



[SERVICE LINE]

VALUE ANALYSIS COMMITTEE
OPERATIONAL POLICY & PROCEDURES

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EXECUTIVE SUMMARY

Healthcare organizations face increasing pressure to improve patient outcomes, reduce costs, ensure equity, and strengthen resilience—all while protecting staff and public trust. Traditional value analysis processes, often influenced by vendor-funded data, have proven vulnerable to bias, opacity, and misaligned incentives. This policy addresses that risk head-on by establishing a 360° Value Analysis framework rooted in transparency, independence, and auditability.

The Value Analysis Committee (VAC) serves as the governing body for all product, technology, and service requests.

Every decision is guided by five non-negotiable principles:

1. Full Transparency – all data must be provider-funded, independently auditable, and free from conflicts of interest.
2. Independence – vendor representatives cannot participate in VAC deliberations.
3. Conflict-of-Interest Safeguards – disclosure and recusal are mandatory.
4. 360° Evaluation – every request is scrutinized across six domains: Financial, Clinical, Operational, Resilience, Sustainability, and Equity.
5. Public Health Alignment – transparency in value analysis is recognized as both a patient safety safeguard and a national security imperative.

Key features of this framework include:

- A Vendor Due Diligence Checklist of ten mandatory questions that eliminate bias and hold third-party analytics vendors accountable.
- A comprehensive set of 360° Impact Questions that examine costs, outcomes, workflow, resilience, sustainability, and equity impacts of every request.
- A standardized Scorecard using weighted domain scoring, independent verification “firewall checks,” and visual radar charts to make trade-offs visible.
- Enforceable Key Performance Indicators (KPIs), such as ≥ 90% of decisions supported by provider-funded data, ≥ 85% of vendor claims independently audited, and ≥ 15–20 clinical staff hours returned to bedside per 100 beds, per day.
- Appendices and tools that operationalize the process, including request forms, trial evaluation templates, appeals protocols, and KPI dashboards.

By adopting this framework, healthcare organizations will:

- Protect patients from hidden risks and inequities.
- Empower physicians and clinicians with unbiased evidence to guide decision-making.
- Strengthen system resilience against supply disruptions, regulatory challenges, and climate risks.
- Align incentives toward health outcomes, not vendor profits.
- Restore public trust by making every decision auditable, ethical, and equity minded.

This document provides a ready-to-use, globally adaptable policy. Larger systems may adopt it in full; smaller or resource-constrained facilities may apply the core principles in a streamlined form. In every

context, the goal is the same: to ensure that every sourcing decision advances patient safety, staff well-being, financial integrity, and the long-term resilience of healthcare delivery.

I. PURPOSE

The purpose of the [ABC Health System \[Service Line\]](#) Value Analysis Committee (VAC) is to:

- Improve outcomes of patient care through unbiased, evidence-based product and service selection.
- Prevent harm to patients and providers by ensuring data integrity, safety standards, and equity safeguards.
- Reduce the total cost of care while improving operational efficiency.
- Promote sustainability and resilience across the enterprise supply chain.
- Uphold transparency, independence, and auditability as non-negotiable foundations.

II. MISSION

The VAC's mission is to achieve fiscal year goals established by the Executive Steering Committee through a transparent, multidisciplinary, and unbiased process that protects patients, supports staff resilience, and sustains public trust.

III. DEFINITION

Value Analysis is a structured, evidence-based, independently auditable process for evaluating clinical and non-clinical products, services, and technologies. It integrates:

- Financial
- Clinical
- Operational
- Sustainability
- Resilience
- Equity impacts

The VAC process is embedded throughout [\[ABC Health System\]](#) as the official change management methodology.

IV. POLICY

The VAC is empowered by the Executive Steering Committee to review and approve all product, service, and technology requests, including:

- Critical/Emergency Use
- Physician Onboarding
- Clinical Trials or Pilots
- Cost Optimization
- Inventory Reduction
- Standardization & Variation Reduction
- Utilization Management
- Population Health Adaptation
- Operational Efficiency

- Compliance with New Legislation
- Medical Innovation Adoption
- Patient & Staff Safety Improvements
- Enterprise Profitability Improvements

Transparency Amendment

- Group purchasing organization (GPO) contracts do not receive automatic priority.
- All vendor claims, savings reports, and outcome data must be independently auditable and free of conflicts of interest.
- The VAC enforces a zero-tolerance policy for biased or pay-to-play data inputs.

