

# THE SOURCE<sup>®</sup>

ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION

Q4 2020 | V 15 NO. 4 | HEALTHTRUST

## HealthTrust's 2020 Member Recognition Award Recipients BEST OF THE BEST | pages 42 - 45

### CARING CLOSE TO HOME

HealthTrust members  
prioritize patients with  
innovative solutions

### SUSTAINING POSITIVE CHANGE

Key initiatives from  
the most sustainable  
hospitals



★ ★ ★ ★ ★  
BEAUMONT HEALTH  
RECEIVES  
HEALTHTRUST'S 2020  
OUTSTANDING  
MEMBER AWARD  
★ ★ ★ ★ ★

# Gentrix®

For Complex Hernia Repair

## Optimal Clinical Outcomes Minimal Complications

- Facilitates a more natural host response
- Offers strength comparable to healthy, native fascia
- Fully remodels, building biomechanically functional tissue<sup>1</sup>

HealthTrust Contract #50084 - Biologics - Soft Tissue Reconstruction\*

**4%**

RECURRENCE RATE  
at 2 years<sup>2</sup>

**15.6%**

RECURRENCE RATE  
at median follow up  
of 3 years<sup>2</sup>

A recent study demonstrated a **recurrence rate of 4% for moderate to severe ventral hernias** reinforced with Gentrix



Read the full article, at [www.acell.com/complexhernias](http://www.acell.com/complexhernias)

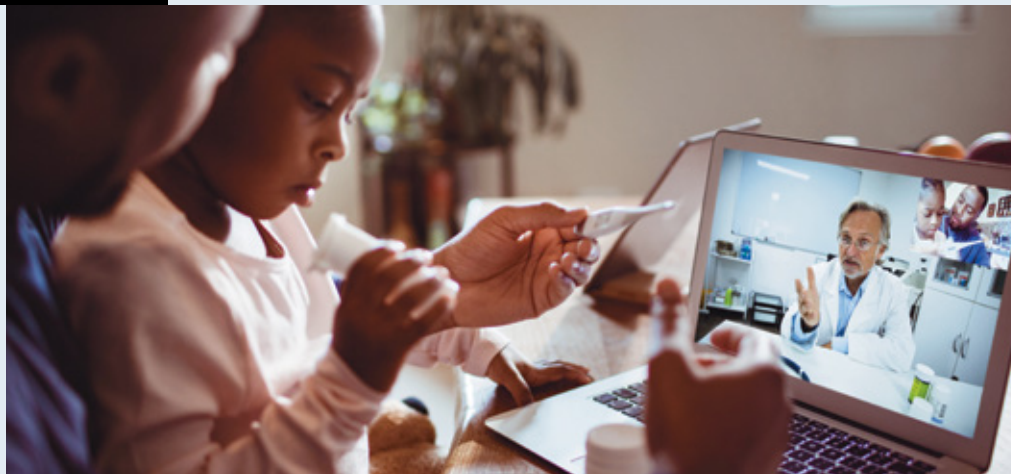
1. Young DA, et al. Comparison of in vivo remodeling of urinary bladder matrix and acellular dermal matrix in an ovine model. Regenerative Medicine. 2018; doi:10.2217/rme-2018-0091.  
2. Sasse, et al. Long-term clinical, radiological, and histological follow-up after complex ventral incisional hernia repair using urinary bladder matrix graft reinforcement: a retrospective cohort study. Hernia. 2018;22(6): 899-907.

\* ACell products are not regulated as biologics by the FDA. They are regulated as medical devices.

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## FEATURES



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### CARING CLOSE TO HOME

Member facilities prioritize the health & safety of their patients & communities during the pandemic with innovative solutions.

### EDITORIAL CONTRIBUTIONS:

Clinicians and staff within HealthTrust member facilities are invited to share their expertise as part of upcoming stories. Readers are also invited to suggest other experts for interviews or article ideas for publication consideration. Preference is given to topics that represent:

- \* Clinical or supply chain initiatives that exemplify industry best practices
- \* Physician Advisor expertise
- \* Innovation, new technology, insights from data and analytics
- \* Positive impacts to cost, quality, outcomes and/or the patient experience

Contact Faye Porter at [faye.porter@healthtrustpg.com](mailto:faye.porter@healthtrustpg.com) with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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### BEST OF THE BEST

HealthTrust 2020 Member Recognition Award recipients stand out for their commitment to excellence.

HealthTrust (Healthtrust Purchasing Group, L.P.) is committed to strengthening provider performance and clinical excellence through an aligned membership model and the delivery of total spend management advisory solutions that leverage our operator experience, scale and innovation. Headquartered in Nashville, Tennessee, HealthTrust ([healthtrustpg.com](http://healthtrustpg.com)) serves over 1,600 hospitals and health systems, and more than 55,000 other member locations including ambulatory surgery centers, physician practices, long-term care and alternate care sites. Follow us on Twitter [@healthtrustpg](https://twitter.com/healthtrustpg).

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**HTU Call for Proposals ... Submit ideas by Dec. 16 at [conferenceabstracts.com/healthtrust2021.htm](https://conferenceabstracts.com/healthtrust2021.htm). See page 16 for details**

# Collaborative imaging **Made possible.**

*Made For life*



Working together to understand your needs and challenges drives valuable outcomes that positively impact you and your patients' future.

Canon Medical's vision and commitment to improving life for all, lies at the heart of everything we do. By partnering to focus on what matters, together we can deliver intelligent, high quality solutions.

With Canon Medical, true innovation is **made possible.**

***HealthTrust***

**Contract Number  
#500348**

## CEO perspective

# Explore purchased services for additional cost savings

**As providers across the country manage the pandemic-inspired new normal**, initiatives to make up for lost revenue opportunities are paramount to help drive financial resiliency. An area often overlooked for substantial cost savings is purchased services.

Annual purchased services spend for U.S. hospitals is estimated at more than \$300 billion—comprising up to 45% of a hospital's nonlabor operating expense. It's an area often difficult to manage due to the complexity of unique categories, decentralized decision-making and contract management, and a lack of operational metrics.

Over the last decade, HealthTrust has built a robust portfolio of more than 260 purchased services contracts, spanning a wide range of health system functions—from landscaping and building maintenance to intraoperative neuromonitoring and parking/valet services. In more recent years, as part of our inSight Advisory Solutions, we established consulting services to help move members toward a path of cost savings. On average, this team saves our members 10% to 25% in the categories for which they provide consulting services.

To expand our offerings in this area, I'm excited to announce that over the summer, we launched Valify Solutions Group (VSG)—the first tech-enabled purchased services group purchasing organization (GPO) for healthcare. This new GPO leverages the largest data-driven market intelligence platform of more than \$460 billion in total spend, categorized through proprietary machine-learning algorithms to generate benchmarking insights for its members.

Valify Solutions Group is led by **Chris Heckler** as CEO, and the consulting arm is led by **Andy Motz** as AVP of Consulting.

There is no cost to join the purchased services GPO, and hospitals can selectively choose from 260+ contracts, representing more than \$8 billion in spend. VSG combines Valify's market-leading technology with HealthTrust's best-in-class contract portfolio and advisory services to create the industry's first end-to-end purchased services program, inclusive of sourcing, spend analytics, benchmarking, contract management, negotiations, advisory services and custom contracting.

We are excited to share this opportunity with you.

*Continued on page 8*



**Ed Jones**  
President/CEO, HealthTrust  
Publisher, *The Source* magazine

# This way forward.

A lot has changed over the last year, but one thing has always stayed the same—our commitment to helping you provide the best possible care and continue to improve patient outcomes. We strive to help protect your caregivers and patients with solutions for surgical operations, outpatient care, infection prevention and respiratory protection. We're proud to partner with you to deliver high-quality care in today's world by helping you to:

- Get back to business
- Help to reduce the risk of surgical site and healthcare associated infections
- Empower your post-op process

HealthTrust Contracts #576, 735, 746, 931, 6901, 38570

**Find your way forward at  
[3M.com/Medical](https://www.3m.com/Medical).**

## CMO perspective

# New realities, courtesy of the pandemic

**HealthTrust University Conference, online classes**, society and industry meetings, even patient visits—are you becoming acclimated to the virtual experience? Most of us have found ways to adapt. Although some aspects of medicine don't translate perfectly in a virtual model, it's proven to be an effective way to treat some patients during the pandemic.

As the article on page 20 reveals, 46% of Americans have elected to use telemedicine in light of safety concerns. Through initiatives to improve telemedicine efficiencies, a new concept has emerged—virtual waiting rooms. Physician Advisors **William Payne**, M.D. (Franciscan Alliance), and **Kevin Yoo**, M.D. (California Cancer Associates for Research & Excellence), share how they use this technology to reduce wait times.

## THE BENEFITS OF VIGILANCE

As part of its normal course of business, HealthTrust vets products that may be added to its contract portfolio. Clinical Advisory Boards support sourcing by applying evidence and knowledge to the process. As HealthTrust's **Karen Wagener**, BS, ChE; **Carey Watkins**, RN, MSN; and **Angie Mitchell**, RN, explain in the article on page 9, this vetting process has proved itself invaluable during the pandemic in protecting members against subpar products and bait-and-switch tactics from unscrupulous suppliers intending to take advantage of providers impacted by the personal protective equipment (PPE) shortage.

