26)

POLICY STATEMENT
The Manager, Supply Process Distribution will accurately project budget needs and monitor the current budget.

PROCEDURE
A. Materials Management is directly responsible for the following cost centers:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>155598</td>
<td>Laundry And Linen</td>
</tr>
<tr>
<td>155702</td>
<td>Central Dist.-Prescriptions</td>
</tr>
<tr>
<td>158207</td>
<td>MCG Issues</td>
</tr>
<tr>
<td>158204</td>
<td>CD Inventory Mgmt</td>
</tr>
<tr>
<td>158205</td>
<td>Supply Distribution</td>
</tr>
<tr>
<td>158208</td>
<td>Equipment/Cart Services</td>
</tr>
</tbody>
</table>

B. Each year during the budget preparation cycle the Manager, Supply Process Distribution will prepare a proposed expense budget and capital budget for the department.

C. For the proposed expense budget:
1. Each Distribution Coordinator with budgetary responsibility will prepare a draft budget for the individual cost center(s) and submit to the Manager, Supply Process Distribution.
2. Budget projections will not be solely based on the prior year’s budget or the actual expenses to date. Supervisors will use the current budget as a guide, but will also:
   i) Review expenses to date.
   ii) Consider current under-budget or over-budget positions and the reasons for them.
   iii) Anticipate changes in services provided, customers serviced, and customer needs.
   iv) Factor in planned productivity improvements.
   v) Consider expected changes in product or service costs with particular attention to major contracts that may be up for renewal.
   vi) Consider other factors that may affect departmental costs in the future year.
3. The Manager, Supply Process Distribution will prepare draft budgets for any cost centers for which he or she has primary responsibility.
4. The Manager, Supply Process Distribution will review the draft budgets with the individual, modify as needed, and assemble a full departmental budget submission for the Senior Manager for Materials Management.
5. The Manager, Supply Process Distribution, with input from the responsible Distribution Coordinator, will prepare a justification for any budget increase outside the guidelines presented by the Senior Manager for Materials Manage.

D. For the proposed capital budget:

1. The Manager, Supply Process Distribution will meet with the Distribution Coordinators to review the department’s five-year capital equipment plan and update as needed. Particular attention is needed for:
   
   i) Those items scheduled for purchase in the coming year to see if they should be delayed for an additional year.
   
   ii) Those items scheduled for purchase in the following year to see if they must be moved up to the current year.

2. The Manager, Supply Process Distribution will solicit input from the Distribution Coordinators regarding other capital that should be added to the five-year plan or added to the current budget submission.
   
   i) The Manager, Supply Process Distribution will complete capital equipment request forms for any capital items being requested for the next fiscal year.
   
   ii) The Manager, Supply Process Distribution will prepare a new five-year capital projection.

3. The Manager, Supply Process Distribution will submit all budget requests within the time periods required by the Senior Manager for Materials Management.

E. For the current budget:

1. Each month the Manager, Supply Process Distribution will receive a budget variance report. The Manager, Supply Process Distribution will distribute these to the Distribution Coordinators responsible for the individual cost center.

2. Each Distribution Coordinators will review the variance report and prepare an explanation for any variance greater than 5%. For negative variances there will also be a plan for reversing the overage if possible.

3. The Manager, Supply Process Distribution will include a budget variance report with the regular quarterly performance report. Any significant variances that will potentially result in an over budget condition at the end of the year will be discussed with the Senior Manager for Materials Management.

RELATED POLICIES

A. Reporting Policy.
CUSTOMER SATISFACTION SURVEY (POLICY # 27)

POLICY STATEMENT

Materials Management – Supply Process Distribution is committed to providing excellent customer service and will regularly survey its customers to measure their satisfaction.

PROCEDURE

A. Materials Management – Supply Process Distribution will survey its customers at least annually to determine the level of satisfaction with its various functions.
   1. The Manager, Supply Process Distribution will coordinate with Human Resources to have a survey posted on the Intranet.
   2. Human Resources will post a request to take the survey in the Daily Update and the Manager, Supply Process Distribution may send an email to all department managers explaining the purpose and providing directions to the on-line survey.
   4. Human Resources will compile the scores and record any comments received and forward these to the Senior Manager for Materials Management for review.

B. Satisfaction scores will be tracked and reported annually.

C. The results of the satisfaction survey will be shared with the Materials Management – Supply Process Distribution staff. Staff input and support will be solicited to consistently improve scores.

D. All user complaints will be addressed and all user suggestions will be reviewed. If anyone has included their name on complaints or suggestions, the Senior Manager for Materials Management and/or Manager, Supply Process Distribution will contact that individual to discuss the comment and possible action.

ATTACHMENTS

A. Customer Satisfaction Surveys.
OVERALL - The services received from this function meet my needs and expectations.

L o w 2 3 4 5 H i g h N A

COURTESY - Staff are courteous and considerate.

L o w 2 3 4 5 H i g h N A

RESPONSIVENESS - Requests are handled in a timely manner and with an appropriate sense of priority.

L o w 2 3 4 5 H i g h N A

KNOWLEDGE OF STAFF - When communicating with this function, they have the knowledge necessary to handle request(s).

L o w 2 3 4 5 H i g h N A

KNOWLEDGE OF MANAGEMENT - When communicating with the supervisory staff of this function, they have the knowledge necessary to handle request(s).

L o w 2 3 4 5 H i g h N A

ACCURACY - Provides products and services as requested.

L o w 2 3 4 5 H i g h N A

TIMELINESS - This function provides its products and services in a timely manner.

L o w 2 3 4 5 H i g h N A

EMERGENCIES - STAT Orders/products/services are handled in a satisfactory manner under time pressure.

L o w 2 3 4 5 H i g h N A
Page 2 - Question 9 - Rating Scale - One Answer (Horizontal)

**CONSISTENCY** - This area's functions are easy to understand and are performed reliably.

Low  2  3  4  5  High  N  A

Page 2 - Question 10 - Rating Scale - One Answer (Horizontal)

**QUALITY** - The products, services and information provided to me are of acceptable quality.

Low  2  3  4  5  High  N  A

Page 2 - Question 11 - Rating Scale - One Answer (Horizontal)

**ADVOCACY** - I would recommend this function's products and services to others needing to purchase similar products and services.

Low  2  3  4  5  High  N  A

Page 2 - Question 12 - Open Ended - Comments Box

Please provide comments regarding Linen Services, particularly for those areas where you rated "1" or "2" (Low) or "6" (High).

________________________________________________________________________________________

________________________________________________________________________________________

Page 2 - Question 13 - Open Ended - One Line

Please include your name and contact number if you would like to be contacted by the manager of this area to further clarify your responses.

________________________________________________________________________________________

Page 2 - Question 14 - Choice - One Answer (Drop Down)

What is your leadership level at MCGHI?

- Executive - Senior Leadership Team
- Director
- Manager
- Supervisor
- Other

Page 2 - Question 15 - Choice - One Answer (Bullets)

What is your length of service at MCG(HI)?

- 0 - 3 Years
- 3 - 10 Years
- Over 10 Years
POLICY STATEMENT

The Manager, Supply Process Distribution will generate reports on a regular basis to keep the Materials Management team informed of the performance of the department.

PROCEDURE

A. Regular and succinct written communication with the Materials Management team is essential to highlight Materials Management – Supply Process Distribution issues and accomplishments.

B. Each month the Senior Manager for Materials Management will prepare a report will include the following:
   1. Stock Value.
   2. Stocked Lines.
   3. Inventory Turns.
   4. Inventory Accuracy Rate.
   5. Percent of Stocked Lines at Zero Balance.
   6. Stock Adjustment Value & Number of Lines.
   7. Monthly Issue Value & Number of Lines.
   8. Monthly Receiving Value & Number of Lines (Both Stock & Non-Stock).
   9. Pounds of Linen Distributed.
   10. Linen Fill Rate.
   11. Scurbs Not Available Rate.
   12. Scrub Return Rate.
   13. Other data as requested.
RECORDS RETENTION (POLICY # 29)

POLICY STATEMENT
Materials Management – Supply Process Distribution will retain critical records for a period consistent with the document’s usefulness.

PROCEDURE
A. Documents will be retained for the following periods:
   1. Pick Tickets – 60 days.
   2. Receiving Reports – 2 years.
   3. Packing Slips – 2 years.
   4. Patient Charge Cards – 2 years.
   5. Year-end stock status reports — three years.
   6. Recall notices — four years.
B. Records will normally be kept in the section until such time as they can be destroyed. Refer to organizational records retention policy if the records are to be stored off-site.
POLICY STATEMENT

Materials Management – Supply Process Distribution will have in place manual processes in order to continue normal business operations in the event of a computer failure, on either a short- or long-term basis.

PROCEDURE

A. In the event of an unanticipated Pathways Material Management (PMM) system outage the Information Services (IS) department will be contacted to obtain an assessment of the situation. If IS anticipates that the outage will be short, the department should work on non-automated tasks until the system is back online. If the system down time is expected to be lengthy, the following steps should be taken.

1. In case of PMM failure or outage, department par level listings are maintained in a “hard copy” format by the Distribution Coordinator to be used for the replenishment of supplies.

2. Departmental requests for supplies will be communicated either; verbally, via the pneumatic tube system (as deemed appropriate by departmental management) or in paper form delivered to Materials Management – Supply Process Distribution for processing. The department will then keep manual records of supply disbursement to be keyed when the computer system becomes operational.

3. Ordering and replenishment of inventoried goods will be done by manually comparing shelf stock levels to min/max order listings and based on anticipated demand. The Manager, Supply Process Distribution (or designee) will work as the point person for the maintenance of all inventory levels for the Supply Services Section.

4. Receiving personnel will document all packages received on a manual receipt log for each day and attach two copies of the packing list as a replacement for the departmental receiving report. Supply Storage and Distribution staff will obtain signatures on one copy of the packing slip. The information from the packing lists will be keyed into the system when the PMM becomes operational.

B. All manual records should be keyed into the system within one business day of the PMM becoming operational.
HAZARDOUS MATERIALS PROGRAM (POLICY # 31)

POLICY STATEMENT
For the protection of patients, visitors and staff, Materials Management – Supply Process Distribution will operate a Hazardous Material Waste Management Program in accordance with applicable laws and regulations to identify and control hazardous material and waste from generation to final disposal.

PROCEDURE
A. The Manager, Supply Process Distribution will have the responsibility for maintaining the Materials Management – Supply Process Distribution hazardous material/waste management plan.

B. The program will include:

1. Written criteria in accordance with applicable law and regulation to identify, evaluate, and inventory hazardous materials/waste used or generated by each department. A Hazard Communication Program including copies of Material Safety Data Sheets (MSDS) will be maintained and available to all Central Distribution Department employees.

2. Management of regulated medical or infectious waste, including sharps through proper labeling, identification and training for all staff.

3. Provision of adequate space and equipment for the safe handling and storage of hazardous materials and waste.

4. A reporting system for all hazardous materials/waste spills/exposures or other incidents that involve personnel or property. An incident report will be completed on all hazardous materials and waste spills. The safety officer will investigate all incidents and present reports to the safety committee for review.

5. An annual evaluation of the hazardous materials/waste management program’s objectives, scope, performance, and effectiveness.

6. An orientation and education program for personnel who manage or have contact with hazardous materials/waste, which addresses new employee orientation and department training. This will include the following:

   i) Precautions for selecting, handling, storing, using, and disposing of hazardous material spills or exposure.

   ii) Emergency procedures for hazardous material spills or exposure and location of MSDS.

   iii) Health hazards of mishandling hazardous materials.
iv) For all appropriate personnel, orientation and education about reporting procedures for hazardous materials and waste incidents, including spills or exposures.

7. Ongoing monitoring of performance regarding actual or potential risks related to one or more of the following, obtained through the environmental tours and incident reports:
   i) Staff knowledge and skills necessary for their role in managing hazardous materials/waste.
   ii) The expected level of staff participation in materials and waste management activities.
   iii) Monitoring, inspection, and corrective action.
   iv) Routine procedures for emergency and incident reporting that specify when and to whom reports are communicated.
   v) Inspection, preventive maintenance, and testing of applicable equipment.

8. Emergency procedures that describe the specific precautions, procedures, and protective equipment and clothing used during hazardous material and waste spills, exposures or handling.

9. A management plan that describes all the process required for hazardous materials/waste management planning.

C. To measure its effectiveness, the following performance indicators have been established for the Hazardous Material/Waste Management Program.

1. Staff knowledge and skill requirements regarding their role in the hazardous materials/waste management program and their expected level of participation will be monitored during hazards surveillance surveys and annual required training.

2. Monitoring and inspection activities, and summary of the number of problems found and corrected during the inspections related to hazardous materials/waste.

3. Routine emergency and incident reporting procedures, including when and to whom such reports are to be communicated; tracking of incidents and results of Occupational Health Services employee exposure incidents.

4. Inspection, preventive maintenance and testing of applicable equipment by use of industrial hygiene testing.

D. New employees will receive orientation and training pertaining to general hazard materials/waste processes, department-related hazards, and specific job-related hazards. All employees will receive related information and continuing education. All staff will be familiar with the Hazardous Communication Program and its components.
RELATED POLICIES

A. Receiving Hazardous Materials Policy.
INVENTORY MANAGEMENT POLICIES
(SECTION # 2)
INVENTORY PHILOSOPHY (POLICY # 1)

POLICY STATEMENT
Inventories of organizational supplies will be kept to a minimum consistent with patient care, operational needs, and other offsetting costs.

DEFINITIONS
A. Inventory – Any goods, which are purchased and kept in anticipation of future, need.
B. Official inventory – Any goods, which are included on the general ledger as assets.
C. Unofficial inventory – All other accumulations of goods within departments, which are not in official inventories.