V. GUIDING PRINCIPLES

- **Transparency is Non-Negotiable** – All sourcing decisions require unbiased, auditable, provider-funded data.
- **Independence from Vendor Influence** – Vendor reps are prohibited from attending VAC or subcommittee deliberations.
- **Conflict-of-Interest Safeguards** – Disclosure and recusal are mandatory; conflicts are logged and enforced.
- **360° Value Evaluation** – All requests assessed across financial, clinical, operational, sustainability, equity, and resilience domains.
- **Public Health & Security Alignment** – Value analysis is recognized as both a healthcare and national security intervention.

VI. COMMITTEE STRUCTURE

Executive Steering Committee

- **Membership:** Value Analysis Executive Champion, Chief Executive Leadership, Chief Physician Leadership, Chief Clinical Leadership.
- **Responsibilities:**
 - Provide vision and fiscal-year goals.
 - Ensure resources for the VAC process.
 - Review quarterly transparency and KPI reports.
 - Resolve appeals and emergency approvals.
 - Final authority on ties and escalations.

Value Analysis Committee (VAC)

- **Membership:** Value Analysis Manager (chair), Co-Chaired by Physician/Clinician Leadership, Directors from Supply Chain, Reimbursement, Quality, Safety, Infection Prevention, Care Coordination, Education.
- **Responsibilities:**
 - Conduct monthly meetings.
 - Evaluate requests using unbiased data and vendor due diligence checklist.
 - Approve trials and monitor outcomes.
 - Submit quarterly reports to Executive Steering Committee.

Sub-Committees

- **Membership:** Co-chaired by clinical leaders; composed of end-users and subject matter experts.
- **Responsibilities:**
 - Conduct trials and evaluations.
 - Provide evidence-based recommendations.
 - Ensure unbiased reporting and compliance with transparency standards.

VII. PROCESS

Decision Components

- Evidence-based evaluation by stakeholders and end-users.
- Comparison using independently auditable data.
- Mandatory vendor due diligence screening (Section VIII).
- Assessment against 360° Value Framework (Section IX).
- Documentation of audit trail and transparency compliance.

Request Submission

- All requests submitted through the intranet portal.
- Digital attestation of conflict-of-interest disclosure required.
- Requests must include vendor due diligence responses.
- Incomplete requests will not be scheduled for Pre-VAC.

Pre-VAC Screening

- Conducted 14 days before VAC meeting.
- Requestor presents a problem statement, comparison to current practice, projected benefits, best evidence.
- Vendor representatives are prohibited.
- Requests screened against Vendor Due Diligence Checklist (Section VIII).
- No request proceeds to Phase 1 (Evaluation) without a completed Vendor Due Diligence Checklist and transparency attestation.

VAC Meeting & Phases

- **Phase 1 – Initial Screening & Evaluation:**
 - Review evidence, assign subcommittee, confirm data auditability.
- **Phase 2 – Trial:**
 - Independent trial design with standardized evaluation forms.
 - Quiet period enforced (no vendor marketing).
 - Trials exceeding 6 months without evaluation results are closed.
- **Phase 3 – Implementation:**
 - ERP/EHR item master updates.
 - Staff training and communication.
 - Contract negotiation using unbiased, auditable benchmarks.

- **Phase 4 – Monitoring:**
 - VAC tracks outcomes and transparency KPIs quarterly.
 - Follow-up reports submitted to Steering Committee.
 - VAC will conduct an annual review of decisions, trials, and outcomes to identify systemic gaps, supplier risks, and opportunities for improvement.
 - Feedback from staff and patients may be submitted anonymously via the VAC portal.
- **Fast-Track / Emergency Requests**
 - Allowed only if transparency standards are met.
 - Treated as temporary donations pending VAC review.
 - Must be approved and documented by Executive Steering Committee.
 - For ongoing use, must go through full VAC review and approval.

Bypassing this process or introducing unapproved products will result in penalties as outlined in Appendix D.

Critical Product Amendment

All requests for products, equipment, medication, or services deemed “critical” must also comply with Section X (IDENTIFYING SUBSTITUTES FOR CRITICAL PRODUCTS, EQUIPMENT, AND SERVICES); reference example definition of “Critical Product” in Glossary.