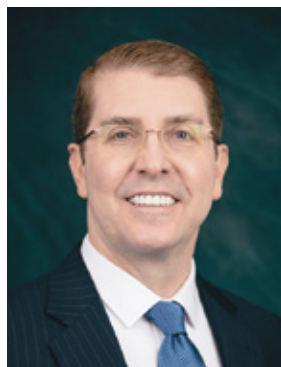
HealthTrust's decisions also typically align with Food and Drug Administration (FDA) guidance and product approvals. But the pandemic compelled the FDA to ramp up product reviews, and the agency has recognized many unproven medical products—some with fraudulent claims—over the last several months. Karen, Carey and Angie share that, while it was necessary for the FDA to do what it did to ensure hospitals didn't have even more shortages of PPE, it shifted the burden of legitimacy to the purchaser.

## HEALTHTRUST UNIVERSITY HIGHLIGHTS

The annual HealthTrust University Conference was offered for the first time in a virtual environment in early August

due to the pandemic. While it was certainly not the event any of us anticipated when we began planning for 2020, our presenters' adaptability to the format enabled us to deliver a quality slate of education to the HealthTrust membership.

Special thanks to Physician Advisor **Jeffrey Hodrick**, M.D.; CMOs **Christopher Ott**, M.D. (HCA Healthcare Physician Services Group) and **Christopher Rehm**, M.D., (LifePoint Health); and VP of Quality **David Stepansky**, M.D. (CHS), for their participation in two of the HTU online sessions. Visit the public education site ([healthtrustpg.com/education](https://healthtrustpg.com/education)) or the education section of the Member Portal for access to a number of the HTU sessions. **HT**



**John Young**, M.D., MBA, CPE, FACHE  
Chief Medical Officer, HealthTrust  
Executive Publisher & Editor-at-large, *The Source* magazine

**JOIN** HealthTrust's recently launched COVID community to access related content, interact with peers and learn best practices. Email [elle.petty@healthtrustpg.com](mailto:elle.petty@healthtrustpg.com) to join the discussion.



# 1-MONTH DAPT EVIDENCE IN COMPLEX PATIENTS



Resolute Onyx DES

**Onyx ONE Month DAPT Program**  
Evaluating Resolute Onyx™ DES in ~1,700 patients with 1-month DAPT.

## ONYX ONE GLOBAL STUDY

First prospective, randomized, 1-month DAPT trial comparing a DES to a DES in high bleeding risk (HBR) patients.



## ONYX ONE CLEAR STUDY

First study in the U.S. and Japan evaluating 1-month DAPT duration in HBR patients with a current DES.

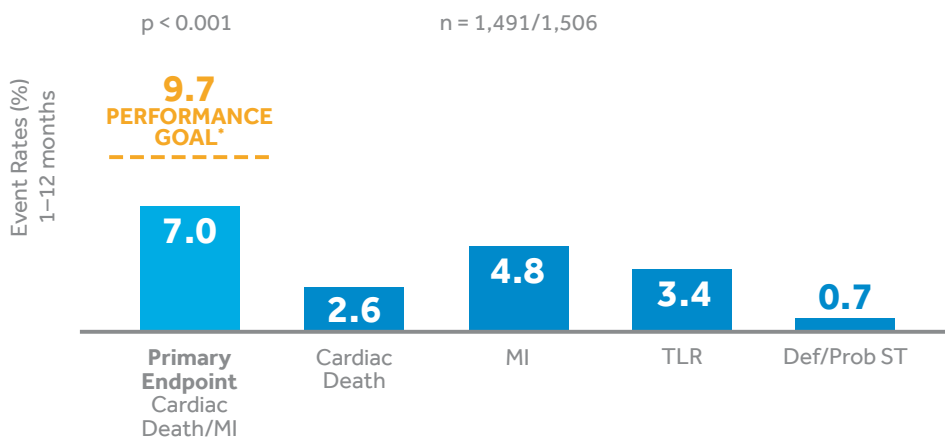


## ONYX ONE MONTH DAPT PROGRAM

The most robust clinical program studying 2,700 highly complex HBR patients with 1-month DAPT.

Resolute Onyx DES is not currently indicated for HBR patients on 1-month DAPT in the United States.

## ONYX ONE CLEAR STUDY ANALYSIS<sup>1</sup>



## COMPLEX PATIENT POPULATION

**37 mm**

AVERAGE STENTED LENGTH

**36%**

PRIOR REVASCULARIZATION

**39%**

DIABETES

Visit our website to review additional clinical data and learn more about the Onyx ONE Month DAPT Program.

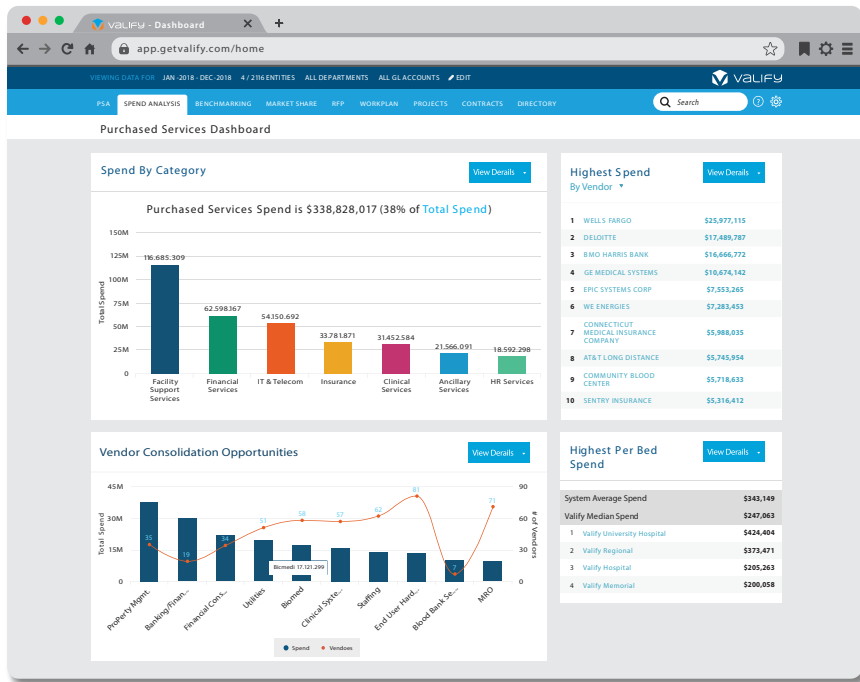
[medtronic.com/OnyxONEprogram](https://www.medtronic.com/OnyxONEprogram)

HealthTrust Contract #3040

<sup>1</sup> Kirtane A, et al. One Month Dual Antiplatelet Therapy in High Bleeding Risk Patients: Primary Results of Onyx ONE Clear. Presented online at ACC 2020.

**Medtronic**

Continued from page 4



Some of the biggest barriers to savings are collecting, accessing, categorizing and dissecting data. Now, through the Valify platform, savings opportunities are identified immediately and members gain visibility to spend at a category level. Through pinpoint benchmarking, VSG can offer details at the line-item level.

**REACH OUT** to your HealthTrust Account Manager or [join@valifysolutionsgroup.com](mailto:join@valifysolutionsgroup.com) to start the purchased services conversation.

Continued from page 7

\*Performance goal derived from contemporary 1-month DAPT trials, including ZEUS, LEADERS FREE, and SENIOR trials.

**Resolute Onyx™ Zotarolimus-eluting Coronary Stent System Indications**

The Resolute Onyx™ Zotarolimus-eluting Coronary Stent System is indicated for improving coronary luminal diameters in patients, including those with diabetes mellitus, with symptomatic ischemic heart disease due to *de novo* lesions of length ≤ 35 mm in native coronary arteries with reference vessel diameters of 2.0 mm to 5.0 mm. In addition, the Resolute Onyx™ Zotarolimus-eluting Coronary Stent System is indicated for treating *de novo* chronic total occlusions.

**Contraindications**

The Resolute Onyx™ Zotarolimus-eluting Coronary Stent System is contraindicated for use in: ■Patients with a known hypersensitivity or allergies to aspirin, heparin, bivalirudin, clopidogrel, prasugrel, ticagrelor, ticlopidine, drugs such as zotarolimus, tacrolimus, sirolimus, everolimus, or similar drugs or any other analogue or derivative ■Patients with a known hypersensitivity to the cobalt-based alloy (cobalt, nickel, chromium, and molybdenum) or platinum-iridium alloy ■Patients with a known hypersensitivity to the BioLinX™ polymer or its individual components

Coronary artery stenting is contraindicated for use in: ■Patients in whom antiplatelet and/or anticoagulation therapy is contraindicated ■Patients who are judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the stent or stent delivery system

**Warnings**

■Please ensure that the inner package has not been opened or damaged as this would indicate the sterile barrier has been breached. ■The use of this product carries the same risks associated with coronary artery stent implantation procedures, which include subacute and late vessel thrombosis, vascular complications, and/or bleeding events. ■This product should not be used in patients who are not likely to comply with the recommended antiplatelet therapy.

**Precautions**

■Only physicians who have received adequate training should perform implantation of the stent. ■Subsequent stent restenosis or occlusion may require repeat catheter-based treatments (including balloon dilatation) of the arterial segment containing the stent. The long-term outcome following repeat catheter-based treatments of previously implanted stents is not well characterized. ■The risks and benefits of the stent implantation should be assessed for patients with a history of severe reaction to contrast agents. ■Do not expose or wipe the product with organic solvents such as alcohol. ■The use of a drug-eluting stent (DES) outside of the labeled indications, including use in patients with more tortuous anatomy, may have an increased risk of adverse events, including stent thrombosis, stent embolization, MI, or death. ■Care should be taken to control the position of the guide catheter tip during stent delivery, stent deployment, and balloon withdrawal. Before withdrawing the stent delivery system, confirm complete balloon deflation using fluoroscopy to avoid arterial damage caused by guiding catheter movement into the vessel. ■Stent thrombosis is a low-frequency event that is frequently associated with myocardial infarction (MI) or death. Data from the RESOLUTE clinical trials have been prospectively evaluated and adjudicated using the definition developed by the Academic Research Consortium (ARC).