PROCEDURE
A. The Senior Manager for Materials Management has oversight responsibility for all inventories within Materials Management.
B. Manager, Supply Process Distribution has direct responsibility for all inventories within Materials Management – Supply Process Distribution Department.
C. The Materials Management – Supply Process Distribution Department’s inventory will be managed using a perpetual methodology with semi-annual reconciliation.
   1. The perpetual method tracks issues (usage), receipts and returns as they occur. The current, accurate on-hand balance is always known.
   2. In the semi-annual reconciliation method a physical inventory is conducted twice each year (every six months). Differences between the computer and physical counts are investigated and adjustments are made to the PPM system as needed.
D. Inventory levels should be kept as low as possible. Low inventory levels free up hospital assets for other uses and reduce the chance of shrinkage and obsolescence.
   1. The pursuit of low inventory levels must, however, be balanced with the increased costs of purchasing and expediting, which will occur if levels are too low.
   2. These costs can easily be greater than the amounts saved through lower inventory carrying costs.
ASSET AND NON-ASSET INVENTORIES (POLICY # 2)

POLICY STATEMENT
To the extent practical and in collaboration with Finance, all official inventoried goods will be held in asset inventories.

DEFINITIONS
A. **Inventory** – Any goods, which are purchased and kept in anticipation of future, need.
B. **Asset inventory** – Inventory that is on the organization’s general ledger as an asset.
C. **Non-asset inventory** – Goods that have already been expensed to a department but are being held prior to use, also called unofficial inventory.
D. **Working stock** – Small amounts of goods taken out of an asset inventory just before use. Some examples might be supplies in case carts, small amounts of backup supplies in OR suites, small amounts of supplies in ER treatment rooms, etc.

PROCEDURE
A. All goods received but being held prior to use are considered inventory.
B. While it is advantageous to record and monitor all inventory as an asset, the goods held by certain departments may not.
C. This is typically because the amounts being held are very small, the total value of the goods is small or the individual item values are very small.
D. Materials Management – Supply Process Distribution Department’s inventory will be considered as asset inventories.
MATERIALS MANAGEMENT – SUPPLY PROCESS DISTRIBUTION DEPARTMENT INVENTORY (POLICY # 3)

POLICY STATEMENT

Materials Management – Supply Process Distribution Department’s inventory will be maintained to ensure adequate supplies are available for general patient care.

PROCEDURE

A. Materials Management – Supply Process Distribution Department’s inventory will hold high use, multi-user supply items. Consideration for stocking lower use or single user items will be made as noted below.

B. The Manager, Supply Process Distribution, will establish reorder points and levels based on an ABC&D analysis. These levels should ensure an inventory turnover threshold rate is at least 12, with 14 as the target and 16 or higher as high performance.

C. Reordering will be accomplished through the Pathways Material Management (PMM) system based on established reorder points and levels. Reorder quantities will not normally be reviewed or revised before processing the purchase.

D. The Manager, Supply Process Distribution on a regular basis, will monitor reorder points and levels. An ABC&D analysis will be done quarterly and levels will be modified to reflect changes in usage patterns or desire to modify turnover rates.

E. Items will be stored using industry standard techniques. Shelf / pallet arrangements will be established to maximize storage space and product flow efficiency. A locator system will be established and each inventory item will have a location number. A locator catalog will be created and maintained in the department.

F. The Manager, Supply Process Distribution, upon consultation with or request of affected department managers, will determine what items should be kept in Materials Management – Supply Process Distribution Department’s inventory and which will be kept in department-specific inventories. General guidelines for inclusion in the Materials Management – Supply Process Distribution Department’s inventory are as follows:

1. Items that are used by multiple customers.
2. Items to be included on a par stock or cart exchange program.
3. Fast moving items used by multiple departments.
4. Slow moving items used by multiple departments when the item must be purchased in bulk (case or box) quantities.
5. Fast moving items used by one department when those items are on an automatic resupply program.
6. Items used by one department where adequate storage space is not available in the user department for the quantities that need to be purchased and the projected usage is at least two units per month.

7. Any item where backup supplies are deemed critical.

8. Other items which the Manager, Supply Process Distribution determines are best stored and accounted for in the Materials Management – Supply Process Distribution Department’s inventory.

G. Items will not be deleted from inventory without prior notification to any known users of the item.

ATTACHMENT

A. Request For Items To Be Added, Changed Or Deleted From Materials Management / Central Distribution.
REQUEST FOR ITEMS TO BE ADDED, CHANGED OR DELETED FROM MATERIALS MANAGEMENT / CENTRAL DISTRIBUTION

Request For
ITEMS TO BE ADDED, CHANGED OR DELETED FROM MATERIALS MANAGEMENT/ CENTRAL DISTRIBUTION

TO: Materials Management/ Central Distribution
Inventory Management
BL-1002A

FROM: *Department: ____________________________ *Account Number: ____________________
*Department personnel to contact: ____________________________ *Phone: ____________________
*Department approval: ____________________________ Date: ____________________

ITEMS THAT SHOW NO USAGE FOR A SIX-MONTH PERIOD WILL BE DELETED, RETURNED FOR CREDIT (IF POSSIBLE), OR CHARGED TO THE DEPARTMENT INITIATING THIS REQUEST.

PLEASE COMPLETE ALL ITEMS BELOW (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH) *MANDATORY

*A. Please check appropriate box(es):
☐ Request for items to be stocked in Central Distribution
☐ Request deletion of items currently stocked in Central Distribution
☐ Request change of items currently stocked in Central Distribution
☐ Charge account number
☐ with all items remaining in stock

*B. Please furnish complete description, mfg. name, mfg. #, packaging, estimated cost of items and estimated monthly usage:

DESCRIPTION: ____________________________________________

Manufacturer Name: ____________________________________________
Manufacturer Product #: ____________________________________________
Packaging: ____________________________________________
Est. Cost: ____________________________________________
Monthly Usage: ____________________________________________
Expense Code: ____________________________________________

*C. Provide name, address and phone number of suppliers:
1. ____________________________________________
2. ____________________________________________

D. List other budget units that would use this item(s):
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

E. List MCG Catalog Number and description of Item(s) to be replaced or decreased in usage:

_____________________________________________________________________

F. Last Departmental Request/Purchase Order number (if applicable):
_____________________________________________________________________

_____________________________________________________________________

If requesting printed forms, please attach sample of form(s) for typesetting.
SETTING INVENTORY LEVELS (POLICY # 4)

POLICY STATEMENT

Inventory levels will be set to maximize inventory turnover and will be reviewed and adjusted regularly.

PROCEDURE

A. Inventory should be stratified based on total dollar value of purchases per quarter. The top 10% of items will be considered “A” items, the next 30% “B” items, and the final 60% “C” or “D” items or forms. This is called an ABC(D) stratification or analysis.

1. Items classified, as “A” items should be managed most closely. In most cases no more than 10 days of supply should be on hand at any time. Reorder points and reorder quantities should be reviewed frequently, at least quarterly.

2. Items classified, as “B” items should also be managed closely. In most cases no more than 12 days of supply should be on hand at any time. Reorder points and reorder quantities should be reviewed less frequently, but at least quarterly.

3. Items classified, as “C” items are items that are stocked by and purchased from a Prime Vendor. In most cases no more than 15 days of supply should be on hand at any time. Reorder points and reorder quantities should be reviewed less frequently, but at least quarterly.

4. Items classified, as “D” items or forms require the least amount of management. More than 30 days of supply may be on hand at any time. Reorder points and reorder quantities should be reviewed periodically.

B. The reorder point is that inventory quantity which, when reached, initiates a reorder activity. The reorder point is made up of two factors, the order/ship time quantity and the safety stock.

1. The order/ship time quantity is that amount of product that will normally be used between the time that a reorder point is reached and the reorder is received. If the item is ordered from a supplier with fixed order days, the amount must be sufficient to cover the longest period that will occur between identification of need and processing of the order. For example, if IVs are ordered once per week on Wednesday for delivery on Thursday, the order/ship time quantity would have to be nine days of supply (if the reorder point was reached on Wednesday after the order was placed, the item would not be ordered until the next Wednesday).

2. The safety stock is that amount of product kept on hand to guard against usage fluctuations and/or supplier backorders. Materials Management –
Supply Process Distribution will maintain at least a 5 day supply safety stock.

C. The reorder quantity is the amount of product ordered once the reorder point is reached.
   1. The reorder quantity is the difference between the current on-hand quantity (when the order is established) and the desired quantity, which is usually expressed as the maximum on-hand quantity.
   2. The maximum on-hand quantity is a combination of the reorder point and the operating stock. The operating stock is just that, the stock you use to operate in-between reorders. It is usually expressed in days of supply.
   3. Operating stock for “A” items is generally 10 days, depending on the frequency with which the item can be reordered. This may be higher if less frequent orders for a particular supplier are desired. This may be necessary if the supplier has minimum order requirements, etc.
   4. Operating stock for “B” items is generally 12 days, depending on the frequency with which the item can be reordered.
   5. Operating stock for “C” items is generally 15 days.
   6. Operating stock for “D” items is generally 30 days

D. Further explanation of the reorder methodology is detailed in the attached Reorder Methodology Matrix.

ATTACHMENT

   B. Reorder Methodology Matrix.
# REORDER METHODOLOGY MATRIX

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TARGET PERCENT</th>
<th>MAXIMUM DAYS INVENTORY</th>
<th>SAFETY STOCK DAYS</th>
<th>REVIEW DAYS</th>
<th>VENDOR LEAD TIME</th>
<th>MINIMUM DAYS INVENTORY</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10%</td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>VARIES</td>
<td>NA</td>
<td>ITEMS AS DETERMINED BY THE PMM ABC ANALYSIS REPORT</td>
</tr>
<tr>
<td>B</td>
<td>30%</td>
<td>12</td>
<td>5</td>
<td>1</td>
<td>VARIES</td>
<td>NA</td>
<td>ITEMS AS DETERMINED BY THE PMM ABC ANALYSIS REPORT</td>
</tr>
<tr>
<td>C</td>
<td>20%</td>
<td>15</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>NA</td>
<td>ITEMS AS DETERMINED BY THE PMM ABC ANALYSIS REPORT THAT ARE PURCHASED FROM THE PRIME VENDOR OR SECONDARY PRIME VENDOR THAT HAVE MONTHLY USAGE GREATER THAN 2 UNITS PURCHASE</td>
</tr>
<tr>
<td>D</td>
<td>35%</td>
<td>AMU+(0.5xAMU)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>AMU</td>
<td>ALL OTHER ITEMS - EXCEPT FORMS</td>
</tr>
<tr>
<td>F</td>
<td>5%</td>
<td>AMU+3</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>AMU+(0.5xAMU)</td>
<td>ALL FORMS</td>
</tr>
</tbody>
</table>
DISPENSING UNITS (POLICY # 5)

POLICY STATEMENT
Each computer file for products in the inventory will identify the purchase unit and the issue unit.

PROCEDURE
A. All potential purchase and issue units will be included in the item file for each inventory item.
B. The following abbreviations will be used:

1. BS – Basket(s).
2. BT – Bottle(s).
3. BX – Box(es).
4. C3 – Centiliter(s).
5. CA – Case(s).
6. CC – Cubic Centimeter(s).
7. CH – Container(s).
8. CL – Cylinder(s).
9. CM – Centimeter(s).
10. CS – Case(s).
11. CT – Carton(s).
12. CU – Cup(s).
13. DA – Day(s).
14. DG – Decigram(s).
15. DJ – Decagram(s).
16. DL – Deciliter(s).
17. DM – Decimeter(s).
18. DO – Dose(s).
19. DR – Drum(s).
20. DZ – Dozen(s).
22. FO – Fluid Ounce(s).
23. FT – Feet.
24. GA – Gallon(s).
25. GH – Half Gallon(s).
26. GL – Grams per Liter.
27. GM – Gram(s).
29. HR – Hour(s).
30. HT – Half Hour(s).
31. HU – Hundred(s).
32. IN – Inch(es).
33. JB – Job(s).
34. JR – Jar(s).
35. KG – Kilogram(s).
36. KH – Kilowatt Hour(s).
37. KT – Kit(s).
38. LB – Pound(s).
39. LO – Lot(s).
40. LT – Liter(s).
41. ME – Milligram(s).
42. MJ – Minute(s).
43. ML – Milliliter(s).
44. MO – Month(s).
45. OZ – Ounce(s).
46. PD – Pad(s).
47. PK – Package(s).
48. PR – Pair(s).
49. PT – Pint(s).
50. PV – Half Pint(s).
51. QT – Quart(s).
52. QU – Quarterly.
53. RL – Roll(s).
54. RM – Ream(s).
55. SH – Sheet(s).
56. ST – Set(s).
57. SV – Skid(s).
58. SY – System(s).
59. TB – Tube(s).
60. TR – Tray(s).
61. TS – Test(s).
62. TU – Tub(s).
63. VL – Vial(s).
64. WK – Week(s).
65. WR – Warranty.
66. WT – Watt(s).
67. YD – Yard(s).
68. YR – Year(s)
POLICY STATEMENT

Issues and returns will be properly posted to maintain inventory accuracy.

PROCEDURE

A. Most issues will be automatically deducted from inventory.
   1. Electronic requisitions will automatically deduct when posted as long as the PMM system shows sufficient stock to fill the order.
   2. PAR level issues will automatically deduct when information from hand-held computers is uploaded as long as the PMM system shows sufficient stock to fill the order.

B. Any issues from hand-written requisitions or from phone orders will be input into the PMM system and a pick list generated. This will deduct the amount from inventory.

C. If the quantity to be filled based on a pick list is not physically present to be issued, the unfilled issue quantity will be credited back and the discrepancy will be investigated.

D. Returns will be credited back to the unit to which it had been issued as long as the items are in usable condition and returned in their original unit of issue. Exceptions to this include:
   1. Items within three months of expiration will not be credited back unless there is a high probability that another unit will use the item. Expired items will not be credited back.
   2. Potentially obsolete items will not be credited back.
   3. Items that are soiled, worn, or have packaging compromised will not be credited back.
   4. If the return of an item would cause the on-hand quantity to grossly exceed the maximum stockage level as determined by the Manager, Supply Process Distribution, a credit will not be issued.