VIII. VENDOR DATA DUE DILIGENCE CHECKLIST

All third-party data vendors being utilized and factored into VAC decision-making must answer, in writing, the following before VAC consideration. Failure to answer disqualifies the request.

1. **Auditability:** Can you provide a verifiable audit trail for how your data is sourced, enriched, and transformed — and who controls those pipelines?
2. **Closed-Loop Learning:** What is your documented process for correcting errors, disparities, or harm events?
3. **Audit Credentials:** Has any independent third party, with no financial ties to you or your investors and not restricted by your NDA, ever audited your claims of savings, outcomes, or safety?
4. **Conflicts of Interest:** Who pays you, and how do those payments influence recommendations? (Disclose all revenue sources and percentages from suppliers, distributors, investors vs. providers.)
5. **Governance & Control:** Who ultimately owns voting power over your data policies (suppliers, PE firms, vertically integrated subsidiaries)?
6. **Contractual Protections:** Will you grant contractual rights for independent audits of models, pipelines, and financial ties?
7. **Bias Evaluation:** Have your platforms been independently evaluated by an academic research institution or recognized standards body for racial, geographic, socioeconomic, or vendor favoritism bias?
8. **Clinical & Staff Safety:** Can you prove measurable improvements in patient/staff safety, efficiency, or outcomes?

9. Public Health & Equity: How does your platform reduce inequity, support chronic disease management, and prevent medical bankruptcy?
10. Safety Event Foresight: If your system contributed to a harm event, how would you detect, disclose, and correct it?

All VAC decisions are subject to legal review for compliance with Stark Law, anti-kickback regulations, and federal/state procurement statutes.

Violations will be published in quarterly VAC reports to the Executive Steering Committee and may be disclosed in external audits.

IX. 360° VALUE ANALYSIS IMPACT QUESTIONS

Each request will be scrutinized comprehensively for impacts, including but not limited to:

- **Financial Impacts**

Sources of truth: Purchasing/Supply Chain, Revenue Cycle/Payer Relations, Strategic Planning/CFO, Internal Audit/VAC Oversight, Legal/Compliance

- What is the annual impact on the cost of supplies or service?
- What is the impact on enterprise net revenue?
- Coverage: Is the new product/service covered under patient insurance benefits?
- Coding: Is the product/service codable?
- Payment: Will payers reimburse for this product/service?
- If available on a GPO contract, what conflicts of interest, rebates, or fees may bias pricing/visibility?
- Will other supplier contracts be negatively impacted (financially or contractually)?
- Is a rebate or value-add available, and how transparent are its terms?
- Have any savings/outcomes claims been independently audited by a neutral third party?
- What long-term financial risks exist if the vendor undergoes acquisition or vertical integration?

- **Clinical Impacts**

Sources of truth: Clinical Leadership (CMO, CNO, Service Line Directors), Quality, Safety, Risk Management, Evidence/Research Teams, Nursing & Staff Representatives, Legal/Contracting, Equity/Population Health

- Is the new product/service certified by FDA, NIOSH, or another recognized regulatory authority?
- How will the product/service affect current clinical outcomes?
- Will the product/service reduce variation in delivery of care across providers or sites?
- Will the product/service improve efficiency (e.g., fewer steps, shorter procedure time, less waste)?
- What is the highest level of independent research evidence supporting its use?
- Have there been any reported adverse events, recalls, or safety alerts?
- What potential clinical or patient safety risks should be considered?

- What is the impact on staff safety, workload, and time at the bedside?
- Has the product been independently evaluated for clinical bias (race, gender, socioeconomic, geography)?
- Have outcome claims been independently verified by a neutral third party?
- Is there a shared responsibility for risk with the supplier (e.g., warranty, performance guarantees, liability coverage)?
- What are the potential long-term clinical risks (recalls, obsolescence, dependency on single-source supply)?

- **Operational Impacts**

Sources of truth: Operations & Logistics (Supply Chain, Biomed, SPD, IT), Clinical Education & Unit Managers, Regulatory/Compliance, Inventory & Purchasing, Informatics/ERP

- What departments and end users will be impacted?
- Will Biomed, SPD, or IT be involved in any way?
- What regulatory concerns will be addressed (CMS, Joint Commission, OSHA, FDA)?
- Will a trial be needed, and how will bias be prevented (quiet period, standard forms)?
- Will staff education or new competencies be required?
- Will the product involve on-site or off-site distribution changes?
- Will the product reduce inventory or stranded stock risk?
- For conversions: how much current stock must be used or written off?
- Will ERP/MMIS/EHR changes be required (item master, order sets, barcodes)?
- Will the product introduce cybersecurity, data privacy, or interoperability risks?
- What are the end-of-life/disposal requirements (equipment, consumables, data)?
- What is the operational continuity plan if the product fails, is recalled, or supply is disrupted?