The safety and effectiveness of the Resolute Onyx™ stent have not yet been established in the following patient populations: ■Patients with target lesions that were treated with prior brachytherapy or the use of brachytherapy to treat in-stent restenosis of a Resolute Onyx™ stent ■Women who are pregnant or lactating ■Men intending to father children ■Pediatric patients ■Patients with coronary artery reference vessel diameters of < 2.0 mm or > 5.0 mm ■Patients with evidence of an acute ST-elevation MI within 72 hours of intended stent implantation ■Patients with vessel thrombus at the lesion site ■Patients with lesions located in a saphenous vein graft, in the left main coronary artery, ostial lesions, or bifurcation lesions ■Patients with diffuse disease or poor flow distal to identified lesions ■Patients with three-vessel disease

The safety and effectiveness of the Resolute Onyx™ stent have not been established in the cerebral, carotid, or peripheral vasculature.

**Potential Adverse Events**

Other risks associated with using this device are those associated with percutaneous coronary diagnostic (including angiography and IVUS) and treatment procedures. These risks (in alphabetical order) may include but are not limited to: ■Abrupt vessel closure ■Access site pain, hematoma, or hemorrhage ■Allergic reaction (to contrast, antiplatelet therapy, stent material, or drug and polymer coating) ■Aneurysm, pseudoaneurysm, or arteriovenous fistula (AVF) ■Arrhythmias, including ventricular fibrillation ■Balloon rupture ■Bleeding ■Cardiac tamponade ■Coronary artery occlusion, perforation, rupture, or dissection ■Coronary artery spasm ■Death ■Embolism (air, tissue, device, or thrombus) ■Emergency surgery: peripheral vascular or coronary bypass ■Failure to deliver the stent ■Hemorrhage requiring transfusion ■Hypotension/hypertension ■Incomplete stent apposition ■Infection or fever ■MI ■Pericarditis ■Peripheral ischemia/peripheral nerve injury ■Renal failure ■Restenosis of the stented artery ■Shock/pulmonary edema ■Stable or unstable angina ■Stent deformation, collapse, or fracture ■Stent migration or embolization ■Stent misplacement ■Stroke/transient ischemic attack ■Thrombosis (acute, subacute, or late)

**Adverse Events Related to Zotarolimus**

Patients' exposure to zotarolimus is directly related to the total amount of stent length implanted. The actual side effects/complications that may be associated with the use of zotarolimus are not fully known. The adverse events that have been associated with the intravenous injection of zotarolimus in humans include but are not limited to: ■Anemia ■Diarrhea ■Dry skin ■Headache ■Hematuria ■Infection ■Injection site reaction ■Pain (abdominal, arthralgia, injection site) ■Rash

Please reference appropriate product *Instructions for Use* for more information regarding indications, warnings, precautions, and potential adverse events.

**CAUTION:** Federal (USA) law restricts this device to sale by or on the order of a physician.

**Medtronic**

Medtronic Tel: 707.525.0111  
 LifeLine Customer Support Tel: 877.526.7890  
 Product Services Tel: 888.283.7868  
 Tel: 763.526.7890

medtronic.com

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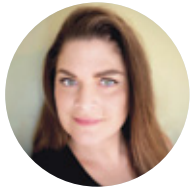
# Product vigilance when you need it the most

*FDA & HealthTrust help root out faulty & fraudulent sanitizers, masks*

A flood of new masks and hand sanitizers that have been manufactured to meet demand during the COVID-19 pandemic has prompted the Food and Drug Administration (FDA) to offer guidance on faulty and fraudulent versions, and HealthTrust is guiding members to be vigilant.

“With manufacturing being shut down in China for two to three months and a lot of the PPE (personal protective equipment) coming out of China, supplies quickly dried up in other parts of the world,” explains

**Karen Wagener, BS, ChE**, Executive Director, Quality & Regulatory at HealthTrust. “As we were trying to source new supplies, the biggest challenge was verifying these new sources met the appropriate level of protection.”



**Carey Watkins, RN, MSN**, Director of Clinical Engagement, Private Label at HealthTrust, says FDA guidance is just one piece of the puzzle. “I feel very confident and relieved to have the FDA’s guidance as a starting point,” she explains. “But with HealthTrust’s recommendations and product review process, I feel we’ve gone several steps further, as well as assisting in the vetting of products for our suppliers to assure that their specifications are acceptable from a regulatory and clinical perspective. Ultimately, this ensures products are safe for our clinicians to use.”

## ADAPTING TO A CHANGING LANDSCAPE

As part of its normal course of business, HealthTrust is well-positioned to vet products that may be added to the contract portfolio. Five Clinical Advisory Boards support strategic sourcing by applying evidence and knowledge to this process, complementing the efforts of the internal Strategic Sourcing team.



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HealthTrust’s decisions also typically align with FDA guidance and product approvals. But the pandemic compelled the FDA to accelerate product reviews, and the agency recognized many unproven medical products—some with fraudulent claims—over the last several months. After launching “Operation Quack Hack” in March, the FDA identified more than 700 such products related to COVID-19 by June.

This crackdown was balanced with the FDA’s move to omit certain manufacturer requirements in order to expedite product availability during PPE shortages. For example, the FDA waived the need to file a 510(k) market clearance prior to marketing surgical masks over the summer. However, according to Wagener, the agency later added another pathway to legally market masks and clarified what should be included on labels for fluid barrier protection.

“The landscape for regulatory requirements is still changing in regard to what manufacturers, importers and distributors have to do to legally market and sell hand sanitizers and face masks,” Wagener explains. “While it was necessary for the FDA to do what it did to ensure hospitals didn’t have additional shortages of PPE, it shifted the burden of legitimacy to the purchaser.”

HealthTrust’s team has capably met the challenge both in comprehensively vetting products and communicating with members about what’s safe and unsafe. “Having a team dedicated to reviewing, interpreting and applying the regulations, and vetting products from a clinical perspective, is vital to ensuring only safe and effective products are available to our members,” Wagener says. “I think other organizations might not have fared as well, ending up with more counterfeit or adulterated products.”

**Angie Mitchell**, RN, AVP, Clinical Services at HealthTrust, agrees.

“Because the measures and structure are in place, we’re able to do a really good job of vetting,” she says. “And it does take a village.”



## GOING ABOVE & BEYOND

Beyond the critical task of verifying products, quality control efforts from HealthTrust extended to other aspects, such as making sure various mask models fit clinicians. “We also had to make sure that the products the manufacturers were stating their testing belonged to were actually the products they shipped,” Watkins explains. “There was a lot of bait and switch going on.”

HealthTrust member facilities can take some reassurance from these backbone measures, say Wagener and Watkins.

“We’re able to either help prevent a bad product from getting into the hospital or quickly act with a supplier to recall it,” Wagener explains. “We’ve seen enough bad apples and untruthful players that I don’t think we’ll ever go back to the days of solely relying on the FDA. Our efforts will supplement and complement the FDA’s final decisions for vetting these types of devices.”

Watkins urges HealthTrust members to take advantage of both the FDA’s and HealthTrust’s websites to keep abreast of rapidly changing information regarding safe and unsafe PPE products. **HT**



iStockphoto.com/andresr

## HAND SANITIZER SAFETY

The Food and Drug Administration (FDA) has provided the following updates to ensure the safety of all consumers when using hand sanitizer:

- ▶ Do not use hand sanitizers from manufacturers on FDA’s “Do Not Use” list: [fda.gov/handsanitizerlist](https://www.fda.gov/handsanitizerlist)
- ▶ Do not use sanitizers containing methanol, or wood alcohol, as it can be toxic.
- ▶ Hand sanitizer must include denatured alcohol to make it bitter and less appealing to ingest, particularly by children.
- ▶ The product is meant for external use only and is not for ingestion, inhalation or intravenous use.
- ▶ Labeling must discourage accidental or intentional ingestion.
- ▶ As part of the FDA’s efforts to protect consumers, the agency is following up on false claims regarding hand sanitizer and has recently issued warnings to companies for selling fraudulent COVID-19 products.
- ▶ There are currently no FDA-approved products to prevent or treat COVID-19.

For a shareable infographic on hand sanitizer safety, visit [education.healthtrustpg.com/clinical-resources/hand-sanitizer-infographic](https://education.healthtrustpg.com/clinical-resources/hand-sanitizer-infographic)

Welcome to a more

# [ INTELLIGENT ] solution



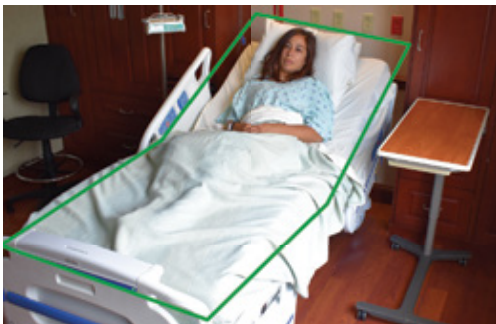
Designed with predictive fall monitoring technology, the CareView Patient Safety System assists with both sitter costs and patient falls.



## Patient Monitoring

The SitterView® Monitoring System is an invaluable tool that increases safety and improves workflow, allowing one staff member to:

- Monitor up to 40 patients
- Engage in 1-way or 2-way communication with patients
- Document patient risks and adjust workflows accordingly



## An Intelligent Turnkey System

The Patient Safety System incorporates different camera options specifically designed to address your clinical needs. Leveraging CareView's patented Virtual Rails® predictive technology, the CareView Patient Safety System uses machine learning to identify behaviors of an at-risk patient.

