

Quality System Procedure Manual

Clinical Supplier Selection and Evaluation Procedure

1.0 Purpose:

To ensure that all purchased surgical supplies for organ and tissue recovery conform to specified requirements.

2.0 Scope:

This procedure applies to:

- Trillium Gift of Life Network (TGLN)

3.0 Responsibilities:

Administrative Assistant, Provincial Resource Centre (PRC), Tissue Inventory Clerk (TIC) or designate, is responsible for:

- ensuring that purchased goods and services conform to specific requirements
- detailing the data describing the goods or service to be purchased, on the purchase order

Manager PRC– Organs/Manager PRC - Tissues is responsible for:

- selecting new suppliers
- assessing the performance of current suppliers
- reviewing purchase orders
- determining goods and services specifications

4.0 Procedure:

Selection of Suppliers

4.1 Manager or their designate requests that goods and services be purchased to support TGLN'S surgical recovery operation

4.2 The following prioritized criteria are used in the evaluation and selection of new, key suppliers. Suppliers are designated as “key” if the goods or services that they supply are quality critical to the surgical recovery operation and if they will be used on a repeated basis in the future. The selection of new, key suppliers is made by the appropriate manager(s), using a combination of the following criteria:

4.2.1. *Acceptable Supplier Qualification Assessment.* (for tissue exclusive-related suppliers only) See Exhibit 3.

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- 4.2.2. Acceptable *Supplier Qualification Assessment – Consultant Services* (for tissue exclusive-related consultants only) See Exhibit 4.
- 4.2.3. An acceptable history of satisfactory business with the supplier (i.e. grandfathering of existing quality supplier)
- 4.2.4. Proven supplier track record
- 4.2.5. Satisfactory supplier availability and service delivery
- 4.2.6. Supplier pricing
- 4.2.7. Meeting required specifications
- 4.3 For purchased goods and services that have not been designated as “key”, the selection of potential suppliers is based on meeting required specifications, price and delivery. This supplier selection is performed by the manager or his/her designate.
- 4.4 All current suppliers, as of the original issue date of this procedure, have been considered as “key suppliers” under item number 1 of section 4.2. Future key suppliers will be initially evaluated and selected by means of the review or criteria 2 through 4 of section 4.2.
- 4.5 All approved suppliers of goods and services are listed and described in an *Approved Supplier File*.
- 4.6 Prospective, new key suppliers of goods and services are screened by the Manager PRC – Organs/Manager PRC – Tissues.
- 4.7 For potential suppliers under consideration, the Manager PRC – Organs or the Manager PRC – Tissues or their designate may wish to conduct a site visit of the suppliers’ facility.

Determination of Key Suppliers

- 4.8 All goods and services are evaluated to determine whether or not they are “key”, using the criteria outlined in 4.2.
- 4.9 A list of key suppliers was identified on *The Key Supplier List, QSF-6-2*. See Exhibit 2.

Supplier Evaluation

- 4.10 Key suppliers are evaluated annually using the *Service Provider/Supplier Evaluation Form, QSF-6-1*. See Exhibit 1. Problem situations may warrant more frequent

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performance reviews of a supplier. Appropriate actions are taken with suppliers, according to the magnitude of the problems encountered.

- 4.11 For the balance of suppliers which are not considered as “key”, a formal, rigorous performance review process is not conducted. As a result, these goods and services are reviewed only by exception by the Manager PRC – Organs/Manager PRC – Tissues.

5.0 Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Retention Time (as a minimum)
Approved Supplier File	—	Administrative Assistant, PRC - Organ or Tissue Inventory Clerk	Provincial Resource Centre	Until superseded
Service Provider/Supplier Evaluation Form	QSF-6-1	Administrative Assistant, PRC - Organ or Tissue Inventory Clerk	Provincial Resource Centre	16 years
Key Supplier List	QSF-6-2	Administrative Assistant, PRC - Organ or Tissue Inventory Clerk	Provincial Resource Centre	Until superseded
Supplier Qualification Assessment	QSF-6-3	Administrative Assistant, PRC – Organ or Tissue Inventory Clerk	Provincial Resource Centre	Until superseded
Supplier Qualification Assessment – Consultant Services, Form	QSF-6-4	Administrative Assistant, PRC - Organ or Tissue Inventory Clerk	Provincial Resource Centre	16 years