- **Resilience Impacts**

Sources of truth: Supply Chain & Strategic Sourcing, Risk Management & Business Continuity, IT Security & Clinical Engineering, Regulatory & Compliance, Finance & Clinical Leadership, Sustainability & Facilities

- Is this product/service dependent on a single supplier, geography, or raw material source?
- Are key suppliers located in high-risk regions for natural disasters, pandemics, political instability, or climate disruption?
- Are there secondary/tertiary suppliers identified and contracted for this product/service?
- What is the vendor's continuity plan (e.g., disaster recovery, cyberattack response, production disruptions)?
- Does the product/service introduce cybersecurity risks (connected devices, ERP/EHR integration), and has it been penetration-tested?
- Does the vendor have a track record of FDA, OSHA, EPA, CMS, or ISO compliance, and how do they handle regulatory disruptions?

- What are the lead times, safety stock requirements, and buffer inventory policies for this product/service?
- How dependent is this product on specific transportation routes, carriers, or ports vulnerable to disruption?
- What is the financial health of the supplier/vendor (bankruptcies, mergers, private equity ownership)?
- If this product/service is disrupted, what clinical risks arise (e.g., surgeries delayed, ICU impact, high-reliance medications)?
- How does the vendor manage long-term climate-related risks (emissions reduction, water usage, energy stability)?
- What metrics demonstrate supplier resilience (on-time fill rates during crises, alternate sourcing capacity, continuity test results)?

- **Environmental Sustainability Impacts**

Sources of truth: EHS/Patient Safety, Facilities/Sustainability, Supply Chain Contracting/Risk Management, Legal/Compliance, HR/DEI Office

- What is the full chemical content of the product/service, disclosed via recognized standards?
- Does the product reduce or eliminate patient/staff exposure to hazardous substances?
- How does the product impact waste streams?
- What are the product's energy, water, carbon, and packaging footprints across its lifecycle?
- Have the supplier's environmental claims been audited or certified by an independent standards body?
- What is the supplier's track record on environmental responsibility?
- Does the supplier agree to contractual audit rights for their sustainability data?

- **Equity Impacts**

Sources of truth: Population Health & Community Benefit, Health Equity/DEI, Supply Chain Diversity & Contracting, Revenue Cycle/Patient Financial Services, Clinical Leadership & Workforce Committees

- What labor standards, worker safety, and human rights policies govern the supplier's supply chain?
- Is the supplier certified as a diverse business?
- Does this product/service reduce or exacerbate disparities in patient care (by race, ethnicity, gender, socioeconomic status, or geography)?
- Has the product been independently evaluated for equity impacts or clinical bias?
- Will this product improve access for underserved populations (e.g., rural patients, Medicaid-covered, uninsured)?
- Does the supplier have pricing models that protect patients from financial harm (e.g., surprise bills, excessive out-of-pocket costs)?

- How will adoption affect language access, health literacy, and culturally competent care?
- Does the vendor/supplier have transparent workforce diversity, equity, and inclusion (DEI) practices?
- What impact will adoption have on staff equity (e.g., workload balance, fair distribution of risk or exposure)?
- What safeguards exist to ensure the product/service aligns with organizational health equity goals and community benefit commitments?
- Does the supplier agree to contractual audit rights for their equity and social responsibility data?

