Vendor Credentialing (VC) is the process of qualifying vendors by assessing their background and legitimacy against criteria as part of a credentialing process for calling on restricted areas of Canadian healthcare facilities.

The goal of creating a national VC standard is to minimize the costs to the Canadian healthcare system, simplify the process, avoid unnecessary duplication and protect the privacy rights of individuals. To this end, the HSCN National Standard for Vendor Credentialing was developed by a committee of Providers and Suppliers from across Canada. The Standard makes Vendors responsible to ensure and attest that their employees who call on healthcare facilities meet the Standard.

Vendors doing business with healthcare facilities who have adopted the Standard must sign a letter of attestation annually, confirming that each of their representatives who visit Canadian healthcare facilities comply with the Standard and to post their attestation on a password-protected website repository.

Names of healthcare organizations who have adopted the Standard will be listed on the website to enable Vendors to know which healthcare organizations have adopted the Standard.

Benefits of the Standard for Healthcare Providers:

• Appropriately safeguard the health and safety of patients, residents and staff
• Ensuring that vendor representatives attending restricted areas of healthcare facilities have the appropriate immunizations, background, education and training
• Minimize the risk associated with allowing vendor representatives to call on restricted areas
• Manage vendor credentialing in an efficient and cost-effective manner
• Bring further awareness to your hospital vendor guidelines

Key steps in the implementation of this policy for Healthcare Providers include:

1. Provider or Provider’s SSO advises HSCN of the adoption of the Standard
2. The Provider’s organization is listed on the HSCN Vendor Credentialing website to inform vendors that the organization has adopted the Standard
3. The requirement for vendor representatives to meet the Standard as part of Terms and Conditions is included in future contracts (suggested wording available)
4. Vendor agrees to comply with the Standard as part of the normal contracting process
5. Vendor takes the appropriate steps to ensure that they comply with the Standard
6. Vendor submits a signed attestation annually to HSCN verifying compliance with the Standard
7. Provider confirms that the Vendor has submitted the required annual attestation and takes any steps it considers appropriate to ensure Vendor compliance with the Standard

Benefits of the Standard for Vendors

• Vendor complies with terms and conditions of their customer’s contract
• Vendor has a single annual credentialing attestation requirement for all the Canadian healthcare organizations who adopt the Standard
• Vendor renews attestation annually to ensure it remains posted on a password protected website repository for view by healthcare organizations who have adopted the Standard.

Key Steps in the implementation of this policy for Healthcare Vendors include:

1. Vendor reviews the HSCN National Standard for Vendor Credentialing and the Attestation Form for Vendors.
2. Vendor takes the appropriate steps to ensure that they comply with the Standard.
3. A vendor organization i.e. distributor, manufacturer, service supplier, signs and submits a single Attestation for the entire company on an annual basis verifying compliance with the Standard.

4. The completed Attestation form shall be emailed to administration@hscn.org or faxed to (416) 477 2543.

5. Upon receipt of the signed Attestation Form, HSCN will post the Vendor company to the Vendor Attestation area of the HSCN website – providers who have adopted/implemented the standard will have a password that allows them visibility to vendors who have attested.

6. Vendor agrees to comply with the Standard as part of the normal contracting process.

7. The vendor is responsible to maintain a repository of the appropriate employee records and immunizations – proof may be requested by a hospital at any time.

Dec. 2012 / Revised December 2013