E. Returns that are credited back will be restocked to their correct location as soon as the PMM transaction is complete.

F. Returned items that do not meet return criteria will be placed in the expired and damaged item holding area.

RELATED POLICIES

A. Accounting for Expired and Damaged Goods Policy.
BACKORDERS (POLICY # 7)

POLICY STATEMENT
The Manager, Supply Process Distribution will monitor backorders from suppliers and work to fill them as soon as possible.

PROCEDURE
A. A backorder occurs anytime the requested/needed quantity of a stock item is not available to be issued.

B. A stock backorder can be caused by a variety of situations:
   1. Items are on backorder from the supplier / manufacture.
   2. Items have been received but not yet to be submitted into stock.
   3. Items are in transit and expected to be delivered or an expected delivery is late.
   4. There is an error in the inventory and items have not been ordered or were ordered late.

C. In the event of a backorder, the Manager, Supply Process Distribution will determine the reason for the backorder and the expected time that stock will be available.
   1. If the backordered item is not at a zero balance and the restock quantity is expected to be delivered and available before the item’s on-hand quantity reaches zero balance no action is necessary.
   2. If the backordered item will likely reach zero balance before the stock quantity is available and demand for the item is likely due to the item’s Average Daily Usage (ADU), the Manager, Supply Process Distribution will notify customers / units of the potential problem.
      i) If the item is not critical, simply notification may be sufficient.
      ii) If sufficient quantities are available on other units, it may be appropriate to move some from one unit to another (credit/issue).
      iii) If other items may be used instead, these will be provided.
      iv) If the need is critical and items are not available elsewhere, the Manager, Supply Process Distribution will:
         1. Work with the supplier, manufacture, and/or unit staff to identify and procure a functionally equivalent substitute item.
         2. Contact other local health systems and attempt to borrow the item, on an emergency basis until, the backorder is filled.

D. The Manager, Supply Process Distribution will maintain a pre-approved list of functionally equivalent substitute items for most stock items to compensate for supplier backorders.
OBSOLESCENCE (POLICY # 8)

POLICY STATEMENT

Inventory items that are no longer usable due to obsolescence will be removed from the active inventory as soon as the obsolete condition is noted.

PROCEDURE

A. The most common reasons for items to become obsolete are:
   1. An item is damaged in handling.
   2. An item has reached or passed its expiration date.
   3. A new item is purchased to perform the function previously performed by the old item, usually due to technological advances.
   4. The item is no longer being used because of a change in procedures, patient population or physician.

B. Damaged goods will be removed from inventory and placed in the expired and damaged item holding. The appropriate inventory adjustment will be entered into the PMM system.

C. Expired goods will be taken out of inventory and placed in the expired and damaged item holding. The appropriate inventory adjustment will be entered into the PMM system.

D. When an item is being replaced by a new item, the old item should first be used up whenever possible. When it is determined that remaining stocks will no longer be used, the goods will be taken out of inventory and placed in the expired and damaged item holding. The items will be charged to the department or departments, which were the primary users.
   1. When usage on an item stops, the department or departments that had been using the item will be questioned about the change in usage.
   2. If the department believes that usage of the item will resume, no action will be taken, but the item will be reviewed again in three months. If the department agrees that the item will no longer be used it will be taken out of inventory.
   3. Items will not normally be kept in inventory if there has been no usage in the last 3 to 6 months – unless the Manager, Supply Process Distribution, deems the item a critical item. In this case the remaining stocks will be issued to the department or removed from inventory as an obsolete item.

E. Efforts should always be taken to recover value for the obsolete items.
ACCOUNTING FOR EXPIRED AND DAMAGED GOODS (POLICY # 9)

POLICY STATEMENT
Materials Management – Supply Process Distribution will track expired and damaged goods.

PROCEDURE
A. Inventory items that expire or are damaged will be removed from inventory. Expired items and potentially usable damaged items will be placed in the expired and damaged item holding.

B. Except as noted below, these items will be adjusted out of the inventory. A comment will be added to note the reason for the adjustment.

C. Items that reach their reorder point due to adjustment because of expiration should not automatically be reordered. The need for the item should be validated. If it is a very slow moving item that is required for emergency purposes and primarily one department uses it, consideration should be given to converting the item to a managed non-stock.

D. When items that have been acknowledged as very slow moving but required for emergency purposes expire, they will be adjusted out of the inventory. A comment will be added to note the reason for the adjustment.

E. Annual adjustments due to expiration or damage should not exceed 1% of the average inventory value.

F. Expired or damaged items that have been issued and expensed to a department will not be returned for credit.

G. Data on items expired or damaged items will be reviewed periodically to check for trends or problem areas.
PHYSICAL INVENTORIES (POLICY # 10)

POLICY STATEMENT
The organization will use a standardized process for taking inventory that fosters accurate counts and valuation.

PROCEDURE
A. Within one week before a major inventory, staff will perform a location audit to ensure that all locations are accurate. Any changes will be input into the PMM system.

B. The physical inventory process starts by generating a report on those items to be counted. This report will include the items, their unit of issue, and their location. The report should be sorted in location sequence.

C. All physical counts of perpetual inventory items will be conducted using the two-match method.
   1. An initial count will be conducted. An individual or two-person team at the discretion of the Manager, Supply Process Distribution may do this. The physical count quantities will be compared to the computer count. All matching counts will be accepted (see D below). Another individual or team will recount any non-matching items.
   2. The recount quantity will be compared to the computer quantity and the initial count quantity. If the recount quantity agrees with either of these it will be accepted. If a match still does not exist, the item will be counted again until there is a match with the original computer quantity or any previous count quantity.
   3. Accepted count quantities will be entered into the PMM system. An initial comparison report is run and reviewed.
      i) Any large dollar or quantity variances will be investigated.
      ii) Investigation will include the possibility of miscounts (usually due to multiple locations or unit of issue confusion), past incorrect or missed receipts, past incorrect or missed issues, inappropriate past adjustments, etc.
      iii) Any errors will be corrected.
   4. A final report will be run. This will adjust all lines to the physical count quantities.

D. Counts are considered matched when the two amounts are exactly the same. In the case of some very low-dollar unit of issue items when large quantities need to be counted, a count that is close, usually within $1 of value, will be accepted. In these cases the Manager, Supply Process Distribution will make a decision that a match exists.

E. A two-person team, one counting and one observing and recording the count will normally count semi-annual reconciliation items. The single count is entered into the PMM system and an initial comparison report is run and reviewed. The report will be
review for unusually large, unexpected variations between computer and physical counts. These will be investigated and the physical count verified. The final report is then run.

RELATED POLICIES

A. Cycle Counts Policy.
CYCLE COUNTING (POLICY # 11)

POLICY STATEMENT

Cyclic counting will be used to ensure inventory accuracy.

PROCEDURE

A. Cyclic counting is the preferred method for maintaining and demonstrating the accuracy of official inventories. With the exception of semi-annual reconciliation method inventories, cycle counting should be employed.

B. In a cyclic count procedure, frequent counts of small parts of the inventory are conducted.

C. Weekly, the Manager, Supply Process Distribution will compare the actual physical on-hand quantity of select items from the PMM Critical Items Report to the computer count.

D. This Inventory will be conducted as outlined in the Physical Inventory policy. The results of inventories will be recorded and tracked.

RELATED POLICIES

A. Physical Inventory Policy.
ADJUSTMENTS TO INVENTORY (POLICY # 12)

POLICY STATEMENT
The PMM inventory quantities will be adjusted as needed so that computerized inventory quantities agree with actual quantities on hand.

PROCEDURE
A. Difference in count.
   1. A difference between the PMM count and physical count is usually discovered in one of four ways:
      i) Whenever the full amount of a computer-generated issue is not physically present in the location.
      ii) When the shelf quantity appears too large.
      iii) During a cycle count.
      iv) During a full physical inventory.
   2. Before making an adjustment to the computer records, the Manager, Supply Process Distribution will investigate the discrepancy to ensure that the adjustment is actually needed and to attempt to discover the reason for the discrepancy.
      i) The Manager, Supply Process Distribution will perform a physical check:
         (a) Recount the items.
         (b) Check in any alternate locations.
         (c) Check for items out of location.
         (d) Check quantities of similar items to see if the wrong size may have been pulled.
         (e) Check the receiving area for receipts not yet put away.
      ii) The Manager, Supply Process Distribution Check the computer records and answer the following questions:
         (a) Are there any issues or returns that have been pulled but not yet entered into the system?
         (b) Are there any issues or returns that have been entered into the system but not yet pulled?
         (c) Could there be missed receipts or incorrect receipts?
         (d) Are there any suspicious looking issues or returns where quantities look unusually high/low or the item was issued to a department that does not normally use the item?
         (e) Has the item recently been adjusted?
3. If an error is found, the Manager, Supply Process Distribution will correct the error, which should bring the PMM and physical count into agreement.

4. If the reason for the error cannot be determined, the Manager, Supply Process Distribution will adjust the amount in the PMM to agree with the physical count.

5. Adjustments should be reviewed on a regular basis to see if any trends are occurring.

B. Obsolescence.

1. Damaged goods will be adjusted out of the inventory. The adjustment comment will indicate damaged. If still potentially usage, the goods will be moved to the expired and damaged item holding.

2. Expired goods come from one of two sources:
   i) Items that expire due to poor rotation practices will be adjusted out of the inventory. The adjustment comment will indicate adjusted.
   ii) Items that expire due to very low usage will be adjusted out of the inventory. The adjustment comment will indicate adjusted. If the adjustment brings the inventory level to a reorder point, the order will not be processed until the department has been advised and asked if the item is still needed.

3. No longer used. If usage on an item has stopped, the department(s) that had been using the item will be contacted to determine if the usage change is permanent or temporary. If permanent, the item will normally be expensed to the department(s). The goods will be disposed according to the surplus disposal policy.

RELATED POLICIES

A. Surplus Disposal Policy.
COMPARING TO GENERAL LEDGER (POLICY # 13)

POLICY STATEMENT
The general ledger (GL) value of the inventory will be periodically compared to the value indicated by the PMM system and any variation will be resolved.

PROCEDURE
A. There are a variety of reasons why the value of the inventory as shown in the general ledger may be different from that shown in the PMM system including differences between the times that goods are received and the time that the invoice is processed, inventory adjustments, price changes, and the type of inventory.

B. Perpetual Inventories. The dollar value of the inventory will be reported to Senior Manager for Materials Management at the end of each month.
   1. The value of the general ledger will be adjusted to match the reported inventory value.
   2. The adjustment amount for the Materials Management – Supply Process Distribution’s inventory will be expensed or credited against an account established specifically for this purpose.
   3. The difference between the system value and the GL value should be reasonably close and should balance over time.
   4. Any trend in positive or negative difference will be investigated and resolved.
   5. The Manager, Supply Process Distribution will track these adjustments to ensure that significant positive or negative trends do not develop.

C. Cyclic Inventories. The dollar value of this inventory will be reported to Senior Manager for Materials Management at the end of each month.
   1. The value of the general ledger will be adjusted to match the reported inventory value.
   2. The adjustment amount for these inventories will be expensed or credited against an account established specifically for this purpose.
   3. Because of the cyclic nature there is likely to be greater monthly variance.
   4. The Manager, Supply Process Distribution will track these adjustments to ensure that significant positive or negative trends do not develop.

D. Semi-Annual Reconciliation Inventories.
   1. The dollar value of this inventory will be reported to Senior Manager for Materials Management at the end of the inventory.
   2. Significant changes will occur any time there is a large planned increase or decrease in the numbers of supplies stored. Some examples are:
i) When a large number of new products are introduced for a new procedure.

ii) When a large return is processed.

iii) When obsolete supplies are taken out of inventory.

3. The adjustment amount for these inventories will be expensed or credited against an account established specifically for this purpose.

4. The Manager, Supply Process Distribution will track these adjustments to ensure that significant positive or negative trends do not develop.

RELATED POLICIES

A. Inventory Management Philosophy Policy.
PATIENT CHARGES (POLICY # 14)

POLICY STATEMENT

Charges for patient chargeable med/surg supplies will be entered and reconciled daily.

PROCEDURE

A. Materials Management – Supply Process Distribution stocks and issues patient chargeable med/surg supplies to both inpatient and outpatient units of the MCG Health System.

B. Patient chargeable med/surg supplies are identified by having a green sticker affixed to them.

C. When a provider uses a patient chargeable med/surg supply on a patient, they are to remove the green sticker and affix it to the patient’s charge card.

D. Unit clerks are to bring their unit’s patient charge cards to Central Distribution (BL1009A) no later than 11:00 a.m. daily. Units should turn in charge cards for every patient that is was treated on their unit the previous day.

E. The flow chart below illustrates this process:

G. The Materials Management – Supply Process Distribution Billing Clerk will contact the unit clerks for units that do not turn in patient charge cards to verify this.

H. Materials Management – Supply Process Distribution Billing Clerk will enter all of the patient charge data from the patient charge cards into the PMM system daily.

I. The Materials Management – Supply Process Distribution Billing Clerk will segregate any patient charge cards that can not be entered into the system due to any of the following reasons:
   1. Missing patient name
   2. Missing patient number
   3. Charges prior to admission

J. Prior to the end of his or her shift, the Materials Management – Supply Process Distribution Billing Clerk will run the Patient Charge Discrepancy Report from the PMM system to identify any billing errors.
   1. If errors are detected, the Materials Management – Supply Process Distribution Billing Clerk will resolve them prior to the end of his or her shift.
   2. If no errors are detected, the Materials Management – Supply Process Distribution Billing Clerk will submit the patient billing data (batch file) to the Central Hub.