- Designed to improve patient safety
- Helps to reduce sitter costs
- Assists with staff efficiency



CareView Fixed Controller



CareView Portable Controller

Ready to learn more?

**Schedule your demo today.**

**972.943.6050 | [info@care-view.com](mailto:info@care-view.com)**

# In search of an alternative

*Amid escalating drug costs, safe & competitive options to imported drugs are prioritized*

If there had been any uncertainty, the COVID-19 pandemic has made it clear that our country's strong reliance on imported drugs—particularly as medication costs continue to soar overall—is a precarious strategy from both a supply chain and safety standpoint. HealthTrust is heeding this message by helping expand member access to proven alternatives at more competitive prices.

Most drugs sold in the United States are produced outside the country, according to the World Trade Organization. Experts say this fact verifies that drug integrity is just as vital as sourcing an array of options that save money. International supply chain disruptions related to the pandemic also resulted in shortages of some medications.

"If we import medications, it can increase competition and result in better pricing for patients," says **Haley Peel**, PharmD, BCPS, Director of Clinical Pharmacy Member Support at HealthTrust. "I support competition and better pricing, but it's important to have visibility into the drug supply chain in order to ensure quality medications reach the patients. Importing medications complicates the process and could increase the risk of adulterated drugs entering the supply chain. If you have no insight into what you're consuming, the integrity of the supply chain is a big concern."

**David Blazo**, RPh, VP, Pharmacy Services at Franciscan Alliance in Mishawaka, Indiana, agrees: "It's probably a

national security risk to have active product ingredients (API) for mission-critical drugs being manufactured in countries outside of the United States, such as China," he says.

## A MATTER OF SAFETY & COST

Several egregious examples of drug price gouging and quality control lapses since the turn of the new century have raised awareness among consumers, healthcare leaders and legislators about the importance of alternatives to imported drugs. According to Peel and Blazo, these examples include:

- ▶ The death of more than 80 patients in 2008 from adulterated heparin manufactured in China, which the Food and Drug Administration (FDA) determined was intentional to cut production costs.
- ▶ Daraprim, a drug long-considered the standard of care for treating a life-threatening parasitic infection, skyrocketed from \$13.50 to \$750 per tablet overnight in 2015, after a Switzerland-based company acquired the rights to produce it (as reported by *The New York Times*).

At Franciscan Alliance, the prescriptions that could most often benefit from alternatives to imported drugs are high-use generic injectables and older drugs that are off-patent, but mission-critical, says Blazo. These include heparin, the antibiotic cefazolin and the heart drug isoproterenol.



“Sometimes drug manufacturers bidding for multiple, large GPO [group purchasing organization] contracts bid below their own costs of manufacturing,” Blazo explains, “and when they win that bid, they find themselves alone in the market and increase prices. It’s a situation that repeats itself over and over.”

### POINTING TO SOLUTIONS

Lawmakers have attempted to address drug cost and integrity problems with various forms of recent legislation, Peel says. Notably, the Securing America’s Medicine Cabinet Act was introduced by Congress in March 2020. The bill aims to establish a National Centers of Excellence in Advanced Pharmaceutical Manufacturing to train future workers to research and implement these technologies and also spur pharmaceutical companies to bring drug manufacturing back to the United States.

HealthTrust’s key effort in this realm has been creating the SIMS (Supply Interruption Mitigation Strategies) program to help ensure both a high-quality and reliable supply

chain of medications. Among other efforts, the program requests detailed supply chain information from partners and incorporates the information as part of the contracting evaluation, explains Peel.

“We also look at FDA inspection history and focus on the viability and sustainability of vendors’ supply chains prior to contract pricing discussions,” Peel explains. “Our members can enter into an agreement with the manufacturing partner so they can mitigate supply swings on critical products and obtain a market-competitive price.”

This process ultimately has the patient at the center. “Quality is first and foremost,” Peel adds. **HT**

**FOR MORE INFORMATION, visit the SIMS & Drug Shortage Strategy Center on the Member Portal.**

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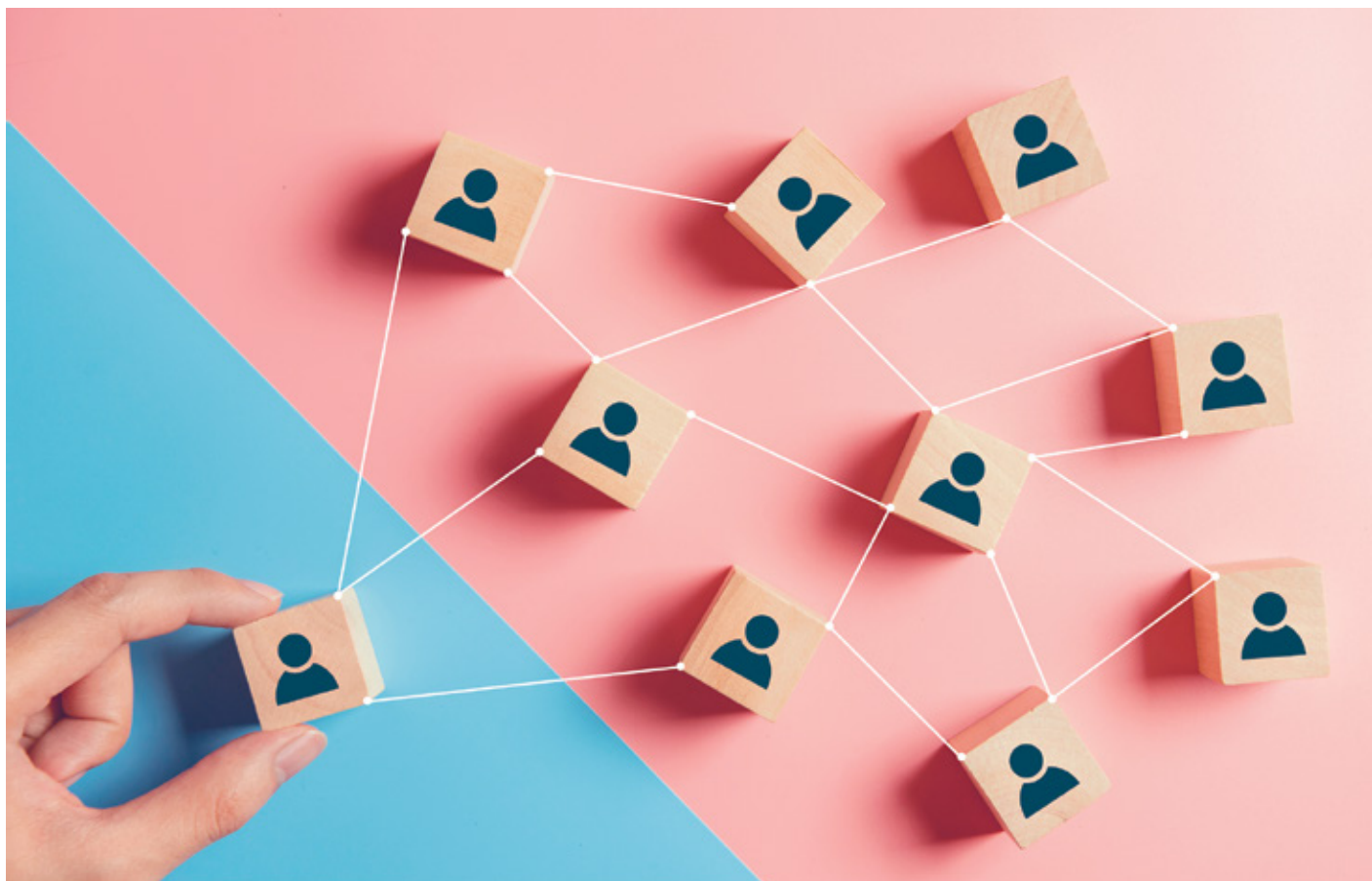
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# Making it work

## Innovations in staffing during COVID-19

SINCE THE COVID-19 PANDEMIC STRUCK THIS SPRING, hospital systems have found themselves facing significant hurdles around staffing. These pitfalls range from not being able to find staff willing and able to work, to overstaffing, as patient volume fell due to canceled elective procedures.

“We have seen every type of challenge imaginable,” says **Rich Lopez**, Vice President of inSight Advisory Services for HealthTrust Workforce Solutions. “Organizations needed to alter their standard work environments and began managing staff from home on levels never before seen.”

On top of that struggle, uncertainty around the virus itself created added



challenges. “There has been a significant amount of unease and fear due to all of the unknowns throughout the pandemic,” Lopez says.