X. IDENTIFYING SUBSTITUTES FOR CRITICAL PRODUCTS, EQUIPMENT, AND SERVICES

- **Purpose**
 - To ensure that every critical product, equipment, or service deemed as request includes identification, evaluation, and documentation of functional equivalents, alternates, and similar substitutes—and that the “best” substitute is determined only by the clinicians, staff, or end-users who directly use the product in patient care or operations.
- **Example definition of “critical”**
 - Any product, equipment, medication, or service essential for safe and effective patient care, staff safety, operational continuity, or regulatory compliance, whose absence or failure could directly compromise patient outcomes, staff safety, disrupt healthcare operations, or pose significant risks to health and safety.
- **Mandatory Equivalent Identification**
 - All requests for critical products must identify at least one functional equivalent, alternate, or similar substitute (when available).
 - If none exists, the request is flagged under the Resilience Impact domain for elevated review.
- **End-User Determination of Substitutes**
 - Only end-users and subject matter experts (SMEs) who directly interact with the product/equipment/med/service are authorized to determine which substitutes are clinically and operationally viable.
 - Administrative, financial, or supply chain leaders may provide cost, contract, or compliance input but may not rank or overrule end-user determinations.
- **Evaluation Process**
 - **Supply Chain & Clinical Review:** Supply Chain provides a list of potential substitutes unbiased data and analytics resources.
 - **End-User Ranking:** Subcommittees of frontline clinicians and staff review substitutes, trial them when applicable, and submit a ranked list of best functional equivalents, alternates, or similars.
 - **360° Scorecard Application:** All substitutes are evaluated across the six domains (Financial, Clinical, Operational, Resilience, Sustainability, Equity) using the standardized scoring framework and firewall audit checks.
- **Trial Design Requirements**

- If the primary request enters a Phase 2 trial, substitutes must also be trialed unless ruled out by end-user consensus for safety, efficacy, or regulatory reasons.
- All trial results must document comparative safety, workflow, and usability impacts from end-user evaluations.
- **Decision Preparation**
 - VAC staff prepare side-by-side scorecards (requested product + substitutes), with radar/spider charts to visualize trade-offs.
 - Documentation must include:
 - Substitutes identified and considered.
 - Names/titles of end-user evaluators.
 - End-user rationale for ranking the best functional equivalent, alternate, or similar substitute.
- **Final Decision & Monitoring**
 - VAC may not approve a product without documented end-user consensus on functional equivalents, alternates, or similar substitutes.
 - Approved products and their substitutes are re-scored annually. End-user feedback is mandatory to detect workflow, safety, or resilience changes.

XI. BEST PRACTICES IN 360° VALUE ANALYSIS SCORECARD CREATION

- **Keep the Format Visual and Digestible**
 - Use a one-page template per product request (front = questions, back = scoring summary).
 - Present each domain (Financial, Clinical, Operational, Resilience, Sustainability, Equity) in a separate colored section.
 - Limit to 10–12 questions per domain max but allow drill-down with appendices.
- **Standardize Scoring**
 - Use a uniform 0–5 scale for each question:
 - 0 = No evidence / negative impact
 - 1 = Weak / unclear evidence
 - 3 = Neutral or partial benefit
 - 5 = Strong, independently verified benefit
 - Require evidence citation or “N/A” justification beside each score.
- **Weight Domains Transparently**
 - Financial and Clinical often dominate; your model should elevate Resilience, Sustainability, and Equity.
 - Suggested default weights (modifiable by org):
 - Financial = 20%
 - Clinical = 25%
 - Operational = 15%
 - Resilience = 15%
 - Sustainability = 10%
 - Equity = 15%
 - Show a composite score but also individual domain scores to avoid hiding weaknesses.
- **Embed Sources of Truth**

- Next to each domain, list the required internal reviewers (from your mapping).
- Example:
 - Financial → CFO/Strategic Planning + Internal Audit
 - Clinical → CMO/CNO + Quality & Safety
- This prevents any single party (esp. vendors/GPOs) from controlling the answers.
- **Require Independent Verification**
 - Add a firewall symbol/checkbox for questions requiring independent audit (financial claims, clinical outcomes, bias evaluations, sustainability certifications).
 - Scorecard cannot be finalized unless all “firewall checks” are answered.
- **Visualize Risk vs. Value**
 - Use a radar/spider chart to plot domain scores for each request.
 - This makes trade-offs visible (e.g., strong financially but weak on equity and resilience).
 - Helps leadership see whether value is balanced vs. biased.
- **Track Over Time**
 - Each approved product/service should be **re-scored annually** against the same 360° framework.
 - Trends reported quarterly to the **Executive Steering Committee**.
 - This ties into your **Transparency KPIs** (≥90% decisions provider-funded, ≥85% audited, etc.).
- **Align with Public Health & National Security**
 - Every scorecard should include a final box:

“Does this product/equipment/service/medication strengthen patient safety, staff resilience, equity, and community trust — or does it create fragility? Would you want this product/equipment/service/medication used on your or your loved ones?”
 - Forces committees to make a values-based judgment, not just a financial one.