K. After submitting the patient billing data (batch file) to the Central Hub, the Materials Management – Supply Process Distribution Billing Clerk will run a Patient Charge Comparison Report from the COOL system to verify that the patient billing data (batch file) was received by the Central Hub.

Note: The patient billing data (batch file) passes from the Central Hub to HealthQuest at midnight daily.

L. The flow chart above illustrates this process:

M. The Manager, Supply Process Distribution will monitor the KP100 Notification Report daily for missed errors and to ensure that the patient billing data (batch file) passed from
In the event that the Materials Management – Supply Process Distribution Billing Clerk is not available, due to illness, vacation, training, etc., the Manager, Supply Process Distribution maintains a list of Materials Management and/or Supply Chain Management employees who have been trained to enter patient charges into the PMM system. They will be required to do so until the Materials Management – Supply Process Distribution Billing Clerk returns to work.

ATTACHMENT

A. Patient Charge Monitoring Log.

| COST CENTER / UNIT | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri | Mon | Tue | Wed | Thu | Fri |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 3 SOUTH / ADULT PSYCH |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3 WEST / NEURO |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4 ICU (A) / 4 ICU (B) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4 SOUTH / SURGERY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4 WEST / SURGERY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4C / PEDIATRIC MEDICINE |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4E |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5 WEST / MEDICINE |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5C / PEDIATRIC SURGERY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5S / ONCOLOGY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6 NORTH |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6 SOUTH - ICU |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6 SOUTH - TELEMETRY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7 SOUTH |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7 WEST / LABOR AND DELIVERY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7 WEST / NEWBORN NURSERY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7 WEST / NORTH |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 8 ADT |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 8 WEST SDC (SAME DAY CARE) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 9 NORTH CHILD PSYCHIATRY |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| CTICU / SICU |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| NEONATAL INTENSIVE CARE UNIT |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| RECOVERY ROOM |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| SHOCK TRAUMA |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

- Units will turn in patient charge cards NLT 11:00 a.m. M-F.
- An 'X' in the box will indicate receipt of patient charge cards.
- Units who do not turn in patient charge cards will be called to verify this.
- This information will be reported weekly to the nurse managers.
SALE OF MED / SURG SUPPLIES TO MCG (POLICY # 15)

POLICY STATEMENT
Medical / Surgical supplies will be sold to MCG (Campus) at cost provided the sale of these items will not have a negative impact in Material Management’s ability to meet the needs of MCG Health, Inc. departments..

PROCEDURE
A. The MCG (Campus) department requesting medical / surgical supplies from Material Management will contact the Manager, Supply Distribution
B. Returned items that do not meet return criteria will be placed in the expired and damaged item holding area.

RELATED POLICIES
B. Accounting for Expired and Damaged Goods Policy.
RECEIVING POLICIES (SECTION # 3)
POLICY STATEMENT

The Shipping, Receiving and Distribution Section will ensure that goods delivered to the institution are as ordered and undamaged. The Shipping, Receiving and Distribution Section will document receipt of orders and ensure items are delivered internally.

PROCEDURE

A. This policy outlines procedures for receiving most normal deliveries. See individual procedures for damaged goods, capital equipment, refrigerated items, hazardous materials, and after hours’ deliveries.

B. Unless otherwise noted on the purchase order, acceptance by the Shipping, Receiving and Distribution Section completes the purchasing transaction and commits the hospital to payment. In cases where formal acceptance is delayed (usually for capital purchases), acceptance by the Shipping, Receiving and Distribution Section still creates a bailment responsibility for the item(s).

C. Except as otherwise noted or as outlined in supplements to this policy, all goods will be delivered to the receiving dock and received by members of the Shipping, Receiving and Distribution Section. Only authorized Shipping, Receiving and Distribution Section personnel will accept deliveries. No receipt will be accepted at times other than the established receiving times unless prior arrangements have been made by the Purchasing department (see after hours receipts).
   1. Pharmaceutical items will be delivered directly to the Pharmacy and be received by Pharmacy personnel.
   2. Food items will be delivered directly to Food Service and be received by Food Service personnel.
   3. Radioactive items will be delivered directly to Nuclear Medicine. These items will be checked and received by Nuclear Medicine.
   4. Some engineering items will be delivered directly to the Engineering department. These items will be checked and received by Engineering personnel.
   5. Certain other supplies will be delivered directly to departments through various “stockless” programs, i.e. Office Supplies. Receipt of these goods will be as established in the individual program.

D. It is the responsibility of the carrier to unload items from the truck onto the dock. Before signing to accept, the receiver will verify that all goods are the property of the hospital, that all packages and containers are free of signs of damage or contamination, and that the bill of lading agrees with the package count.
1. Pallets that are improperly built or exceed 5 foot in height may pose a safety hazard and may be refused at the discretion of the Manager, Supply Process Distribution.

2. After verification the receiver will sign the bill of lading and accept the goods.

3. In the event that the receiver is not given ample opportunity to ensure that all the goods are, in fact, property of the hospital and as noted on the bill of lading, the receiver shall make note of such on the shipper’s receiving document. This comment might be, “signing for numbers of packages only,” for a UPS shipment or, “signing for numbers of pallets only,” for a prime vendor shipment.

4. If there is apparent damage or contamination this fact will be noted on the shipper’s receiving document. If the damage appears extensive, the Manager, Supply Process Distribution should be notified immediately and a decision made whether to accept or refuse. See policy on receiving damaged goods.

E. Receiving documentation will normally start with the packing list.

1. The packing list should be located and opened. The purchase order number should appear on this slip. If no purchase order number can be found, the purchase order may be found by searching the PMM system. Alternately, contact Purchasing. If a purchase order cannot be found, the goods will be put into the holding area awaiting instructions from Purchasing.

2. Once the purchase order has been identified, the actual goods present will be compared to those listed on the packing list. Any discrepancies including concealed damage will be noted on the packing slip.

3. Alternately, for larger orders, a pre-receiving report may be created from the PMM system and goods checked against this report.

4. After the goods have been verified, the receipt information will be entered from the packing list or pre-receiving report into the PMM system. Any items received that are not on the purchase order or are in quantities larger than listed on the purchase order will be segregated. These overshipments will not be received but will be noted, along with other discrepancies, as in 2 above, in the notes section of the receiving screen.

5. All discrepancies and/or overshipments will be reported to the Manager, Supply Process Distribution for action.

6. A receiving document will be generated for each department and/or inventory getting goods from the shipment. This document will accompany the goods to the ordering department. It should be signed by a responsible individual and returned to the Shipping, Receiving and Distribution Section.

F. Overnight/priority shipments will be received as noted above with the following exception:
1. Many non-purchase items (i.e. samples) will be sent to receiving. If there is no purchase order number and the package is addressed to an individual, the package will be opened and checked against the packing slip. The items will be delivered directly to that individual in his or her office.

2. These packages will be given top delivery priority. A transfer ticket will be created for all non-purchase order items.

G. Personal packages are discouraged but will be accepted and transferred to the Mailroom.

RELATED POLICIES

A. Receiving Documentation Policy.
B. Damaged Goods Policy.
C. Discrepancies Policy.
D. Capital Equipment Policy.
E. Refrigerated Items Policy.
F. Hazardous Materials Policy.
G. After Hours Deliveries Policy.
RECEIVING DOCUMENTATION (POLICY # 2)

POLICY STATEMENT
The Shipping, Receiving and Distribution Section will maintain documentation of receipts so that questions about items received and their delivery can be resolved.

PROCEDURE
A. The Shipping, Receiving and Distribution Section will keep documentation of deliveries, normally the packing slip, and proof of delivery to internal customers so that any questions about actual quantities, catalog numbers, who received, who accepted, etc., can be resolved.

B. Virtually all questions about deliveries to the institution or deliveries from the Shipping, Receiving and Distribution Section to other areas of the institution will arise in the first 90 days.
   1. Except for capital equipment, packing slips will be filed in the receiving area by day of receipt. They will be kept for two years and then discarded.
   2. Departmental delivery tickets will be filed in the receiving area by day of receipt (not by date delivered to the department). They will be kept for two years.

C. To find the appropriate packing slip or delivery ticket, the receiver will look up the date of receipt in the PMM system. This date will direct him or her to the correct file date.

RELATED POLICIES
A. Receiving Process Policy.
RECEIVING CAPITAL EQUIPMENT (POLICY # 3)

POLICY STATEMENT
Capital equipment will be received upon delivery to the institution.

PROCEDURE
A. While most capital equipment will be delivered to the loading dock, actual legal acceptance will frequently not occur until the equipment has been inspected, installed, tested, and/or used. Point of acceptance should be noted in the purchase order. However, the equipment will still be received and all shipping documents completed at time of delivery.

B. Although title may not pass to the hospital until later, there is still a bailment responsibility – a responsibility to secure and safeguard the equipment against loss or damage. The Shipping, Receiving and Distribution Section personnel must use the same care and conscientiousness with capital items, which have not yet been accepted as with any other receipt.

C. Special care must be taken to ensure that all parts, components, and accessories including service and user manuals have been received.

D. The Manager, Asset Management or his/her designated representative will affix equipment identification tags to the equipment.
   1. Tags for portable equipment will be attached to the rear of the item. If the manufacturer model/serial number is also on the rear, attach the tag in the general location of the manufacturer’s information. If not, attach the tag near the upper left-hand corner (as you face the rear).
   2. Tags for equipment that will be installed must be attached in a location that will be accessible after installation. The preferred spot is in the lower left-hand corner of the equipment.

E. All portable electrical equipment will have an electrical check preformed by Biomedical Engineering. Shipping, Receiving and Distribution Section personnel will notify Biomedical Engineering when portable electrical equipment is delivered. A Biomedical Engineering tag will be affix to the equipment. The Shipping, Receiving and Distribution Section will arrange for delivery to the ordering department.

F. Items that will be installed will have an electrical check preformed by Biomedical Engineering. Shipping, Receiving and Distribution Section personnel will notify Biomedical Engineering when this equipment is delivered. A Biomedical Engineering tag will be affix to the equipment. The Shipping, Receiving and Distribution Section will arrange for delivery to the ordering department. If items are delivered directly to the user area, the ordering department will contact the Shipping, Receiving and Distribution Section and notify them that the delivery is in progress.
G. For capital equipment that will not be accepted until installation, testing, and/or use, Purchasing and/or Asset Management will be responsible to follow up with the ordering department to determine when the item is accepted.

H. At times, delivered capital equipment must be stored, either in the receiving area or in another holding area, before moving to its permanent location. When this occurs the responsible department manager should be asked to check the order for completeness so that any discrepancies can be noted and resolved.

I. Purchasing will coordinate with Accounts Payable to determine when payment for capital equipment will be released.

RELATED POLICIES

A. Receiving Process Policy.
RECEIVING REFRIGERATED ITEMS (POLICY # 4)

POLICY STATEMENT
Refrigerated items will receive special handling on receipt.

PROCEDURE
A. Most items, which require refrigeration, are packed in a way that will maintain the required temperature during normal shipping conditions. They will normally be clearly marked as requiring refrigeration upon receipt.

B. All lab shipments should be opened as soon as possible to ensure that the contents do not require refrigeration.

C. Most refrigerated items require controlled and monitored refrigeration. Storage in consumer-type refrigerators is not acceptable.

D. Items requiring refrigeration will be delivered to the ordering department as soon as practical after receipt. At a minimum, delivery will take place before the close of business on the day received.

RELATED POLICIES
A. Receiving Process Policy.
RECEIVING DAMAGED GOODS (POLICY # 5)

POLICY STATEMENT
Possibly damaged goods will be reported as soon as discovered. When damage is discovered prior to receipt, note of such will be made on the shipper’s documentation.

PROCEDURE
A. All packages, cartons, etc., will be inspected for damage, tampering and/or contamination before being accepted from the shipper.
   1. Apparent damage can take many forms including ripped, dented, or crushed cartons.
   2. Tampering may be evidenced by open or re-taped boxes.
   3. Contamination may be evidenced by stained boxes, usually by water or oil.
   4. Some equipment will have level indicators that will show if the boxes have been tipped. If present, these will be checked.

B. In all cases where damage, tampering or contamination is suspected, this will be noted on the shipping document and a copy of that document will be retained.

C. The following actions may be taken:
   1. If the damage appears superficial, accept the package after noting the damage on the shipping document. Indicate the number of damaged cartons and write, “Damaged cartons are subject to subsequent inspection.”
   2. The damaged carton(s) can be refused. This will normally be done only when the carton(s) is so damaged that the integrity of the contents is most likely compromised. If possible, the Manager, Supply Process Distribution should be contacted before refusing any cartons.
   3. The whole shipment can be refused. This is rarely done. The Manager, Supply Process Distribution should always be contacted before refusing an entire shipment.

D. If possible, damaged cartons will be opened and the goods inspected prior to accepting. Even if the carton is opened and inspected, the shipping document will be noted as damaged.

E. In addition to apparent damage, the contents of seemingly intact packages can be damaged. This is called concealed damage. It is very important that concealed damage be reported and fully documented as soon as it is discovered.
   1. A description of the damage as well as the condition of the package will be noted on the packing list, and Purchasing will be notified immediately.
   2. The goods will be put into a holding area pending disposition.
F. Damaged goods will not be received into the PMM system until there is a resolution. A receiving note should be made detailing the damage and what action is being taken. If the goods are subsequently accepted, the receipt can be processed into the PMM system.

RELATED POLICIES

A. Receiving Process Policy.
RECEIVING HAZARDOUS MATERIALS (POLICY # 6)

POLICY STATEMENT
Shipping, Receiving and Distribution Section personnel will take special precautions when receiving hazardous materials.