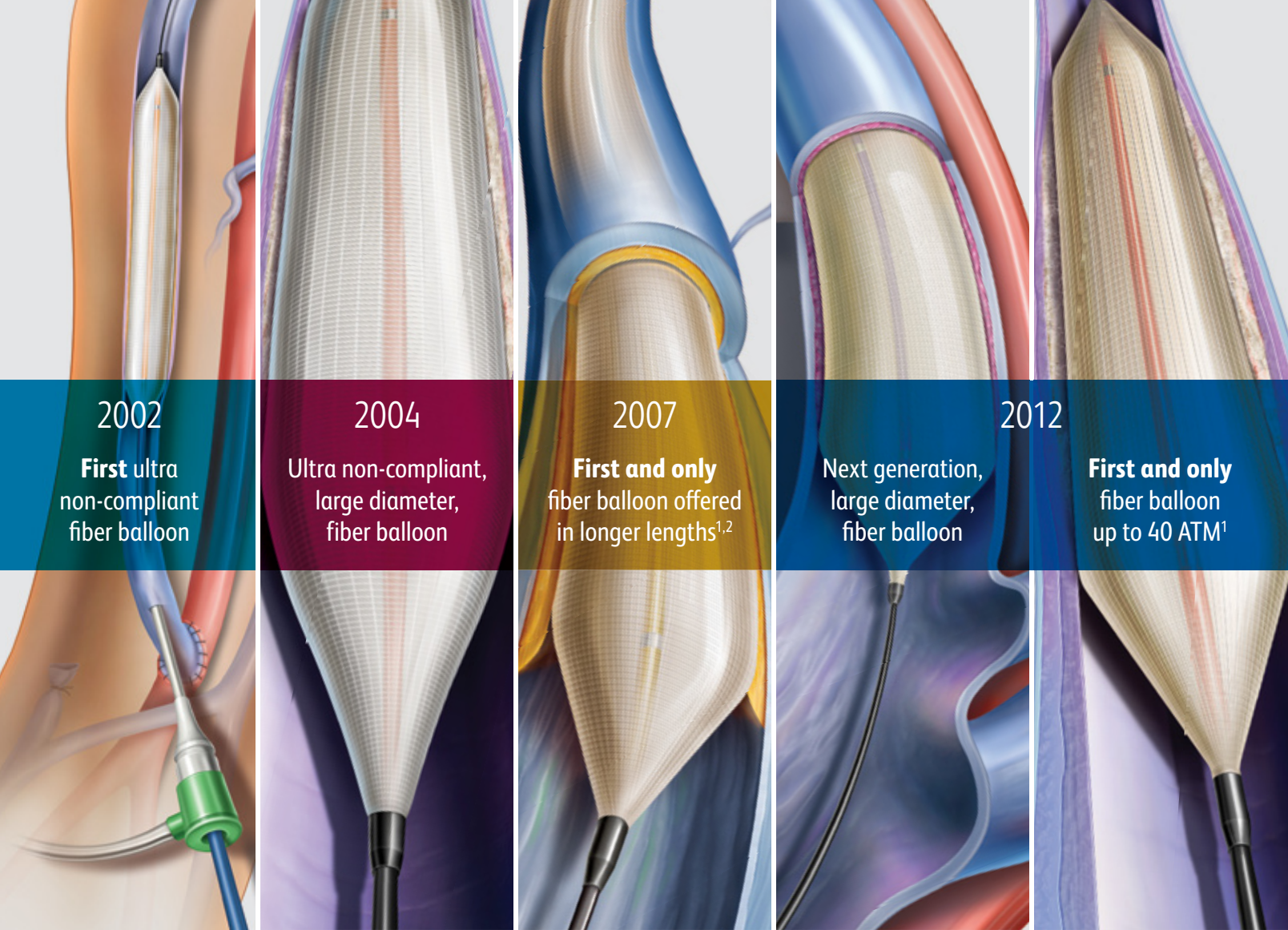
### SOLVING SHORTAGES

These obstacles have required healthcare systems to pivot and develop strategies to adjust to the new normal.

“Many hospital system leaders are not familiar with best-practice methods to redeploy or reduce the workforce appropriately,” explains Lopez. Enter Workforce Solutions. Workforce Solutions is a HealthTrust advisory service designed to help members solve a wide range of workforce issues. “One key aspect of our solution is to provide

*Continued on page 16*





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Continued from page 14

management of the end-to-end vendor and contingent labor engagement process through our Managed Service Provider (MSP) program,” explains Lopez.

The group serves as a labor consultant, providing numerous services to members, including:

- ▶ Advisory services and solutions focused on assessing and optimizing labor management and productivity
- ▶ Managed clinical services to help members address specialty needs such as nursing and clinical training programs and credentialing
- ▶ Labor management technology, including web-based scheduling, staffing, operational benchmarking and labor productivity modules that provide a comprehensive view of key labor metrics

- ▶ Recruiting and staffing models tailored to the member’s individual needs, including nursing, physicians, locum tenens and interim leadership
- ▶ Managing the end-to-end vendor and contingent labor engagement process as a natural extension of existing supply chain management and talent acquisition teams

### HELPING MEMBERS THROUGH UNCERTAIN CIRCUMSTANCES

Throughout the pandemic, Lopez and his team—together with HealthTrust’s Clinical Advisory Services—assisted members by publishing three guides: *Staffing Considerations During a Pandemic*, *Managing Work-from-Home Staff* and *Facility Staffing Resource Pools*.

Continued on page 18



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## ANNOUNCING 2021 HTU CALL FOR PROPOSALS

Members and industry subject matter experts are invited to share impactful clinical initiatives or supply chain success stories with HealthTrust members during the annual HealthTrust University Conference event.

Proposals for sessions to be considered for presentation at HTU 2020 are being accepted between now and Dec. 16, 2020. Using Google Chrome as your browser, visit [www.conferenceabstracts.com/healthtrust2021.htm](http://www.conferenceabstracts.com/healthtrust2021.htm) to submit your program idea for review. (No submissions will be accepted after Dec. 16.)

### Questions?

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Continued from page 16

The staffing considerations guide, for instance, encourages member organizations to ask a series of questions to better understand their staffing needs and challenges. These include:

- ▶ What types of patients and symptoms will be most likely to increase in number?
- ▶ What clinical, ancillary, support and administrative personnel are needed to provide care to pandemic patients and to provide support to the caregivers?
- ▶ What clinical and administrative personnel are available?

The guide then provides step-by-step instructions to answer those questions.

“We also offer labor management assessments that define variable departmental staffing targets in order to offer guidance on staffing levels as patient volume increases or decreases,” Lopez said. The services also include recruiting. “We spent a significant amount of time

helping recruit contract staff to fill open staffing needs at member hospitals.”

When it comes to staffing challenges, Lopez explains, “One of our most common recommendations is for healthcare organizations to build a flexible workforce as a key strategy, so the facility can quickly respond to known seasonal fluctuations as well as unforeseen circumstances.”

That means staffing each department or service in the hospital with full-time, part-time and contingent labor, as appropriate. “This allows departmental and senior leadership to be able to respond more quickly to ever-changing staffing needs,” Lopez adds. **HT**

**ACCESS WORKFORCE SOLUTIONS** through your HealthTrust Account Director or at [healthtrustpg.com/workforce](http://healthtrustpg.com/workforce). For more information, contact Rich Lopez at [rich.lopez@healthtrustws.com](mailto:rich.lopez@healthtrustws.com)

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# The DOCTOR will see you NOW

**Virtual waiting rooms are crucial to keeping telemedicine running smoothly**

PRIOR TO THE COVID-19 PANDEMIC, JUST 11% OF AMERICANS USED TELEMEDICINE. That number jumped to 46% in 2020—and experts predict it's only going to grow in the coming years.

Although some aspects of medicine don't translate perfectly in a virtual model, it's proven to be an effective way to treat patients during the pandemic. Not only can patients visit their physicians from the safety of their homes, but they can experience reduced waiting times through the use of virtual waiting rooms.

With virtual waiting rooms, patients check in for an appointment using the healthcare facility's telemedicine

*Continued on page 22*

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During the pandemic, virtual waiting rooms have been pivotal in keeping the healthcare systems' workflows running smoothly and efficiently.

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Continued from page 20

system of choice. The healthcare provider then receives a notification that the patient is ready to be seen, much like they would in a traditional office setting. The provider can then move the patient from the virtual waiting room to the virtual exam room and begin the appointment when ready.

HealthTrust Physician Advisor **William Payne, M.D.**, an orthopedic surgeon with Franciscan Health, based in Olympia Fields, Illinois, has used telemedicine extensively during the pandemic. He says virtual waiting rooms have been pivotal in keeping the healthcare system's workflows running smoothly and efficiently.



At Franciscan Alliance, which uses both Doxy.me and InTouch—two Health Insurance Portability and Accountability Act (HIPAA)-compliant telemedicine systems—patients check in 30 or 40 minutes before their appointment. A medical assistant then retrieves the patient from the virtual waiting room to do intake assessment. At that point, the staff have two workflow options: They can either send the patient back to the virtual waiting room until the doctor is ready for them, or they can turn off the provider's camera and microphone and then turn it on once the doctor is ready for the patient.

Dr. Payne prefers the second workflow, as it avoids the potential hiccup of a patient's video connection being dropped when they're moved back into the virtual waiting room.

"I use virtual waiting rooms the exact same way I use traditional ones," says Dr. Payne. "I run six rooms and have six cameras—one for each room—and I see a patient in each room," adding that he prefers this strategy over seeing every patient in a single exam room. "There are other doctors who sit in their office and see patients one at a time. But this way,

if there's an issue, just like there could be in real life, I can step out of the room, go to the next room if necessary, and keep patients on track and on time."

HealthTrust Physician Advisor **Kevin Yoo, M.D.**, a neurosurgeon with California Cancer Associates for Research & Excellence based in the San Diego area, began using Doxy.me during COVID-19.



Although Dr. Yoo believes virtual waiting rooms streamline and simplify the telemedicine process for both patients and providers, they don't come without challenges. He says there are two major roadblocks: spotty Wi-Fi connections and low technology literacy among elderly patients. If the connection drops or the patient can't figure out how to use the technology, the default is to do a FaceTime call, but, unfortunately, this method is not HIPAA-compliant.

Dr. Yoo advises other healthcare organizations looking to incorporate virtual waiting rooms to do their due diligence. "You can't just say, 'let's do it today' and it magically happens," he notes. "You need to spend some time, resources and money to do it well."