6.0 References:

- *Standards for Tissue Banking, American Association of Tissue Banks, 14th edition, 2017. K1.300*

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Exhibit 1: Service Provider/Supplier Evaluation, Form QSF-6-1



QSF-6-1

SERVICE PROVIDER / SUPPLIER EVALUATION FORM

SECTION A – IDENTIFICATION OF SERVICE PROVIDER/SUPPLIER

Name: _____ Tel: _____
 Address: _____ Fax: _____

SECTION B – EVALUATION

Criteria	Satisfaction					
	Dissatisfied	Very Fair	Fair	Satisfied	Very Satisfied	Exceptional
1. Delivery/Contract Compliance/Meets Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of Service/Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Responsiveness/Availability/Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flexibility/Accommodation of Unique Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Effectiveness of Communication/Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction: _____

Comments and Recommendations: _____

SECTION C – FINAL RECOMMENDATION

No Action Required
 Corrective Action Requested to be issued
 Removal of Supplier


Evaluator: _____ Date: _____

March 30, 2017

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Exhibit 3: Supplier Qualification Assessment, Form QSF-6-3

 <p>Trillium Gift of Life Network</p>	QSF-6-3						
SUPPLIER QUALIFICATION ASSESSMENT							
Name of Supplier: _____							
Mailing Address: _____ <small>Number and street or PO Box</small>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>Province/State</small></td> <td style="width: 33%;"><small>Postal/Zip Code</small></td> </tr> </table>		<small>City</small>	<small>Province/State</small>	<small>Postal/Zip Code</small>			
<small>City</small>	<small>Province/State</small>	<small>Postal/Zip Code</small>					
Remittance Address: <i>Same as above</i> or _____ <small>Number and street or PO Box</small>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>Province/State</small></td> <td style="width: 33%;"><small>Postal/Zip Code</small></td> </tr> </table>		<small>City</small>	<small>Province/State</small>	<small>Postal/Zip Code</small>			
<small>City</small>	<small>Province/State</small>	<small>Postal/Zip Code</small>					
Type of Supplier:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Manufacturer</td> <td style="width: 33%;">Distributor</td> <td style="width: 33%;">Machine Shop</td> </tr> <tr> <td>Broker/Agent</td> <td>Service</td> <td>Calibration</td> </tr> </table>	Manufacturer	Distributor	Machine Shop	Broker/Agent	Service	Calibration
Manufacturer	Distributor	Machine Shop					
Broker/Agent	Service	Calibration					
Type of Product or Service Provided: _____							
Quality Contact: _____	Sales Contact: _____						
Quality Telephone: _____	Sales Telephone: _____						
1. Do you have a documented Quality Assurance System in accordance with a national / international model, such as ISO 9001, API Q1, QS 9000, AS 9000, CLIA Certification, FDA Regulations, Health Canada, AATB, EBAA, etc.?							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No				
Yes	No						
If "Yes", which standard? _____							
Date of Certification: _____	Certificate No: _____						
Registrar: _____							
2. If you are not certified to a recognized Quality Assurance Standard, do you plan to achieve certification?							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>		Yes	No				
Yes	No						
If "Yes", what is your target date for certification? _____							
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Exhibit 4: Supplier Qualification Assessment – Consultant Services, Form QSF-6-4



Trillium
Gift of Life
Network

QSF-6-4

Supplier Qualification Assessment – Consultant Services

Name of Consultant: _____

Organization: _____

Phone Number: _____

Mailing Address: _____
Number and street or PO Box

City Province/State Postal/Zip Code

Remittance Address: *Same as above OR*

Number and street or PO Box

City Province/State Postal/Zip Code

Type of Services Provided: _____

1. What certification(s) do you have to perform these services?

A. _____

Date of Certification: _____ Certificate No: _____

Registrar: _____

If "None", what is your target date for certification? _____

B. _____

Date of Certification: _____ Certificate No: _____

Registrar: _____

If "None", what is your target date for certification? _____

March 30, 2017

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