PROCEDURE
A. The labels on the packaging will identify hazardous materials.
B. The Shipping, Receiving and Distribution Section will check the contents listed on the outer container to ensure unit of order quantities are received compared to units ordered. The outer containers will not be opened to verify the physical count.
C. The Shipping, Receiving and Distribution Section will ensure that all required documentation is included with ordered products. Any deficiencies will be noted on the packing slip, in the receiving report, and reported to the Manager, Supply Process Distribution.
D. Hazardous items will be delivered to the ordering department as soon as possible after receipt. Care will be taken to maintain the integrity of the packaging, avoid temperature extremes, and keep the items upright at all times.
E. The Shipping, Receiving and Distribution Section personnel will be familiar with the location of the master MSDS file and how to access a particular sheet in the event of a spill.

RELATED POLICIES
A. Hazardous Materials Program Policy.
B. Receiving Process Policy.
POLICY STATEMENT

After-hours deliveries will be avoided. When required, receipt of after-hours deliveries will be properly documented.

PROCEDURE

A. No deliveries will be accepted outside of the receiving dock or after normal receiving hours unless prior arrangements have been made through the Manager, Supply Process Distribution. This policy must be communicated to anyone who may be put into a situation where they are asked to accept an attempted delivery. This includes all Materials Management personnel, Security, Administrative Secretaries, Administrators on call and Nursing Supervisors.

B. When a delivery is to be made and accepted after hours, the Manager, Supply Process Distribution will notify the appropriate department that will receive the goods. Information will include the expected goods, the carrier, the expected delivery time, and the disposition of the goods after receipt. Normally one of the following delivery arrangements will be made:

1. Small packaged goods will be delivered to the Supply Services Section’s customer service window. Supply Services Section personnel will sign for the goods and notify the appropriate department of the receipt. The department will pick the items up from the customer service window.

2. Larger deliveries will be made to the loading dock. The shipper will be instructed to stop at the Supply Services Section customer service window. Supply Services Section personnel will open the dock, sign for the goods, and secure the goods or arrange for internal pick up/delivery.

C. The individual who opens the goods will find the packing slip, verify the contents, sign the packing slip, and forward it to the Shipping, Receiving and Distribution Section.

RELATED POLICIES

A. Receiving Process Policy.
DISCREPANCIES (POLICY # 8)

POLICY STATEMENT

The Shipping, Receiving and Distribution Section will document any discrepancy between the purchase order and goods received and/or the packing slip and goods received.

PROCEDURE

A. There are three types of discrepancies that may be encountered. For each type of discrepancy the receiver will take a specific action.

1. **Short Shipment** – Items received are less than the quantity listed on the packing list.
   - i) Note the shortage on the packing list.
   - ii) Receive the quantity actually delivered. Add a note on the receiving screen of the PMM system detailing the shortage.
   - iii) Notify the Manager, Supply Process Distribution of the short shipment when it is discovered or prior to the close of business.
   - iv) Deliver the goods.

2. **Overshipment** – Items received are more than the quantity listed on the packing list.
   - i) Note the overage on the packing list.
   - ii) Receive only the ordered quantity. Add a note on the receiving screen of the PMM system detailing the overage.
   - iii) Notify the Manager, Supply Process Distribution of the over shipment when it is discovered or prior to the close of business.
   - iv) Deliver only the ordered quantity of goods. Hold the overage pending instructions from the Manager, Supply Process Distribution.

3. **Miss Shipment** – Items received are a different catalog number than listed on the packing list.
   - i) Note that the wrong item was shipped on the packing list.
   - ii) Notify the Manager, Supply Process Distribution of the error when it is discovered or prior to the close of business.
   - iii) Hold the incorrect goods pending instructions from the Manager, Supply Process Distribution.

B. If any discrepant items will be kept, Purchasing or the Manager, Supply Process Distribution will modify the purchase order or create a new purchase order. Once this is completed Purchasing or the Manager, Supply Process Distribution will
notify the Shipping, Receiving and Distribution Section and the items may be received.

RELATED POLICIES

A. Receiving Process Policy.
DELIVERY OF RECEIVED GOODS (POLICY # 9)

POLICY STATEMENT
Shipping, Receiving and Distribution Section personnel will deliver received goods to the appropriate department and obtain proof of delivery.

PROCEDURE
A. After items have been accepted and received into the PMM system, the Shipping, Receiving and Distribution Section will place the goods in the delivery pending area and then deliver the items to the appropriate department.

B. At the end of the receiving process two copies of the departmental receiving report will be printed. If the goods will be mixed with goods from other departments for delivery, the receiving reports will be taped to the goods. If multiple boxes are included on the receiving report, each box will be marked with the department name and the number of boxes will be entered on the receiving report.

C. Shipping, Receiving and Distribution Section personnel will deliver the goods to the department indicated on the receiving report except as noted below:
   1. Electrical medical equipment may be delivered to Biomedical Engineering for a safety check before delivery to the user department. The Shipping, Receiving and Distribution Section will coordinate this with Biomedical Engineering.
   2. If Purchasing has made special arrangements for delivery to a different unit, this information will be seen on the receiving screen and will print on the receiving document.

D. Each department should have designated an area on the department for deliveries. The Shipping, Receiving and Distribution Section personnel will deliver the goods to these designated areas.

E. Shipping, Receiving and Distribution Section personnel will obtain a signature from departmental personnel on one copy of the receiving report. This copy will be returned to Shipping, Receiving and Distribution Section where it will be filed and retained as noted in the Receiving Documentation policy. The other copy will be left with the department.

F. In the event that departmental personnel refuse to sign for the goods, the delivering individual will note such on the receiving document and leave the items in the designated area. The goods will not be returned to the receiving area unless it appears the goods are being delivered to the wrong department.

G. In the event that a delivery has been refused, it will be returned to the receiving area. Shipping, Receiving and Distribution Section personnel will contact the
responsible department manager and request that alternate arrangements are made for delivery.

H. All received goods should be delivered within one working day of their receipt.

RELATED POLICIES

A. Receiving Process Policy.
B. Receiving Documentation Policy.
HOLDING ITEMS BEFORE DELIVERY (POLICY # 10)

POLICY STATEMENT
Items will not normally be held in the receiving area.

PROCEDURE
A. The receiving area has limited free space. Storing goods in this area causes operational problems and can result in damage or loss of the items.

B. Items received at the receiving dock will normally be delivered within one working day. Rush or perishable items will be delivered on the day they are received.

C. Departments that anticipate delivery of goods or equipment prior to their ability to accept them should make arrangements through Purchasing to either delay shipment or find alternate storage for the items. This may include renting outside storage space and having the items shipped directly to the alternate storage location.

D. If supplies or equipment are delivered ahead of schedule and the department cannot accept them, Purchasing will contact the selling company and request that they provide temporary storage for the items.

RELATED POLICIES
A. Receiving Process Policy.
DELIVERY OF PERSONAL PACKAGES (POLICY # 11)

POLICY STATEMENT
Delivery of personal packages through the receiving area will be discouraged.

PROCEDURE
A. Personal packages are occasionally delivered to the receiving area. Shipping, Receiving and Distribution Section personnel will sign for these packages.
B. The Shipping, Receiving and Distribution Section will transfer all personal packages to the Mailroom for delivery.

RELATED POLICIES
A. Receiving Process Policy.
SHIPPING POLICIES (SECTION # 4)
SHIPPING SERVICES (POLICY # 1)

POLICY STATEMENT

All outgoing goods, except mail, will be shipped through the Shipping, Receiving and Distribution Section.

PROCEDURE

A. The Shipping, Receiving and Distribution Section will coordinate the shipping of all outgoing goods, except mail.

B. All mail, including first-class letters, third-class mail, bulk mail, and express letters will be processed through the Mailroom. Packages will not normally be sent through U.S. mail.

C. Outgoing shipments will include the following:
   1. Returns to suppliers.
   2. Outgoing repairs.
   3. Overnight and second-day packages.
   4. Goods sold to other organizations including trade-ins.
   5. Returns of borrowed goods.

D. Returns will only be shipped after proper coordination with the supplier. This will normally include formal return authorization (RA) and an RA number.

E. All shipping costs will be charged back to the appropriate department.

F. All items sent to the Shipping, Receiving and Distribution Section for shipping will be accompanied by a Departmental Request (DR) - HI Form 599/8821- with the following information (failure to provide complete information may result in the delay of shipping services):
   1. Name of the department requesting shipping services goods.
   2. Departmental contact person and phone number.
   3. The department change code.
   4. The object code.
   5. The departmental contact person’s building and room number.
   6. The signature of the departmental approval personnel.
   7. The description of goods.
   8. The approximate value of goods (if more than $100).
9. The name, address, and telephone number of where the goods are to be shipped – (do not use PO boxes for the ship to address).

10. Note - overnight or second day.

11. The Return Authorization Number (RA#) (if necessary).

12. The Purchase Order Number (PO #).

G. The Shipping, Receiving and Distribution Section will package goods if necessary. Return documents will be included.

H. The Shipping, Receiving and Distribution Section will select the most appropriate method of shipment based on existing contracts, type of goods and required delivery date.

I. The Shipping, Receiving and Distribution Section will label the packages.

J. All outgoing goods must be official organizational business. Personal packages will not be shipped.

K. After the item is shipped, a copy of the DR and the PO with the shipping tracking number will be sent to the requesting department and to purchasing via interoffice distribution.

L. The Manager, Supply Process Distribution, will handle exceptions to this policy on a case-by-case basis.

RELATED POLICES

A. Packaging and Labeling.
PACKING & LABELING (POLICY # 2)

POLICY STATEMENT
The Shipping, Receiving and Distribution Section will pack and label outgoing shipments to protect the goods and ensure proper delivery.

PROCEDURE
A. All outgoing goods will be properly packaged.
   1. Outer containers will be sturdy. Corrugated cardboard boxes recovered from incoming goods are preferred.
   2. Packing materials such as bubble wrap and foam peanuts will be used to secure and cushion goods within the container.
   3. All needed documentation will be enclosed in the container.
   4. If provided, the return authorization (RA) number will be written on the outside of the package.
   5. Boxes will be sealed with heavy-duty sealing tape.
B. A shipping label will be attached to the package.
C. If special shipping documents are needed for the particular shipper, Shipping, Receiving and Distribution Section personnel will complete and attach to the package.
D. If no special document is needed, the ship-to address will be entered on the organizational shipping label.
STORAGE POLICIES (SECTION # 5)
SUPPLY STORAGE AREA BASICS (POLICY # 1)

POLICY STATEMENT
All supply storage areas will be maintained according to sound warehousing practices.

DEFINITIONS
Planograph – A graphical representation of the supply storage areas.

PROCEDURE
A. All supplies will be stored in a manner that makes them easy to retrieve, protects the supplies, is safe for the individuals manipulating the supplies, and conforms to generally accepted storage practices.

B. Supply storage areas will be laid out in a manner that maximizes available storage space and allows for optimal efficiency in storing and retrieving supplies.

C. General rules for supply storage area management are as follows:
   1. Like items should be stored in the same general area but not normally in the same location. For example, all orthopedic softgoods should be in one area but different sizes of the same item (such as arm slings) should be on different shelves.
   2. In general, faster moving items, i.e., those that are pulled with the greatest frequency, should be stored closest to the main traffic aisles.
   3. In general, faster moving items will be stored in middle shelves, while slower moving items will be stored on top and bottom shelves. Heavy items should never be stored above chest level unless equipment such as a forklift will be used to store and retrieve.
   4. Items should not be stored directly on the floor. All items should be on shelves, pallet racks, or pallets.
   5. Items should not be stacked or stored within 18” of any fire sprinkler.
   6. Isles will be wide enough to accommodate a pallet on a pallet jack. If forklifts are in use, all aisles will accommodate them.
   7. A locator system will be established and maintained.
   8. A static location system will normally be used. Items will be stored in the same location each time they are received. Alternate location(s) will be established for overflow as necessary.
   9. Adequate space will be reserved to accommodate the largest expected quantity of each item.
10. All shelves and pallet racks will be labeled with the description, inventory number and unit of issue of the goods to be stored in that location.

11. Shelf labels for items that have an expiration date will have a red sticker affixed to them.

12. Shelf labels for patient chargeable items will have a green sticker affixed to them.

13. Supplies will always be stored and issued on a FIFO (first-in, first-out) basis.

D. A planograph will be created for each supply storage area and posted near the entrance.

E. The supply storage areas must be kept clean. Floors should be swept frequently, at least weekly, and always be kept free of trash. Shelves should be dusted periodically.

RELATED POLICIES
   A. Locator System Policy.

ATTACHMENTS
   A. Planograph.
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**Materials Management**

**Supply Process Distribution**

**Supply Services**

**Store Room (BL1006)**

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**PLANOGRAPH**

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**Materials Management**

**Supply Process Distribution**

**Supply Services**

**Store Room (BL1006)**

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**PLANOGRAPH**

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**Materials Management**

**Supply Process Distribution**

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**Store Room (BL1006)**

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**PLANOGRAPH**

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**Store Room (BL1006)**

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**PLANOGRAPH**

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**Materials Management**

**Supply Process Distribution**

**Supply Services**

**Store Room (BL1006)**

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**PLANOGRAPH**
LOCATOR SYSTEM (POLICY # 2)

POLICY STATEMENT
A locator system will be created and maintained in order to facilitate storing and finding items in supply storage areas.

PROCEDURE
A. Each location in the supply storage areas will be designated by a unique alphanumeric code. The computer record for each product stored will contain the code or codes of the location(s) where the product has been placed.
B. Codes will be alphanumeric with alpha and numeric digits alternating. The codes will be set up as follows:
   1. First and Second Positions – Indicates the Storage Area, CD = Central Distribution and WH = Warehouse.
   2. Third Positions – Indicates the Row, 1, 2, 4, etc.
   3. Fourth Positions – Indicates the Column, A, B, C, etc.
   4. Fifth Positions – Indicates the Shelf, 1 = Bottom shelf, 2 = second shelf, 3 = third shelf, etc. An example of a location would be CD1A1. This would be the bottom shelf in the A column on the first row in the Central Distribution. Item Labels will be placed on the shelves to identify the items. Locations will be set up in a logical sequence. Locations should not jump from one area to another.
D. Graphic representations of the storage areas (planograph) should be posted at the entrance.
E. An alpha sorted catalog will be available near the entrance. This catalog will have location codes. All personnel who may need to find items in the storeroom will be instructed in the use of this catalog.