Dr. Payne agrees, adding that he recommends testing out a virtual waiting room process with a few patients and then scaling up. For example, Franciscan Alliance initially saw patients every 30 minutes because they were still learning how to use the technology. Now, they see patients every 15 minutes. "Sometimes, new workflows need to be created," he adds. **HT**

READ MORE about how telemedicine is transforming in the time of COVID at [healthtrustpg.com/telemedicine](https://healthtrustpg.com/telemedicine)



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						Amerisource Bergen	Cardinal	McKesson	HD Smith	Morris & Dickson
620-24	1,000 mg	50 mL	100 mL Premix Bag	20 mg/mL	24	10209105	5503305	3672185	5792684	511089
621-24	2,000 mg	100 mL	100 mL Premix Bag	20 mg/mL	24	10225251	5547013	3959640	6162044	718312



### Indication and Usage

Calcium Gluconate in Sodium Chloride Injection is a form of calcium indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia. Limitations of Use: The safety of Calcium Gluconate in Sodium Chloride Injection for long term use has not been established.

### Important Safety Information:

Contraindicated in hypercalcemia and in neonates receiving ceftriaxone. Warnings and Precautions: cardiac arrhythmias may occur with concomitant cardiac glycoside use; use caution when administering with ceftriaxone as a precipitate may form in the IV line; tissue necrosis and calcinosis may occur with or without extravasation; hypotension, bradycardia and cardiac arrhythmias may occur with rapid administration; contains aluminum which may cause toxicity. The most common adverse events are local soft tissue inflammation and necrosis; calcinosis cutis and calcification related to extravasation; vasodilation, decreased blood pressure, bradycardia, cardiac arrhythmia, syncope and cardiac arrest.

Please see full Prescribing Information, including Warnings, Precautions, and Important Safety Information for this product at the WGCC website.

References: 1. CALCIUM GLUCONATE IN SODIUM CHLORIDE Injection [package insert]; Approved Drug Products with Therapeutic Equivalence Evaluations 39th Edition (Orange Book); <https://www.fda.gov/media/71474/download> 2. On file WG Critical Care, LLC. To request data on file, please contact Customer Service at 1-888-493-0861 or CustomerService@wgccrx.com

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#### **WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE**

*Please see accompanying Highlights of full Prescribing Information for additional important information.*

- Thrombosis may occur with immune globulin intravenous (IGIV) products, including Octagam® 10%. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
- Renal dysfunction, acute renal failure, osmotic nephropathy, and death may occur with the administration of Immune Globulin Intravenous (Human) (IGIV) products in predisposed patients. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. Octagam 10% does not contain sucrose.
- For patients at risk of thrombosis, renal dysfunction or renal failure, administer Octagam 10% at the minimum infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

#### **Important Safety Information**

Octagam® 10% is contraindicated in patients who have a history of severe systemic hypersensitivity reactions, such as anaphylaxis, to human immunoglobulin. Octagam 10% contains trace amounts of IgA (average 106 µg/mL in a 10% solution). It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity. The most serious drug-related adverse event reported with Octagam 10% treatment was a headache (0.9% of subjects). The most common drug-related adverse reactions reported in >5% of the subjects during a clinical trial were headache, fever, and increased heart rate.

**Please see accompanying Highlights of full Prescribing Information for additional important information.**

**HealthTrust Contract #4861**

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## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use OCTAGAM 10% safely and effectively. See full prescribing information for OCTAGAM 10%.

OCTAGAM 10% [Immune Globulin Intravenous (Human)]  
liquid solution for intravenous administration  
Initial U.S. Approval: 2014

### WARNING

#### THROMBOSIS, RENAL DYSFUNCTION AND ACUTE RENAL FAILURE *See full prescribing information for complete boxed warning*

- Thrombosis may occur with immune globulin intravenous (IGIV) products, including OCTAGAM 10%. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
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- For patients at risk of thrombosis, renal dysfunction or renal failure, administer OCTAGAM 10% at the minimum infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

## INDICATIONS AND USAGE

- OCTAGAM 10% is an immune globulin intravenous (human) liquid preparation indicated for the treatment of chronic immune thrombocytopenic purpura (ITP) in adults.

## DOSAGE AND ADMINISTRATION

### For intravenous use only.

Indication	Dose	Initial Infusion rate	Maintenance Infusion Rate (if tolerated)
Chronic ITP	1 g/kg daily for 2 consecutive days	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 12.0 mg/kg/min (Up to 0.12 mL/kg/min)

- Ensure that patients with pre-existing renal insufficiency are not volume depleted; discontinue OCTAGAM 10% if renal function deteriorates.
- For patients at risk of renal dysfunction or thrombotic events, administer OCTAGAM 10% at the minimum infusion rate practicable.

## DOSAGE FORMS AND STRENGTHS

Solution containing 10% IgG (100 mg/mL)

## CONTRAINDICATIONS

- History of anaphylactic or severe systemic reactions to human immunoglobulin
- IgA deficient patients with antibodies against IgA and a history of hypersensitivity

## WARNINGS AND PRECAUTIONS

- IgA-deficient patients with antibodies against IgA are at greater risk of developing severe hypersensitivity and anaphylactic reactions to OCTAGAM 10%. Epinephrine should be available immediately to treat any severe acute hypersensitivity reactions.
- Monitor renal function, including blood urea nitrogen and serum creatinine, and urine output in patients at risk of developing acute renal failure.
- Falsely elevated blood glucose readings may occur during and after the infusion of OCTAGAM 10% with testing by some glucometers and test strip systems.
- Hyperproteinemia, increased serum osmolality and hyponatremia may occur in patients receiving OCTAGAM 10%.
- Hemolysis that is either intravascular or due to enhanced red blood cell sequestration can develop subsequent to OCTAGAM 10% treatments. Risk factors for hemolysis include high doses and non-O-blood group. Closely monitor patients for hemolysis and hemolytic anemia.
- Aseptic Meningitis Syndrome may occur in patients receiving OCTAGAM 10%, especially with high doses or rapid infusion.
- Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury (TRALI)).
- OCTAGAM 10% is made from human plasma and may contain infectious agents, e.g. viruses and, theoretically, the Creutzfeldt-Jakob disease agent.

## ADVERSE REACTIONS

The most common adverse reactions reported in greater than 5% of subjects during a clinical trial were headache, fever and increased heart rate.

**To report SUSPECTED ADVERSE REACTIONS, contact Octapharma at 1-866-766-4860 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

## DRUG INTERACTIONS

The passive transfer of antibodies may:  
Confound the results of serological testing.  
Interfere with the immune response to live viral vaccines, such as measles, mumps, and rubella.

## USE IN SPECIFIC POPULATIONS

- Pregnancy: no human or animal data. Use only if clearly needed.
- Geriatric Use: In patients over age 65 or in any person at risk of developing renal insufficiency, do not exceed the recommended dose, and infuse OCTAGAM 10% at the minimum infusion rate practicable.

Revised: August 2018

### Medical Affairs:

usmedicalaffairs@octapharma.com  
Tel: 888-429-4535

### Reimbursement:

usreimbursement@octapharma.com  
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### Drug Safety:

For all inquiries relating to drug safety, or to report adverse events, please contact our local Drug Safety Officer:  
Tel: 201-604-1137 | Cell: 201-772-4546 | Fax: 201-604-1141 or contact the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

# BREATHING LIFE into critical technology

Designed & produced in just weeks, the X-VENT provides ventilator boost as pandemic continues

IN MARCH 2020, AS THE FEROCITY OF THE COVID-19 PANDEMIC BECAME STUNNINGLY CLEAR, Enexor Health Systems CEO **Lee Jestings**, MBA, challenged his team to rapidly design and build a new ventilator that would both alleviate emerging ventilator shortages and deliver critical modes of ventilation.



*Continued on page 28*



# Introducing the Enexor X-VENT.

Designed *by* RTs *for* RTs.™

**Now available.**

## X-VENT Ventilator

**Finally, an affordable ventilator.**

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**HealthTrust Contract #64110**

For more information visit [enexor.com/HealthTrust](https://enexor.com/HealthTrust)

Continued from page 26

The result, the X-VENT, accomplished those ambitious goals and far more. Recently added to the HealthTrust portfolio (contract #64110), the innovative device was designed and produced in mere weeks by a team of physicians, respiratory therapists and engineers committed to helping patients and providers across the globe with a simple, inexpensive and easy-to-use ventilator.

Earning an Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) in June, Enexor—a Franklin, Tennessee, company that also manufactures small-scale organic waste-to-energy systems for hospitals worldwide—formed an LLC called Breathe Strong to design the X-VENT. It's an EUA-approved ventilator that doesn't employ a bag valve mask resuscitator (dubbed an "ambubag"), but instead uses a piston-driven air system. The X-VENT also self-calibrates, so it's easily stored and saves money on pricey calibrating costs when restarted.

"You learn a lot when there are adverse conditions," Jestings says. "We became focused on saving lives. That's our theme here, and everyone chipped in and was very supportive and enthusiastic."

### EAGER TO COLLABORATE

Led by ventilation technology pioneer **Bill Walsh, M.D.**, of the Monroe Carell Jr. Children's Hospital at Vanderbilt University, the Breathe Strong Project design team mobilized after Jestings received a call from a physician partner in a developing country asking for ventilators. The request drove home just how dire the ventilator shortage was becoming worldwide, inspiring and unifying Jestings and his collaborators.

"Enexor wanted to develop an effective, relatively inexpensive ventilator as fast as possible, which seemed like a very daunting task," says Dr. Walsh, who was one of the design team members of the original oscillating ventilator. "The motivation for them to do it is what attracted me—essentially making it a break-even, humanitarian effort to save lives. They saw a need and had the ability."