XII. EXAMPLE 360° VALUE ANALYSIS SCORECARD TEMPLATE STRUCTURE

Domain	Key Questions	Source of Truth	Score (0–5)
Financial	Cost impact, net revenue, payer coverage, rebates, audit of claims	CFO, RCM, Supply Chain, Audit	
Clinical	Outcomes, variation, efficiency, bias, adverse events, risk-sharing	CMO/CNO, Quality, Research, Risk Mgmt	
Operational	Dept impact, IT/ERP, trials, education, inventory, cybersecurity	Supply Chain Ops, IT, SPD, Compliance	
Resilience	Single-source, climate/geopolitical risks, continuity, redundancy, vendor financial stability	Risk Mgmt, Sourcing, IT Sec, Compliance	
Sustainability	Chemical safety, waste, lifecycle footprint, supplier social/diversity, independent certifications	EHS, Sustainability, Supply Chain, Legal	
Equity	Disparities, bias evaluation, access, affordability, staff equity, supplier DEI/diversity	DEI, Pop Health, RCM, Clinical Workforce	
Total Score			

XIII. TRANSPARENCY KEY PERFORMANCE INDICATORS (KPI) BENCHMARKS

The VAC must track and report quarterly, with the following benchmarks/targets:

- **≥ 90%** of VAC decisions supported by independent, provider-funded data.
- **≥ 85%** of vendor claims independently audited and verified.
- **≥ 75%** of approved products demonstrating measurable safety or clinical outcome improvements within the first year of adoption.
- **≥ 15–20** hours of clinical staff time returned to bedside per 100 beds.
- **≥ 50% reduction** in high-risk single-source suppliers across critical categories over three years.
- **≥ 60%** of approved suppliers meeting equity & sustainability standards (e.g., reduced chemical footprint, supplier diversity, emissions disclosure).
- **100%** of vendors disclosing ownership structure and all major revenue sources.

XIV. STAFF COMMITMENT

Bypassing VAC policy is prohibited.

Violations will be reviewed by the Ethics Committee and HR in coordination with the Executive Steering Committee.

- **1st Offense:** Written warning.
- **2nd Offense:** Suspension of procurement rights.
- **3rd Offense:** HR disciplinary action up to termination.

Physicians may not use unapproved products without VAC or Executive Committee approval.

XV. THIRD-PARTY DATA & ANALYTICS

Vendors must comply with transparency standards and independent audit clauses. Violations result in financial penalties, debarment, or contract termination.

XVI. PUBLIC HEALTH COMMITMENT

The VAC recognizes transparency as a public health intervention and national security imperative.

By eliminating biased data, enforcing auditability, and embedding resilience into decision-making, [\[ABC Health System\]](#) will safeguard patients, protect staff, and preserve public trust.