ATTACHMENTS
A. Stock Location Diagram.
Stock Location Diagram

- First and Second Positions – Indicates the Storage Area, CD = Central Distribution and WH = Warehouse.
- Third Positions – Indicates the Row, 1, 2, 4, etc.
- Fourth Positions – Indicates the Column, A, B, C, etc.
- Fifth Positions – Indicates the Shelf, 1 = Bottom shelf, 2 = second shelf, 3 = third shelf, etc.
- Item Labels will be placed on the shelves to identify the items.
PHYSICAL SECURITY (POLICY # 3)

POLICY STATEMENT
Access to the supply storage areas will be limited.

PROCEDURE
A. All supply storage areas will be locked whenever Materials Management personnel are not present. Access to the supply storage areas will be limited to authorized Supply Chain personnel, Materials Management personnel, Security personnel, and the administrative person in charge.

B. Other individuals will be escorted whenever in the supply storage areas. Individuals will not be allowed to wander throughout the supply storage areas. In particular, outside delivery personnel will be accompanied at all times when they are in the building.

C. Items being received will not be left on the dock unattended. Items will be brought into the holding area as soon as possible after delivery. Highly pilferable items (computers, batteries, etc.) will be moved directly to a locked area or delivered directly.
POLICY STATEMENT

The Supply Services Section will maintain a printed catalog to assist staff in locating stored items.

PROCEDURE

A. A printed Supply Storage Area Location Catalog will be kept at a designated area near the Supply Services Section’s customer service window. This catalog will be sorted by item description and will contain:

1. Item number.
2. Item description.
3. Manufacturer.
4. Manufacturer number.
5. Unit of issue.
6. Location code.

B. The Supply Storage Area Location Catalog will be updated and reprinted monthly. Limited location changes can be annotated without reprinting.
ORDER FULFILLMENT (POLICY # 5)

POLICY STATEMENT
All orders will be delivered in a timely manner.

PROCEDURE
A. Orders will be filled and delivered according to type.

B. Orders generated from the par system will be pulled and delivered by Supply Services Section personnel. These will always be delivered during the shift on which the order is generated.
   1. Pick lists will be checked off by the delivering individual.
   2. Completed pick lists will be filed by day.

C. Orders generated by user requisition will be pulled by Supply Services Section personnel and placed in the delivery areas clearly marked for the department. The pick list will be attached to the order.

D. Shipping, Receiving and Distribution Section personnel will deliver the order to the requesting department. Orders will be generally delivered on the first business day after the request was submitted. In no case will the delivery be made more than two business days after requested.
   1. The signed pick list will be filed by day.
STOREROOM SAFETY (POLICY # 6)

POLICY STATEMENT
Supply Services Section personnel will maintain a safe environment in the supply storage areas.

PROCEDURE
A. No goods will be stored closer than 18 inches from a sprinkler head.
B. Access to fire safety equipment such as extinguishers and hoses will remain unobstructed.
C. Items should not be stored directly on the floor. All items should be on shelves, pallet racks, or pallets
D. Empty boxes will be removed immediately.
E. Full pallets will not be stacked more than two high.
F. Empty pallets will not be stacked more than eight high.
G. Staff will not climb on shelves.
H. Horseplay will not be tolerated at any time.
I. Cylinder gasses will be stored in racks, transport holders or chained.
DISTRIBUTION POLICIES (SECTION # 6)
DISTRIBUTION PHILOSOPHY (POLICY # 1)

POLICY STATEMENT
Materials Management – Supply Process Distribution’s various sections will deliver all supplies other than specialty supplies delivered by the specialty department.

PROCEDURE
A. The Supply Services Section and Shipping, Receiving and Distribution Section are responsible for the resupply of all supply storage area items as well as the delivery of all other supplies throughout the hospital. This includes medical supplies, forms, some capital equipment, and some general supplies.

B. The Linen Services Section will perform linen resupply.

C. Whenever practical, supply storage area supplies and linen will be resupplied automatically; that is, without requisitioning by the using department. See automatic resupply policy.

D. When automatic resupply is not practical, other methods to assist the user department will be used. These may include preprinted requisitions of frequently required supplies, electronic requisitioning and direct delivery from selected suppliers of specialty goods.

E. Overall distribution will be performed in such a way as to minimize the number of trips to any individual area and disruption of clinical services.

F. The Supply Services Section will not be responsible for movement of supplies and equipment between departments.

RELATED POLICIES
A. Automatic Resupply Policy.
AUTOMATIC RESUPPLY – PAR (POLICY # 2)

POLICY STATEMENT
Whenever practical, stock and selected non-stock supplies will be resupplied to clinical user departments automatically.

DEFINITIONS
A. Automatic Resupply – This occurs when supplies are periodically resupplied based on pre-established levels without users submitting requisitions.

PROCEDURE
A. The Manager, Supply Process Distribution in collaboration with department managers will determine the best method for resupplying needed supplies in each department. Whenever practical, an automatic resupply option will be used.

B. Automatic replenishment may be accomplished through Periodic Automatic Resupply (PAR) level activity, cart exchange, automated supply cabinets, or perpetual inventory.

C. The normal method of automatic resupply is through PAR level activity. One or more areas of the nursing unit or department will be set aside to hold the needed supplies in an orderly way. Sufficient quantities of needed supplies will be stored in this area and replenished automatically by Supply Services Section personnel on a periodic basis based on the established PAR level.

D. For areas with a very regular usage of bulky or heavy supplies, cart exchange may be used for replenishment of all or part of the supply needs. Supplies are stored on a movable cart, which is exchanged on a periodic basis with an identical cart. The used cart is replenished, based on the established PAR level, in the Supply Services Section area.

E. Large supply-consuming specialty departments with significant numbers of non-stock items may be established as separate inventories and replenished based on perpetual inventories. See policy on departmental inventories.

F. Replenishment for PAR levels and cart exchange will be accomplished on a schedule dependent on the supply needs of the area and storage space available. This will normally be between one and three times per week. A schedule will be established and maintained by the Manager, Supply Process Distribution.

G. Supply Services Section personnel will keep the PAR and well organized. All shelves and drawers will be labeled with the contents description and stock number. Bins, dividers, etc., will be used whenever needed.

H. Standards for PAR and/or cart inventory and replenishment are as follows:
1. All items scheduled for replenishment will be counted and the count quantity entered into the hand-held terminal or on a count sheet.

2. Shelves and drawers will be straightened during the count process. Any items that have been moved will be replaced in their correct locations. Trash will be discarded.

3. Opened boxes (where box is the unit of issue) will be counted as one until the box is half empty. If possible, the contents of the almost empty box will be added to a full box.

4. Occasionally items issued by the box will be removed from the box and placed in a bin or drawer. This will only be done when the bin or drawer has sufficient capacity to hold the full box plus some extra. As above, replenishment will occur when half the normal box quantity has been used.

5. The count quantity of small, low-dollar items issued by each and present in large quantities (e.g., 25 sterile tongue blades) can be estimated. However, the restock quantity, i.e., the number that is actually put back, must be exact. The Manager, Supply Process Distribution will determine which specific items, if any, can be estimated. A green sticker on the shelf label will identify these items.

6. Overstocks will normally be taken off the shelf and credit given. Except as noted here, there should not be more than the par value present unless an excess amount has been requested for a specific patient. Exceptions include a small overage of a high use item or a small overage of a small, low-dollar item.

7. Once the count is finished the hand-held terminals will be downloaded and pick lists generated. Alternately, the restock quantities will be determined (by manually subtracting the current quantity from the par quantity) and entered into the system. A pick list will also be generated. Items will be pulled from stock taken to the unit and placed in their correct locations.

8. Non-stock items will automatically be placed on a purchase order. These items will be delivered to the department and placed in the correct location as soon as they are received.

9. When a needed item is out of stock, a determination must be made as to the likelihood that the unit will need the item before it can be restocked. For example, if only one out of a PAR of 10 was missing and more stock was expected the next day, there would be a very low likelihood of need. On the other hand, if the unit was out of an item and no receipt was anticipated, there would be a high likelihood. Any case of high likelihood of need must be reported to the Manager, Supply Process Distribution. The unit must be notified of the stock-out and the steps being taken to resolve it.

10. When restocking PAR new items should always be placed behind or to the left of old items. This is particularly important for expiration-dated items.
I. At least quarterly, each PAR and/or cart location will be inspected and cleaned. Worn or missing labels will be replaced and all expiration-dated items will be checked. Dated items will be rearranged, if necessary, so that the oldest items are to the front. Any slow-moving expiration-dated item that will expire within the next 90 days will be replaced with a longer dated item. The short-dated item will be moved to an area where usage is higher.

J. Each PAR list should be reviewed at least every six months.

RELATED POLICIES
A. Automated Supply Cabinet Policy.
B. Departmental Inventories Policy.
C. Modifying Par/Cart Components Policy.
MODIFYING PAR COMPONENTS (POLICY # 3)

POLICY STATEMENT

Components and quantities of items in PAR locations will be changed to reflect actual usage.

PROCEDURE

A. The need to change items or the quantities of items stored in PAR locations, can be identified through:
   1. User request.
   2. Distribution Technician request.
   3. New product introductions.
   4. Product substitutions.
   5. Periodic review.

B. PAR quantities should be set so that the unit will not run out of goods under normal circumstances. PARs should be influenced by how critical the items are and their value. Extra safety stock should be provided for highly critical items. Likewise, larger quantities of high-use low-dollar items should be stocked.

C. All changes will be made after collaboration between the user department and the Distribution Coordinator and/or the Manager, Supply Process Distribution.
   1. For product substitutions the Distribution Technician will inform the user department of the pending change and the approximate date. The new product will normally be placed in the same location and with the same par quantity.
   2. For new products the Distribution Coordinator or Manager, Supply Process Distribution will meet with the user department to determine an estimated usage and an initial par quantity. A location will be identified and space made for the product. The PMM system files will be modified as needed.
   3. At least once every six months the Distribution Coordinator and/or the Manager, Supply Process Distribution will review actual usage of PAR locations and compare that usage to the PAR quantities. Suggested changes, including the elimination of items with no usage, will be noted. If changes appear needed, the Distribution Coordinator and/or the Manager, Supply Process Distribution will meet with the user department to discuss and obtain permission to make the recommended changes. Depending on the types and extent of changes, location reconfiguration may be needed. The PMM system files will be modified as needed.
   4. The action taken for user or Distribution Technician requested changes would depend on the extent of the changes requested. Minor changes may
be made directly. More extensive changes should not be made without a full review as in “C” above.
MANAGING OUTDATES (POLICY # 4)

POLICY STATEMENT

Materials Management – Supply Process Distribution will minimize the loss of product through outdate and ensure that dated products are withdrawn from use prior to outdating.

PROCEDURE

A. Many products used for patient care are labeled with an expiration date. This is the date after which the product is no longer considered safe for use.

B. Expiration dates are normally expressed as a month and year.
   1. Liquid goods so labeled are considered safe to use through the last day of the month.
   2. Solid goods so labeled are considered safe to use until the first day of the month.

C. A colored shelf label will identify each location containing expiration-dated supplies. This will alert staff to use care in restocking as well as using the supplies.

D. Loss through expiration can be avoided by keeping the oldest stock in a position where it will be used next. This is accomplished by placing restocked supplies behind stock currently in the stock location.

E. Most supplies stored in the warehouse and used in the patient care areas, which are restocked by the Supply Services Section, are fast movers and have long periods before expiration. Periodic expiration date checks and repositioning in date sequence is sufficient for these supplies.
   1. Once each quarter, Supply Services Section staff will perform an expiration check of their supply storage areas and each PAR level area. All stock will be repositioned in its stock location so that the oldest stock (that stock closest to expiration) is at the front and the newest stock is at the back.
   2. Where possible, stock from a low-use PAR level area that will expire before the end of the next quarter will be exchanged for newer stock, if any, in a high-use PAR level area.
   3. Throughout the quarter, Supply Services Section staff will check each labeled item at least once each week. If the item will expire before the end of the following week, it will be removed from stock.

F. Any expired or about to expire items will be segregated and placed in the expired and damaged item holding area.
DELIVERIES (POLICY # 5)

POLICY STATEMENT
All deliveries will be made with consideration for patient and staff safety and convenience.

PROCEDURE
A. All deliveries will be made in a safe manner.
B. Carts and other delivery vehicles will not be overfilled.
C. When making deliveries, always yield to patients, visitors, and clinical staff members. Be as unobtrusive as possible.
D. When delivering supplies to PAR level areas, always straighten out shelves and put away supplies neatly.
E. When delivering other supplies, place them in the designated area and obtain a signature.
F. Always use good body mechanics when pushing or pulling carts and other delivery vehicles.
LINEN SERVICES POLICIES (SECTION # 7)
CONTRACT LAUNDRY SERVICE (POLICY # 1)

POLICY STATEMENT
Institutional linens will be cleaned at a commercial laundry contracted by the institution for this purpose. The Manager, Supply Process Distribution shall be responsible for liaison with the laundry and monitoring the relationship.

PROCEDURE
A. All institutional linen is processed at a commercial laundry.

B. The commercial laundry will process linen under conditions acceptable by the State Health Department and the Joint Commission on Accreditation of Healthcare Organizations. The laundry will maintain universal precautions in the soiled linen area and will maintain an adequate barrier between the soiled and clean linen areas.

C. The laundry charges the institution for linen process on a per-piece basis. Linen will be weighed soiled and clean at the commercial laundry facility. Clean and soiled weights will be compared to ensure that the variance is greater than or equal to 8% over time. Average differences less than 8% will be considered losses.