**The X-VENT can save at least \$3,000 per unit, compared to standard ventilators with price tags of \$12,500 and upward.**



It's less expensive to produce because it is made in the U.S. and incorporates industry-grade pistons and circuits instead of proprietary medical parts that are harder and more expensive to source, Dr. Walsh explains.

The X-VENT is also set apart from standard ventilators in other important ways. It's designed to use high-pressure or low-pressure oxygen, since many hospitals across the world don't have access to high-pressure oxygen, Jestings notes.

"Sometimes COVID-19 patients need a lot of positive end pressure to keep their lungs from collapsing at the end of each breath, and this ventilator can do that nicely," Dr. Walsh explains. "It's also easy to adjust those pressures."

### A VALUABLE PARTNERSHIP

From the project's launch, HealthTrust personnel were an integral part of the X-VENT's development, Jestings says. Chief Medical Officer **John Young, M.D., MBA**, was joined twice by other clinical leaders onsite at Enexor after a working prototype of the ventilator was built, offering valuable feedback. During one of the trips, Dr. Young was accompanied by the HealthTrust COVID-19 respiratory therapy team.

"They liked the concept and that we were doing things not typical for medical manufacturers," Jestings explains. "Being a Nashville-based company, we'd already started talking to HealthTrust about our bioenergy product. They are our first and our favorite local partner."



Continued on page 30



The X-VENT ventilator by Enexor is less expensive than traditional ventilators and is easy to use.



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## Consider this **EYE ON INNOVATION**

Continued from page 28

This crucial input also paid off, Jestings says, by affirming a unique detail of the X-VENT that can improve safety and efficiency. As requested by respiratory therapists on the design team, the X-VENT features a remote operating screen (essentially, a tablet digitally connected to the unit) that can be monitored from outside a patient's room. This means clinicians can change the ventilator's settings and carefully watch patients' responses without entering, saving them increased exposure to the coronavirus as well as the need to repeatedly don personal protective equipment (PPE).

"The respiratory therapists love it because it is so simple to use. It has everything you need to take care of a patient with an easy, accessible layout," Dr. Walsh adds.

### REACHING THE WORLD

So much demand has been expressed for the X-VENT in far-off regions of the world that Enexor is launching Project Breathe Strong Africa. With Enexor able to produce up to 200 units each day at the company's manufacturing facilities in Franklin and Huntsville, Alabama, Jestings plans to not only fulfill hospital purchases in the United States, but also to donate the X-VENT to countries such as Ghana, the Dominican Republic, Panama and elsewhere once export permission is granted.

"There's such high demand for American technology right now," Jestings explains. "What's unique is, it's one of the few ventilators designed and manufactured in the United States, so the supply chain is comforting to some of our customers." **HT**

**FOR MORE INFORMATION** about the X-VENT, visit the **contract package (#64110)** or contact your **HealthTrust Account Manager**.

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1. Andrea Bianco and others. UV-C irradiation is highly effective in inactivating and inhibiting SARS-CoV-2 replication. medRxiv. 2020 June 23:1-9.  
2. Jeremy Starkweather, John Wynne, Jason Ylizarde. Purpose Built UV-C Enclosure for Portable Medical Equipment: Controlling the Environment is the Key to Consistent Results. HHS. 2020 January 15:1-3.

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HealthTrust Contract #51953





# Calculated decisions

## Mercy Health System creates algorithm to conserve PPE

DURING THE PANDEMIC, HOSPITALS HAVE LEARNED A LOT ABOUT EFFICIENCIES, care redesign and maintaining high-quality care, all while managing drastic changes in how they typically operate. Chief Supply Chain Officer at Mercy Health, **Lori Pilla, RN**, says this is causing a shift in mindset.



“Hospitals are having to decide the difference between need and want. They’re now forced to be good stewards of the resources they have,” she says.

At the onset of the pandemic in March, like many health systems, Mercy Health went into a tailspin as its need for personal protective equipment (PPE) soared.

“When it came to this particular crisis, we saw our use of PPE go up over 1,000% upfront,” says Pilla.

As hospitals were desperately trying to get PPE, medical suppliers were hindered in obtaining supplies, so they placed hospitals on allocation.

There were emergency supplies that the health system could access right away, but some of them had expired. “Most health systems’ reserve PPE stock is from back when SARS and Ebola were threats,” says Pilla, referring to the global diseases of 2003 and 2014, respectively. “No one had

really paid attention to cycling that supply because it wasn’t something we were watching on a regular basis.”

So Pilla, along with her supply chain team and the Mercy data scientists, developed a mathematical algorithm to help the health system determine PPE velocity and forecast positive COVID-19 patients. Based on the algorithm, they were able to establish an emergency reserve supply to avoid another critical situation. They have made it a part of their emergency management plan to cycle through reserve PPE monthly so they won’t end up with expired products.

The team had about 45,000 workers. They broke it down into the number of workers per area and determined the types of PPE needed, based on level-of-care and patient subset. “We would then allocate that with 12-hour staff shifts at four shifts per week, and calculated the average PPE rate per day,” says Pilla. In the areas where there was less risk of exposure, staff would extend the use of their masks slightly longer. For trauma cases, they knew they would need more PPE, so they added 10% to accommodate those cases.

The team at Mercy configured their PPE algorithm into a business intelligence dashboard and uses it to determine their levels of PPE at any given time.

The algorithm was put into place at the end of March, and the health system benefited from it immediately. “We based our inventory and stocking on predictive velocity, and so far, we haven’t exceeded it,” says Pilla. **HT**

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After a one-time implementation process, users can generate various opportunity reports using personalized peer groups. Reports can display up to five quarters of trended data with the capacity to drill down to specific departments or KPIs. With guidance from the HealthTrust Workforce Solutions (HWS) implementation team, users will complete a

mapping process of key inputs to ensure comparability. Each department is mapped to a standard department (with recommended workload units of service). Templates are provided to upload worked hours, volume, and expense data. Additionally, users complete profiles containing operating characteristics specific to each facility and department. After setting up departments and uploading quarterly data, users can generate various reports with benchmark data highlighting opportunities and trends within each department.

## Next Steps

In addition to the PLUS technology modules, HWS can also provide additional labor management support. HWS staff can identify staffing, scheduling, and productivity improvement opportunities at the department and facility level. Management engineers can assist onsite in either short or long-term engagements to help organizations manage labor expenses and implement effective, sustainable labor management practices.

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# THE IMPACT OF COVID-19



**\$323.1B**

total financial losses for hospitals & health systems in 2020 due to the pandemic

Source: American Hospital Association

Of healthcare leaders surveyed:


**90%** expect budget constraints to continue into 2021

**73%** don't expect elective procedure volume to reach 100% until 2021

Source: Alexander Group survey

**\$250B** of current spend could shift permanently to telehealth


Source: Advisory Board



Of 105 countries responding:

**90%** reported COVID-19 impacted the provision of other healthcare services, including immunization, family planning services, cancer & cardiovascular disease diagnosis/treatment