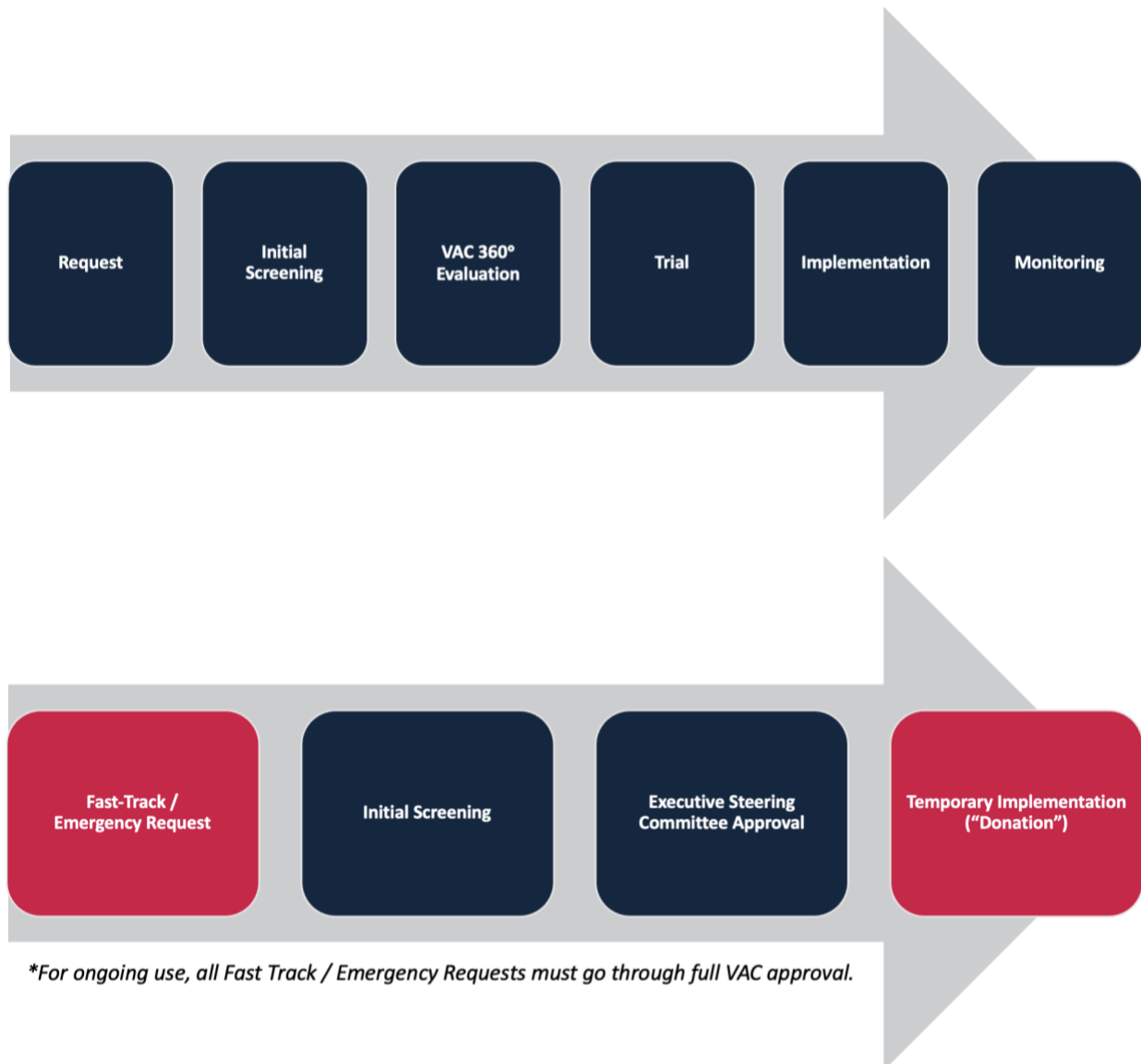
Annual VAC transparency scorecard results will be shared with the Board Quality Committee and may be summarized in the hospital's annual Community Benefit Report.

XVII. GLOSSARY

- **Audit Credentials:** Documentation proving that audits were conducted by neutral, independent reviewers with no conflicts of interest.
- **Audit Trail:** A verifiable, chronological record of all data sources, transformations, analyses, and decision points used in the VAC process, maintained for independent review.
- **Auditability:** The ability for data, analytics, and outcomes to be independently verified, reproduced, and traced back to original sources without vendor or investor restrictions.