D. The laundry delivers clean linen once a day and picks up soiled linen twice each day, Sunday through Monday. Clean linen will be returned the day after pickup and will be delivered in closed or covered containers.

E. The laundry separates linens into groups requiring different wash formulas (specific chemicals, times, and temperatures). Particular formulas used for each group will be on record with the institution. The institution before being implemented will approve any proposed changes to the formulas. The institution will review the purchase of any new linen items that require different wash formulas to ensure that the laundry can accommodate the requirement.

F. During processing the laundry will identify and separate out any stained, torn, or otherwise unserviceable linen. Stained linen will be reprocessed using a more aggressive, stain-removing formula. Linen with stains that cannot be removed, that is torn, or that is worn beyond use will be returned to the institution clearly marked for rag-out. Rejected linen by the end users shall be placed in a green bags marked “Reject”, these bags should be placed in clean linen closet to be picked up by hospitals linen distribution staff. Reject linen is clean linen that is stained, torn/ripped. Reject linen is counted and the facility is given credit for unused linen.

G. The laundry and institution will meet on a regular basis to review the quality of the service, soil-to clean weight percentage, problems experienced, etc. At least once a month, this meeting will be held at the hospital conference room.
SOILED LINEN HANDLING (POLICY # 2)

POLICY STATEMENT
Soiled linen is a potential hazard and will be handled in such a way as to minimize any potential danger to patients, employees, visitors, or contractors.

PROCEDURE
A. Linen users using universal precautions will place soiled linen into institution-approved laundry bags. Linen bags will be fluid-resistant and able to be closed. Torn linen bags will not be used; they will be placed into the ‘unserviceable linen’ bags which are attached to the clean linen carts.

B. There will be no differentiation between linen coming from isolation rooms and linen contaminated with blood or body fluids as universal precautions are observed at the laundry. Very wet linen may be first placed in a clear plastic bag to prevent strike-through of the fluid-resistant laundry bag.

C. Radioactive linen is bagged and retained in the nuclear medicine/radiology unit until it is determined by the radiology supervisor to be safe to handle.

D. Bagged soiled linen is moved to the unit’s soiled linen holding area by clinical or Environmental Services personnel (depending on the policy in the unit). This will be done on a regular basis and, to the extent possible, will coincide with soil linen pickup times. Wherever possible, bagged soiled linen will be placed directly into soiled linen transport carts, which are stored in the soiled linen holding areas.

E. Linen Services Section personnel will transport soiled linen from the unit holding areas to the main institution holding area on a scheduled basis. Individuals performing this task will wear a fluid-resistant gown and gloves.
RECEIVING CLEAN LINEN (POLICY # 3)

POLICY STATEMENT
Clean linen being returned from the commercial laundry will be received in such a way to preserve its cleanliness and document its receipt.

PROCEDURE
A. The laundry will deliver clean linen in closed or covered containers directly to the clean linen holding area. The Linen Services Section representative will verify the number of carts and sign the delivery ticket. A copy of the delivery ticket listing all carts and the linen clean weight will be retained.

B. After check-in, linen carts will be moved directly to the clean linen storage area, taking care to keep linens covered and uncontaminated.

C. OR towels are delivered daily to central Sterile.

D. Unserviceable linen (torn or stained) please refer to policy below.
   1. A rejection cart for unacceptable linen is stored in facility linen room and counted every two weeks. This linen is counted and facility is given credit on their linen invoice for unacceptable linen.
   2. If unacceptable linen is discovered on your unit/depot- please place the linen in a green bag located on the clean linen cart. The bag is mark reject linen for your convenience. Leave it on the linen cart and when the unit/depot is serviced the linen distributor will bring the bag to the linen room for credit.
   3. NOTE: Reject linen is any linen that is stained, torn, taped or has holes. This linen should be placed in GREEN BAGS ONLY; no reject linen placed in regular soil linen bags will be accepted.

E. Stained linen will be counted and ragged out. The Commercial Laundry On-Site Manager counts the rag-out.

F. All bulk linen is stored in the facility clean linen area. The linen distribution staff distributes linen to all departments’ storage areas.
POLICY STATEMENT
To the extent possible, linen will be provided on an automatic basis and based on patient volume.

PROCEDURE
A. All major users of linen will be serviced via cart exchange or PAR level. Cart exchange is the preferred method for providing linen to high linen use units as this method minimizes re-handling. PAR level can be used if carts are not available, space is not sufficient to house carts, or other operational issues exist that would suggest PAR level to be more effective.

B. PAR levels for inpatient units should be established based on the expected daily census and established bed change policy. PAR levels for other areas should be based on expected patient/procedure volume. Quantities should be sufficient to accommodate most normal needs. Quantities in excess of normal needs should be avoided because the presence of too much linen can contribute to overuse, waste, and pilferage.

C. Units with considerable and frequent census/volume swings should be supplied with variable amounts based on actual or scheduled needs. Set amounts should be established for different volume levels, e.g., fewer than 10 patients, 10 to 15 patients, 16 to 20 patients, more than 20 patients.

D. Linen should be delivered once per day or less frequently depending on available storage space and demand.

E. Additional linen will be sent as requested. Constant requests for additional linen will be reviewed with the unit manager to determine the reason for the need. If the need is legitimate, PAR levels will be increased. If the need is created by misuse, hoarding, non-adherence to bed change policy, etc., the Commercial Laundry On-Site Manager will take corrective action to eliminate the additional requests.
CONDUCTION A LINEN INVENTORY (POLICY # 5)

POLICY STATEMENT
Amounts of linen in circulation will be regularly determined through full scheduled inventories. Inventories will be conducted with minimal intrusion for user areas.

PROCEDURE
A. Linen inventories will be taken regularly as they provide valuable information about the amount of linen in circulation and linen loss rates. At a minimum, they should be conducted annually. Semiannual inventories are preferred.
UNSERVICEABLE LINEN (POLICY # 6)

POLICY STATEMENT
Unserviceable linen will be identified and removed from service as soon as possible.

DEFINITIONS
A. **Unserviceable linen** – Any linen that is torn, has holes, or is missing parts (like ties) and cannot be adequately repaired, is stained to the point where the stain is noticeable and cannot be removed, is worn to the point where it no longer serves its purpose, or, in the case of barrier items, is no longer an effective liquid barrier.

PROCEDURE
A. Unserviceable linen that is not removed from circulation will cause frustration and extra cost. Systems will be established to identify and segregate unserviceable linen as quickly as possible.

B. Unserviceable linen is generally identified in one of four ways:

1. By the commercial laundry during processing. In this case the commercial laundry segregates the unserviceable linen.

2. By the user prior to use. In this case the user places the unused unserviceable linen in a green reject bag, which is located in the user area. These bags are normally attached to clean linen carts. When an exchange cart is not used, a bag is placed in the clean linen area. Linen that becomes unserviceable during use must still be laundered so it goes into a normal soiled laundry bag.

3. By the Central Sterile department while preparing items for sterilization or delivery to operative areas. Items are segregated into four categories:
   i) Items that require patching. These are taken to the repair area for heat patches.
   ii) Torn items that are potentially repairable. These are sent to the commercial laundry for repair.
   iii) Items that are no longer deemed to provide a sufficient barrier. For each barrier item a determination must be made of the number of times it can be used before the barrier property can no longer be assured. Once an item has exceeded this number (normally identified through checking off each time it is used on a grid), it is pulled from service. Some items may still be used for functions that do not require a barrier, e.g., the circulating technician can use a surgical gown. When
this is the case, a means of identifying those items must be determined and used.

iv) Other torn, stained, or worn items. These are taken to the Linen Services Section.

4. By the Linen Services Section while loading, folding, or delivering linen. In this case the items are placed into the “unserviceable linen” bin.

C. The Linen Services Section will inspect linen returned from the commercial laundry, users and Central Service to determine whether it can be repaired.

1. Stained linen from users should be sent to the commercial laundry specially marked as “stained linen” for possible stain removal.

2. Torn or linen missing parts will be sent to the commercial for possible repair.

3. All other linen that is deemed unserviceable will be placed into the “unserviceable linen” bin.
POLICY STATEMENT

The Linen Services Section will compute, record, and track a variety of statistics and indicators.

PROCEDURE

A. The Linen Services Section will compute, record, and/or track five things: soil to clean linen ratio, clean linen weight check, piece count verification, linen loss rate, and linen PAR level requirements.

B. Soil to clean ratio tracks the difference in weight between the soiled linen that is sent to the laundry and the clean linen that is returned. A small difference in weight is normal as soiled linen is often wet and can contain foreign matter. For laundry from acute care facilities, the industry standard is an 8% difference. For long-term care facilities the standard is higher at 10%.

1. Commercial Laundry On-Site Manager must record the total outgoing (soiled) weight from the outgoing delivery prepared by the institution and the total incoming (clean) weight from the incoming delivery ticket prepared by the commercial laundry. The incoming weight is compared to the outgoing weight of the previous day. The difference is determined. On-site manager get the weights from plant. Plant weighs clean going out and soil that comes in.

2. Daily differences may be greater due to rewash and production variances. However, the total difference over a period of time should be at or lower than the industry standard. Large daily variations as well as failure to stay within the standard over longer periods should be reviewed with the commercial laundry.

C. Clean weight check verifies the accuracy of clean weights reported by the commercial laundry. There should be no appreciable difference in the weights recorded by the commercial laundry and those checked by the institution.

1. The weight supplied by the commercial laundry is compared to the reweigh performed by the institution.

2. Minor differences (+/- 1%) are noted and tracked. Any consistent trend is reviewed with the commercial laundry.

3. Any difference greater than 1% is reported to the commercial laundry immediately. If more than one instance of a greater than 1% weight difference is noted in any week, the sample size of carts reweighed will be increased. The increased sample will continue until a full week is completed without a greater than 1% variance.
D. Piece count verification is performed to ensure that all items sent to the commercial laundry are returned.

1. Certain items, due to their value or potential for theft, are normally accounted for on a piece-by-piece basis. Drapes, cubicle curtains, lab coats, uniforms, tablecloths, and napkins are normally sent and received by the piece.

2. Because of the nature of piecework, the turn around time may be longer than one working day. Established turn-around times for each type of piecework should be set.

3. All outgoing piece count items will be recorded. Any item not returned by the normal turn around time will be reported to the commercial laundry.

E. Linen loss rate is calculated after every linen inventory. It is generally expressed as a percentage of dollars lost divided by dollars expected.

1. For each linen item the previous inventory count is adjusted for items added less items ragged out during the period. This is the expected quantity and is multiplied by the current cost of the item.

2. The new count is subtracted from the expected quantity to determine the loss. This quantity is multiplied by the current cost of the item.

3. The loss rate is determined for each item and for the inventory as a whole (total lost value divided by total expected value).

F. PAR level requirement is the amount of linen needed by the institution on a daily basis. It should be recomputed any time there is a major change in unit PAR requirements and each time a linen inventory is completed.

1. In the first column of a spreadsheet, list all linen items used in the institution.

2. In each subsequent column list the various units using linen.
   i) Start with those units on a daily PAR replenishment cycle. For each linen item enter the number of pieces provided each day.
   
   ii) Next list units, which are, not open each day but receive linen each day they are open, e.g., operating room. List the amount of linen provided each day. If the amount varies, as in the operating room, enter an amount that will satisfy their normal highest demand.
   
   iii) Finally list those units that do not receive linen each day. Determine their normal weekly usage and divide by the number of days they are open. Use this number for the spreadsheet.

3. Add all quantities for each linen item to determine the total PAR requirement.

4. The amount of linen counted during a linen inventory is divided by this total PAR requirement to determine the number of PARs currently in the system. The optimal number of PARs in the system is affected by many factors including the number of days linen is processed by the commercial laundry.
and the turn-around time to process linen. Generally, there should be no less than five and no more than seven PAR in the system.
MAINTAINING ADEQUATE LINEN (POLICY # 8)

POLICY STATEMENT
To maintain an efficient operation of the Linen Service Section, new linen will be introduced into the operating inventory on a regular, controlled basis.

PROCEDURE
A. The Linen Services Section will create and maintain a linen introduction plan. Established amounts of new linen will be added to the normal circulating inventory on a regular basis.

B. A desired institution-wide PAR level for linen must be established. This is normally somewhere between five and seven times the amount of linen needed on a daily basis. The decision to keep five, six or seven pars is dependent on the amount of time it takes to get soiled linen cleaned and available for use.
   1. For an off-site commercial laundry operating six days a week, a seven PAR is normally recommended.

C. After the completion of a linen inventory, sufficient new linen will be added to the inventory to bring up each item to the desired PAR. In addition, each item will be reviewed to determine the adequacy of replacements since the last inventory.
   1. For any item that is found to be above the desired PAR, determine the amount of new linen that was replaced since the last inventory. Subtract from that amount the amount that you are currently overstocked. This will become your estimated replacement need for the next period.
   2. For any item that is found to be at the desired PAR, determine the amount of new linen that was replaced since the last inventory. This will remain your estimated replacement need for the next period.
   3. For any item that is found to be below the desired PAR, determine the amount of new linen that was replaced since the last inventory. Add to that the amount that you need to add to bring the level up to the desired PAR. This will become your estimated replacement need for the next period.
   4. The linen introduction plan will be modified as indicated.

D. With the exception of washcloths, all new linen will be marked with the institution name using a heat-sensitive transfer.

RELATED POLICIES
A. Linen Record Keeping Policy.
SCRUB CLOTHES (POLICY # 9)

POLICY STATEMENT

Scrub clothes for organizational staff are considered a uniform. Staff will purchase and maintain their own individual scrub clothes.

PROCEDURE

A. Scrub clothes will be worn in the OR, Cath Lab, Labor & Delivery, and Central Sterile. Other departments may select a scrub pattern as their departmental uniform.

B. Each department will select one color scheme.

C. Staff will maintain and wash their scrub uniforms. Clean scrubs will be worn each day.

D. In the event any uniform, including a scrub uniform, is soiled with blood or body fluids, that uniform will be left for institutional washing. The organization will provide temporary clothing and a system for collecting and returning the soiled uniform.

