



## **SUPPLY CHAIN MANAGEMENT**

### **PARTNER SERVICES**

Email: [PM-SCM@kfshrc.edu.sa](mailto:PM-SCM@kfshrc.edu.sa)

Tel: 011 5577 228

## **PARTNER GUIDELINES**

This partner Guidelines is designed to provide our partners with guidelines, which will enable them to effectively and appropriately coordinate their activities with all departments in the organization. It is our goal that these policies, when applied uniformly, will establish a basis for work ethics and for fair competition.

We recognize that representatives are highly trained professionals who provide the hospital and its Medical and Non-Medical staff with many valuable resources. By using this guide, partners may carry out their professional responsibilities, and hospital personnel may benefit from the resources available in an atmosphere of mutual respect and consideration.

### **APPOINTEMENTS:**

Representatives will be seen by appointment only. Hospital departments will make every effort to provide partners with a prompt and courteous interview if needed. However, the interview will be limited to the designated time. Taking into consideration all interviews should be arranged by communicating for an appointment during working hours.

Hours of operation are

Saturday through Wednesday: 7:30 a.m. to 5:00 p.m.

Thursday: 7:30 a.m. to 4:00 p.m.

### **VISITING REQUIREMENT:**

Each time you arrive at the Hospital, you must register in the Security Gate; you must have an appointment in order to see someone inside or outside the within the organization. If you do not have a prior appointment we will contact the appropriate individual to see if an on the spot appointment will be convenient. You will be given an identification badge, which must be worn while on premises. Badges must be returned to Security gate at the end of your visit.

### **PROCUREMENT:**

No merchandise may be shipped, nor any service performed without an authorized Contract/Purchase Order number. In all instances the Contract/Purchase Order number must appear on all shipments, delivery slips and invoices.



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### **PARTNER PERFORMANCE:**

As a matter of good procurement practice, we periodically evaluate all partners on factors such as: competitive pricing, delivery performance, number of backorders and picking errors, ability to meet rush requirements, any rejects because of poor quality, and other related issues. Subsequent buying decisions are strongly influenced by this evaluation. Unsatisfactory ratings will result in removal from our Partners' list. We encourage you to discuss your performance rating when you visit the Procurement office.

### **PROCUREMENT POLICY:**

The Procurement Services believes that an open, competitive atmosphere is most beneficial to both buyer and seller, and it is our policy to foster this environment. We buy on the basis of definitive specifications, quality of products and services, advantageous price, delivery, and availability of group Procurement contracts. Whenever possible we request competitive prices to be submitted from multiple sources and negotiate mutually favorable terms of purchase. It is our policy not to divulge pricing information.

### **AUTHORITY TO PURCHASE:**

The Hospital's Procurement Services is solely responsible to commit the Hospital to all purchases. All price offers are to be directed and communicated through the Procurement Services. Only those quotations sent or copied to Procurement will be assured of consideration. All purchase agreements must be coordinated through Procurement and be validated with a Purchase Order number. Individual departments do not have the authority to commit the Hospital to any kind of purchase agreement. Any commitment or agreement made by a department without prior acknowledgment and approval from Procurement and/or the hospital management is invalid except justified cases will be recognized by the Hospital.

### **GIFTS AND ENTERTAINMENT:**

It is contrary to Hospital policy for any employee of the Hospital to accept gratuities, premiums, or other incentives except those of minimal value such pens, calendars etc... We prefer that incentives be expressed in terms of quality, service, and price in your quotations. Partners wishing to support the



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hospital through donations are encouraged to contact our Hospital Operation Management.

### **PATIENT PRIVACY:**

The privacy of our patients is important to us. Partners will occasionally gain information about patients including patient names, diagnosis, status, visitors, etc. Partners must keep this information strictly confidential. Any violation of patient privacy will be considered a severe breach of conduct.

### **THANK YOU:**

Thank you for taking the time to read this information. We are most appreciative of your assistance and acknowledge the courtesies and services extended to us by your representatives and your company. Just as you value our business, we value the service and cooperation your organization can provide.



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## PARTNER ACKNOWLEDGEMENT

I acknowledge that I have read the Partner Guideline and agree to abide by the information contained therein. In particular I understand:

- Any goods provided without first securing a Contract/Purchase order and/or letter of intent are considered a donation and will not be reimbursed. Unless justified by individual department.
- I am bound by the institution's policies regarding patient privacy and confidentiality of patient information.
- Gifts as defined by the Partner Guidelines are prohibited.
- Appointments are required in order to meet with staff.
- Procurement services staff are the only authorized to contractually bind the institution.

I agree to use this privilege only as long as I am the actual representative for the Partner in your hospital.

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Date



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Partner Name

Partner Name/Stamp

## DISCLOSURE FORM

Do you have any relatives (spouse, or relative up to the fourth degree) currently employed in the hospital / institution of KFSH&RC, including its affiliate's healthcare or Research Center?

YES

NO

If yes, please fill the following:

Hospital / Institution Name

Position Title

Department Name

Other Details

Name



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Position

Partner Name

Signature:

Date:

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