- **Bias Evaluation:** Independent assessment of data, platforms, or vendor claims to detect and correct for racial, socioeconomic, geographic, or vendor favoritism bias.
- **Closed-Loop Learning:** A vendor’s documented process to detect, disclose, and correct errors, disparities, or harm events, ensuring continuous improvement and patient safety.
- **Conflict of Interest (COI):** Any financial, personal, or professional relationship that could compromise impartial decision-making. Requires disclosure and, if applicable, recusal.
- **Critical Product:** Any item, device, medication, or service essential for safe and effective patient care, staff safety, operational continuity, or regulatory compliance, whose absence or failure could directly compromise patient outcomes, staff safety, disrupt healthcare operations, or pose significant risks to health and safety.
- **Enterprise Standardization:** The practice of adopting a single, approved product, technology, or service across all departments to minimize variation, improve efficiency, and reduce cost.
- **Equity Safeguards:** Criteria ensuring that value analysis decisions protect underserved populations, promote fair access to care, and prevent inequitable financial or clinical burdens.
- **Fairness Testing:** An evaluation method to measure whether products or platforms create inequitable impacts across populations.
- **Fast-Track Request:** An urgent or emergency request that bypasses standard evaluation timelines but still requires compliance with transparency and auditability standards.
- **Independent Audit:** A review conducted by a neutral third party with no financial ties to suppliers, investors, or vendors, ensuring unbiased validation of claims or data.
- **National Security Imperative:** Recognition that healthcare sourcing and supply chain resilience impact not only the hospital system but also the broader community’s ability to withstand crises.
- **Ownership Disclosure:** Requirement that vendors reveal controlling ownership and board voting rights to prevent hidden conflicts.
- **Provider-Funded Data:** Data, trials, or analyses funded by healthcare providers, neutral third parties, or academic consortia — not suppliers, distributors, or investor-aligned entities.
- **Quiet Period:** A designated period during trials in which vendor sales, marketing, and promotional activity are prohibited to ensure unbiased evaluation.
- **Resilience Metrics:** Indicators of supply chain stability and reliability, including backup sourcing, supplier diversification, continuity of care, and vulnerability to climate or geopolitical disruptions.
- **Resilience Overlay:** An additional layer of evaluation applied to all requests that assesses long-term supply chain risks, climate/geopolitical fragility, and continuity of care implications.
- **Sustainability Metrics:** Environmental and social responsibility measures considered in value analysis, including chemical safety, waste reduction, supplier diversity, and emissions disclosure.
- **Transparency KPIs:** Quantifiable, auditable performance indicators that measure adherence to unbiased data standards and the VAC’s accountability commitments.

VISUAL WORKFLOW



APPENDIX (EXAMPLES)

A – Pre-VAC & Request Submission Template

- **Request Submission Portal Form**
 - Problem statement: *What problem is this resolving?*
 - Comparison: *How does this differ from current practice?*
 - Key benefits: *Projected impact on patient care, safety, outcomes.*
 - Evidence: *What is the strongest available independent evidence?*
 - Conflict of Interest (digital attestation): *"I attest I have no financial relationship with the supplier/vendor."*
- **Pre-VAC Agenda Checklist**
 - Presentation window: 5–10 minutes per requestor.
 - Supporting docs required 14 days before meeting.

- Third-party representatives are prohibited.

B – Capital Equipment Request Form

- **Capital Request Cover Page**
 - Equipment name / supplier.
 - Estimated cost, lifecycle, and ROI.
 - Supply chain cost of consumables required.
- **Evaluation Path**
 - All associated supply costs must be evaluated by VAC.
 - Capital requests integrated with fiscal year capital budget plan.
 - No contingency funds permitted.

C – Standardized Trial Evaluation Form

- **Trial Design Requirements**
 - Length of trial: based on 6-month utilization history.
 - All products ordered via official Purchase Order (no “free stock” off the books).
- **Quiet Period enforcement:** no marketing, promotions, or sales contact during trial.
- **Evaluation Form Criteria**
 - Patient safety outcomes.
 - Staff usability & efficiency.
 - Evidence strength vs. alternatives.
 - Cost and reimbursement impact.
 - Equity, sustainability, resilience overlay (check boxes).
- **Submission Requirements**
 - Completed forms returned to VAC within trial period.
 - Trials >6 months without results = automatically closed unless extension approved.

D – Appeals & Enforcement Protocol

- **Appeals Process**
 - Requestor may appeal VAC denial directly to Executive Steering Committee.
 - Appeals must include documented rationale and new evidence.
- **Enforcement**
 - Staff bypassing process:
 - 1st offense = written warning.
 - 2nd offense = suspension of procurement rights.
 - 3rd offense = HR disciplinary action up to termination.
 - Physicians may not use unapproved products.
 - Vendors introducing unapproved items will result in financial penalties and contract breach action.

E – Vendor Due Diligence Checklist

- Formal document requiring vendor to answer the 10 transparency questions.
- Signature required from authorized officer of the vendor.
- Non-responses = automatic disqualification.
- Certification stored in VAC archive for 7 years (legal audit trail).

F – Quarterly KPI Improvement Dashboard

KPI Category	Metric / Target	Q1	Q2	Q3	Q4
Transparency	≥ 90% decisions supported by provider-funded data				
Audit Verification	≥ 85% vendor claims independently verified				
Safety Outcomes	≥ 75% of products show improved safety within 1 year				
Resilience	≥ 50% reduction in single-source risk over 3 years				
Equity & Sustainability	≥ 60% suppliers meet diversity/chemical footprint goals				
Ownership Disclosure	100% vendors disclose ownership & revenue sources				