E. Non-staff who frequently work in the areas requiring scrub clothes are encouraged to purchase and maintain their own scrubs.

F. The organization will provide a limited number of scrub clothes for physicians and visitors to the areas requiring scrubs. Provided scrubs will not be removed from the grounds.
POLICY STATEMENT

Staff will use as little linen as possible consistent with providing quality patient care.

PROCEDURE

A. Purchasing and processing linen is a significant expense for the organization. There are many measures staff can take to conserve the amount of linen that is used without compromising quality patient care.

B. Prior to a patient admission, the bed will be made with a contour sheet, flat sheet and pillowcase. No other clean linen will be in the room.

C. After admission each patient will be assessed for his or her linen needs. Clean linen will only be brought into the room when needed.

D. Patient gowns should only be provided when patients have not brought in their own bedclothes or the gown is needed for patient care. Robes should only be provided for ambulatory patients when requested.

E. A single thermal blanket will be used for warmth. If additional warmth is desired, the blanket will be covered with an additional flat sheet. This is more effective in increasing warmth than additional blankets.

F. Bed linens will not be changed daily. Bed linens will only be changed when soiled. If bed linens are to be changed, the thermal blanket will not automatically be changed with sheets.

G. Bath blankets will not be used on the nursing units.

H. Bath towels and washcloths will not be used as rags or to clean up spills. Rags or paper towels are available for these uses.

I. Soiled linen will never be placed in red bags.

J. Torn or stained linen should not be placed in soiled linen hampers or discarded. A special bag for these goods is attached to the linen cart.
MEDICAL EQUIPMENT AND CART POLICIES (SECTION # 8)
SUPPLEMENTAL DRESS CODE (POLICY # 1)

POLICY STATEMENT
Equipment and Cart Services Section personnel will conform to a dress code consistent with their duties.

PROCEDURE
A. Equipment and Cart Services Section personnel will wear a clean set of scrub clothes each day.

B. Shoe covers are not required except in equipment cleaning room.
   1. Employees are encouraged to keep a pair of shoes exclusively for use in the hospital.
   2. If normal street shoes are worn, it is the employee’s responsibility to ensure that they are not grossly soiled (muddy, wet, etc.).
   3. If there is any doubt, shoe covers should be worn.

C. Employees will wear head covers with hair tucked in when working in the equipment cleaning room area. Head covers are not required in the Central Distribution Department storage areas.

D. Good personal hygiene is required.
   1. Employees must keep themselves clean and well groomed.
   2. Any personal fashion statement that may interfere with the safe and effective performance of duties must be prohibited.
   3. Small earrings and watches are the only jewelry permitted.
   4. Nails must be kept short; artificial nails are not permitted.
   5. If there is any question, the supervisor will determine whether or not a hazard is present.

E. Personal protective equipment is required to be worn by those working in the equipment cleaning room. This clothing will be donned when entering the equipment cleaning room and taken off when leaving. This includes the following:
   1. Gloves.
   2. Shoe covers.
   3. Water-resistant cover gowns or disposable plastic aprons.
   4. Hair covers.
   5. Face mask and eye protection (goggles/glasses) or a face shield
RELATED POLICIES

A. Dress Code Policy.
POLICY STATEMENT
The Equipment and Cart Services Section will maintain a pool of commonly used equipment and distribute it as needed.

PROCEDURE
A. Pooling equipment is an effective way to maximize resources. By centralizing certain pieces of equipment, usage fluctuations are spread over many departments and, therefore, minimized. When many departments or units use equipment and usage is intermittent, pooling that equipment will result in the need for fewer pieces.

B. The types of equipment to be pooled in the Central Distribution Department will be determined jointly by the Manager, Supply Process Distribution, the Senior Manager for Materials Management, the Vice President of Patient Care Services and the Chief Financial Officer. Some types of equipment that are frequently pooled are:
   1. Hypo/hypothermia units.
   2. Feeding pumps.
   3. Sequential compression devices.
   4. Alternating air pressure units.
   5. IV pumps.
   7. Portable suction machines.

C. The quantity of each type will be estimated based on the best usage information available. Once the pool has been established, usage will be tracked and the quantities adjusted.

D. Sufficient quantities to accommodate all needs will not normally be purchased. Quantities should be large enough to satisfy most needs. Equipment rental can be used to supplement hospital-owned equipment in the event of unusually high need. Actual rental patterns will be reviewed periodically to determine if additional purchases will be more cost-effective.

E. A computerized database program (SPM System) will be used to track and monitor pooled equipment. Each piece will be entered into the database. File information will include equipment description, manufacturer, model, serial number, and hospital ID number.

F. When a piece of equipment is requested by a department, an item is pulled from the pool. The computer record for that item is updated with the issue date and unit where it is to be used. The equipment is then distributed.
G. In the event that none of the requested items are currently in the pool, the following actions will be taken:

1. The computer file will be reviewed to determine where other units are presently located. A report may be printed if necessary. These units will be contacted to ask if the equipment is still in service and/or if a unit could be released.

2. If no units can be released, the requesting unit will be notified.

3. In the event that a rental unit is required, the Equipment and Cart Services Section will coordinate this through Purchasing. The continued need for the unit will be verified on a daily basis. If a hospital-owned unit becomes available, it will be exchanged for the rental unit and the rental unit returned to the supplier. Add the usage and total number of days used to the rental portion of the computerized Equipment Pool Log.

H. When equipment is no longer being used, the unit may either call the Equipment and Cart Services Section for a pickup or place the equipment in a soiled holding area. Upon return the SPM System will be updated.

I. During the cleaning process:

1. The Medical Equipment and Cart technician will check the biomedical inspection tag. If the inspection date is due within 14 days, the equipment is cleaned and put aside. The equipment requiring inspection will be taken to Biomedical Engineering after being cleaned.

2. The Medical Equipment and Cart technician will check to ensure that the equipment is working properly. If the equipment is tagged by nursing as malfunctioning, or does not function during the cleaning process, it will be cleaned and set aside. The equipment requiring repair will be taken to Biomedical Engineering after being cleaned for repair and re-inspection.

J. In the event that equipment cannot be found, a full hospital inventory may be needed.
POLICY STATEMENT
The Equipment and Cart Services Section will notify the nursing supervisor when there is high usage of equipment maintained in the equipment pool.

PROCEDURE
A. The Equipment and Cart Services Section will notify the nursing supervisor by paging #5335 whenever there is high usage of equipment maintained in the equipment pool and a stockout of the equipment is anticipated or has happened.

B. The nursing supervisor will be informed of the type of equipment and on hand quantity of equipment affected.

C. The nursing supervisor will be make all clinical decision related to the distribution of high usage equipment.

D. In the event of a stockout, due to full usage of pooled equipment, only the nursing supervisor can direct the transfer of equipment for one unit to another.

E. As equipment is no longer needed and is returned to the equipment pool, the nursing supervisor will be notified that equipment is available and a stockout is no longer anticipated or in progress.
POLICY STATEMENT

Soiled equipment will be handled with consideration for the integrity of the items and the safety of the individuals handling them.

PROCEDURE

A. Equipment and Cart Services Section employees will pick up soiled equipment from user areas in the hospital on a regular basis. The Equipment and Cart Services Section will create and maintain a schedule with the input from the user areas.

B. Users will prepare soiled equipment for safe pickup.
   1. Equipment will be made safe for transportation by removing any gross contaminants.
   2. They will then be placed in the soiled equipment holding area.

C. Equipment and Cart Services Section personnel performing pickup duties will wear a cover gown and gloves.

D. Equipment and Cart Services Section personnel will collect soiled equipment and take it directly to the equipment cleaning room.

E. Equipment and Cart Services Section personnel will check the items to be picked up to ensure that the user has properly prepared them. Any problems will be reported to the supervisor. However, unless it is the opinion of the employee that transporting the equipment would constitute an unsafe act, the soiled items will be brought back to the equipment cleaning room.

F. Soiled equipment will be covered during transport.
Cleansing Patient Care Equipment (Policy # 5)

Policy Statement
All small moveable equipment, except that intended to stay on patient units, will be cleaned by Equipment and Cart Services Section personnel between patient uses with a hospital-approved germicidal solution.

Procedure
A. The following types of small moveable equipment will be returned to the Equipment and Cart Services Section after each patient use:
   1. K-thermia units.
   2. H-Vacs.
   4. Sequential Compression Devices (SCD’s).
   5. CMP’s.
   6. BSC’s.
   7. Feeding Pumps.
   8. Hypo Units.
   9. PCA Pumps.
   10. ICP Monitors.
   11. Heating Lamps.
   12. Isolation Carts.
B. All units will be returned through the equipment cleaning room. Disposable canisters, pads, or sleeves will be disposed of before leaving the soiled utility.
C. If any unit is returned without reusable parts, the department it came from will be contacted immediately to recover them or charged for the missing components.
D. Wipe all surfaces of the equipment, including cords and hoses with a hospital-approved germicidal solution.
E. Rinse well and dry.
F. Check for visual damage. Check expiration date on the electrical safety sticker to be sure it is in date. If there is any visible damage or the safety sticker is outdated, place a note on it for Bio Medical Engineering to repair. Inform Bio Medical that an item is waiting for repair.
G. Each piece of equipment will be covered in plastic or placed in a plastic bag after cleaning.
H. All equipment will be ready for delivery upon request. Assemble disposable accessories, fill water chambers, connect tubing, etc., before placing in the equipment storage area.

Attachments
A. Equipment Cleaning Instructions
SPECIALTY BEDS (POLICY # 6)

POLICY STATEMENT

Materials Management through a contracted specialty bed rental company will maintain a pool of specialty beds and distribute them as needed and/or coordinate for the rental and delivery of specialty beds as needed.

PROCEDURE

A. Pooling specialty beds is an effective way to maximize resources and reduce rental costs. By centralizing certain specialty beds, usage fluctuations are spread over many departments and, therefore, minimized. Additionally, it reduces the number of rental beds that need to be acquired to meet demands and allows for immediate delivery of the bed to the requesting unit.

B. The Manager, Supply Process Distribution, the Senior Manager for Materials Management and the contracted specialty bed rental company representative will jointly determine the types of specialty beds pooled in Materials Management.

C. The quantity of each type will be estimated based on the best usage information available. Once the pool has been established, usage will be tracked and the quantities adjusted.

D. Sufficient quantities to accommodate all needs will not normally be purchased. Quantities should be large enough to satisfy most needs. Specialty bed rental will be used to supplement hospital-owned specialty beds in the event of unusually high need. Actual specialty bed usage patterns will be reviewed periodically to determine if additional purchases or additional rentals will be more cost-effective.

E. The process for requesting a specialty bed is as follows:

1. Units can request a specialty bed by calling 721-9066 and informing the Central Distribution Department staff member of the type of specialty that they require, where it needs to be delivered (patient room #), and the name and ID number of the patient for whom the bed is for.

2. The Material Management – Supply Process Distribution staff member will record this information in the Specialty Bed Charge Log and determine if the type of bed being requested is currently available in the bed pool.

3. The staff member will contact the Case Management Department or the Case Manager on-call to verify the type of specialty bed being requested prior to contacting the contracted specialty bed rental company to order the bed.

4. After Case Management approves the type of specialty bed, the staff member will order the bed from the contracted specialty bed rental company.

F. When a specialty bed is no longer needed:

1. The unit will call the Central Distribution Department at 721-9066.
2. The contracted specialty bed rental company will be contacted and will pick-up the bed.

3. Upon notification that a specialty is no longer needed the Specialty Bed Charge Log will be updated to reflect this.
CODE CARTS (POLICY # 7)

POLICY STATEMENT
The Equipment and Cart Services Section will support and maintain a code cart availability program.

PROCEDURE
A. All code carts will be standardized according to type – Adult, Pediatric and Neonatal.
B. All drugs will be stored in the second drawer in a drug tray and medical supplies will be stored in the remaining drawers.
C. The code cart will be secured with a tie lock and there will be an additional tie lock on the drug tray.
D. Code cart located in several areas throughout the health system – a complete list by type and location is attached.

E. The Equipment and Cart Services Section will store additional code carts as listed below:
   1. Adult = 8.
   2. Pediatric = 7.

F. After any code where the code cart is opened, the unit will contact Central Distribution to exchange carts.

G. A Distribution Technician will bring up a new cart and exchange it with the used cart.

H. If the pharmacy tray has been opened, a Distribution Technician will coordinate with the Pharmacy to restock the drug tray. Pharmacy will restock the drugs, relock the tray and call Central Distribution to pick up the new drug tray.

I. Distribution Technicians will restock the cart according to the currently approved restock lists – see attached.
   1. Distribution Technicians that have been trained by the Distribution Coordinator will restock the code carts according to the approved restock lists.
   2. Prior to the securing the cart with a locking tag – The contents of the code cart will be verified by a Distribution Coordinator or Manager – both the Distribution Technician who restocked the code cart and a Distribution Coordinator or Manager who verified the restock will sign the restocking list and the it will be filled.
J. The Distribution Technician will record the date that items in the cart will reach their expiration date. The date that the first item will expire will be written on a card and affixed to the cart. This is the date that the cart will expire and will need to be serviced.

ATTACHMENTS

A. Code Cart Location List
B. Adult Code Cart Packing List.
C. Pediatric Code Cart Packing List.
D. Neonatal Code Cart Packing List.
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# RESPIRATORY ROLL - TOP DRAWER

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**LABS & ABGS / IV STARTS - 3RD DRAWER**

![Image of a medical tray with numbered items matching the table entries.]
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**INVASIVE - 5TH DRAWER**

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PACKING LIST
AS OF 1 JANUARY 2009
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NEONATAL CODE CART

PACKING LIST

AS OF 1 JULY 2009
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![Image of medical cart with labels and equipment]
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