Source: World Health Organization survey



<p><b>1999</b>   National Pharmaceutical Stockpile (NPS) program began to have pharmaceuticals &amp; vaccines ready to counter potential threats that could impact a large number of the U.S. population</p>	<p><b>2003</b>   NPS became the Strategic National Stockpile (SNS) &amp; expanded to include critical PPE, antibiotics, chemical antidotes, vaccines, antitoxins, life-support medications, intravenous administration &amp; airway maintenance supplies. It's designed to resupply state &amp; local agencies in the event of a national emergency</p>	<p><b>2020</b>   \$16 billion in stimulus money went to replenish the SNS reserves</p> <p>Source: phe.gov &amp; businessinsider.com</p>
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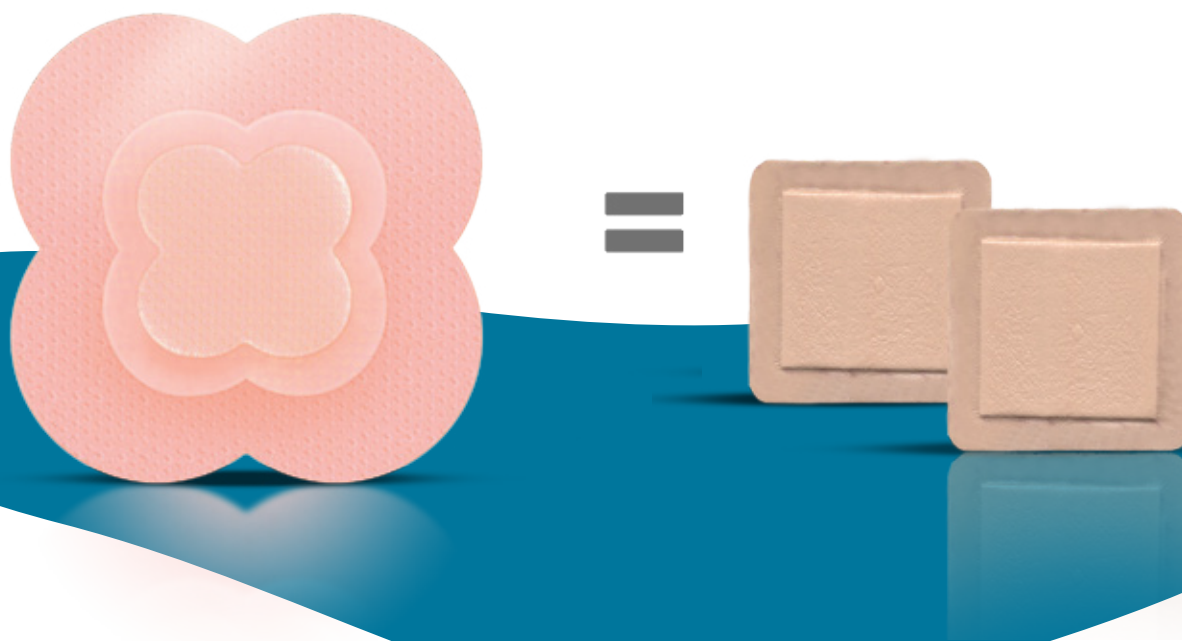
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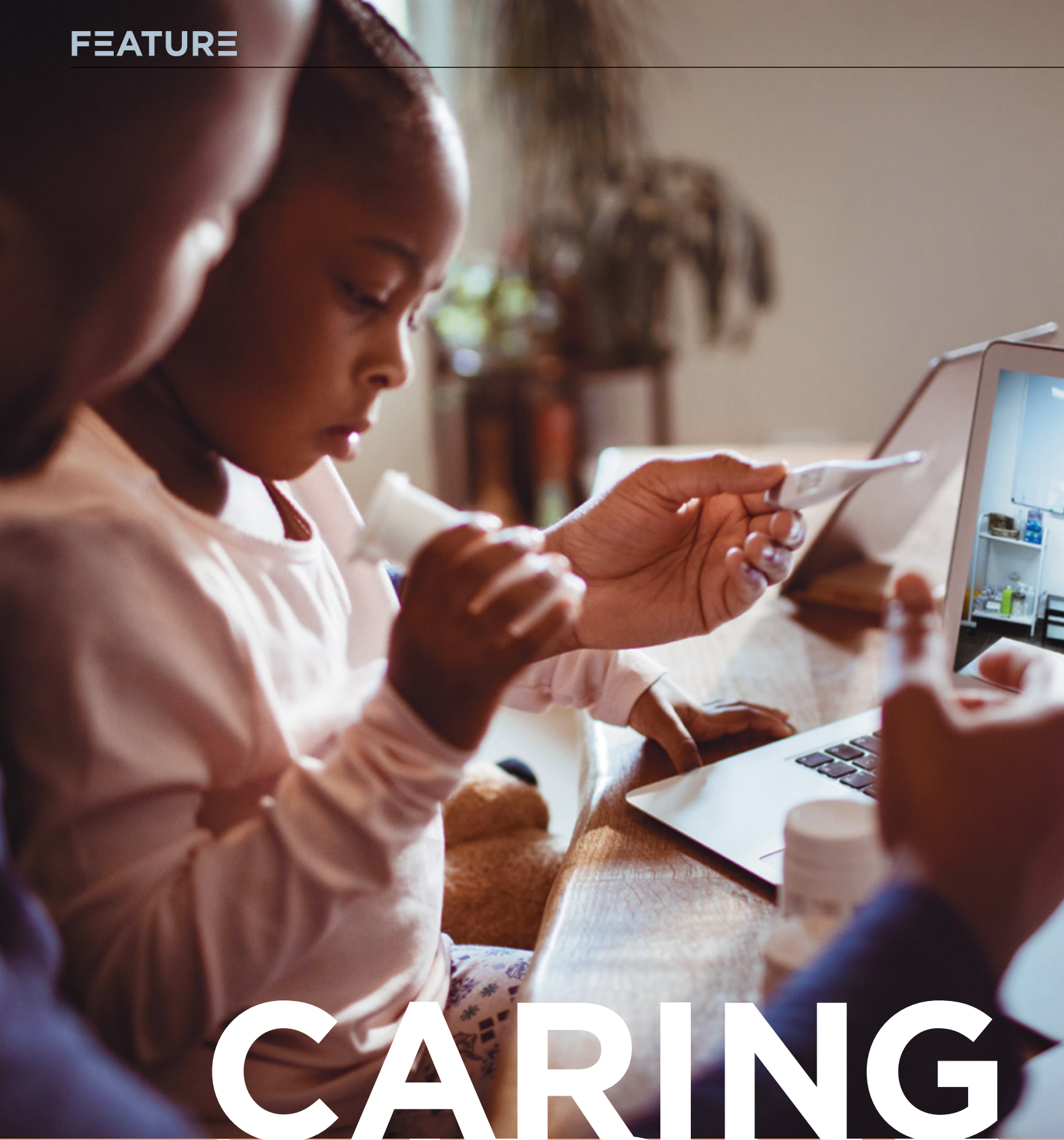
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References: 1. Joy H et al. A collaborative project to enhance efficiency through dressing change practice. Journal of Wound Care. Vol 24. No 7. July 2015 P3-4. 2. Data on File Report GMCA-DOF/08 –April 2016, A. Rossington. Product Performance of Next Generation ALLEVYN LIFE.



# CARING close to HOME





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THE COVID-19 PANDEMIC SHOOK HEALTH SYSTEMS ACROSS THE COUNTRY TO THEIR CORE. Not only were hospitals struggling to keep up with demand, but people were fearful of visiting their local hospital or doctor’s office for routine care. Countless HealthTrust member organizations rose to the occasion by offering quick, creative and cutting-edge solutions to give patients what they needed right in their home environment.

From at-home monitoring to free meals, these member facilities exceeded expectations during the pandemic, meeting patients where they are. Here are some examples.

### EARLY ADOPTION OF DRIVE-THRU TESTING

Although Michigan’s total number of COVID-19 cases isn’t currently the highest in the country, the state did see an early surge, making it a pandemic hot spot in late March and early April. At one point, the Great Lakes state had the third-highest number of deaths in the nation, second only to New York and New Jersey.

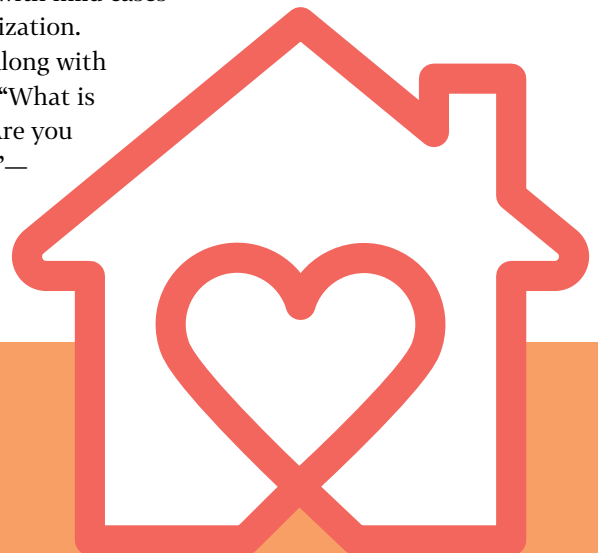
While drive-thru testing has become ubiquitous, Mercy Health—a multi-hospital system serving Western Michigan—was an early adopter of the concept. It began offering drive-thru COVID-19 testing at the very beginning of the pandemic. The testing, which was available in Grand Rapids and Muskegon, provided test results within 24 hours for community members who were symptomatic but didn’t require hospitalization.

In June, Mercy Health also offered free COVID-19 testing for 1,000 people in the Roosevelt Park neighborhood of Grand Rapids.

### INNOVATIVE AT-HOME MONITORING

St. Luke’s University Health Network in Philadelphia catered to its community by becoming one of the first organizations in the world to remotely monitor COVID-19 patients. The health system uses a tetherless, wearable device called the Masimo SafetyNet to track the respiration rate and blood oxygen saturation of COVID-19 patients in the hospital, as well as those who are at home with mild cases that don’t require hospitalization.

Data from the device—along with answers to questions like, “What is your temperature?” and “Are you having trouble breathing?”—is sent to healthcare providers twice a day.



**Member facilities prioritize the health & safety of their communities & employees during the pandemic**

St. Luke's also uses the device, which connects to a smartphone through Bluetooth, to track the health of employees who are exposed to COVID-19, protecting employees and the community at large.

## FOOD & BEDS FOR VULNERABLE PATIENTS

The last thing people want to think about when they're discharged from the hospital are household tasks like cooking and cleaning. CentraState Medical Center in New Jersey realized this, which is why the health system took it upon itself to provide free meals to COVID-19 patients who were cleared to go home.

The initiative, which launched in May, is targeted at the most vulnerable COVID-19 patients, including people who are elderly, live alone, are without transportation to the grocery store and are struggling financially. Patients are given a package with two to three days' worth of meals, as well as nonperishable snacks and gift cards to local restaurants.

St. Luke's also extended its commitment to the community by supporting the local homeless population. The health system teamed up with health bureaus, faith-based organizations and other hospitals to arrange for homeless residents with COVID-19 who needed to quarantine to stay at hotels free of cost. This not only gave sick patients a warm bed, but also prevented community spread of the novel coronavirus.

St. Luke's staff members routinely checked on homeless patients, and meals were provided through Meals on Wheels.

## REMOTE CONCERN FOR CANCER PATIENTS

Countless people are susceptible to contracting a severe case of COVID-19, from those with heart disease to those with diabetes. One of the most high-risk populations are people with cancer who are immunosuppressed due to chemotherapy. A mobile health researcher and an oncologist at Stephenson Cancer Center in Oklahoma City teamed up to create an app designed specifically to help monitor cancer patients for symptoms of the novel coronavirus.

The app prompts patients with a series of questions every morning (such as whether they're experiencing a cough or a fever). If any of the answers indicate the patient could be experiencing symptoms of COVID-19, testing is recommended. Patients can also use the app to communicate with nurses, eliminating the need for an unnecessary hospital visit. To start, the program enrolled 500 cancer patients. **HT**

## MENTAL HEALTH MATTERS

Although the news media often focus on state surges and rising death counts, there's another element of the COVID-19 crisis many aren't attuned to: the mental health of doctors, nurses, technicians and other healthcare providers on the front lines.

Healthcare workers across the nation have experienced burnout, post-traumatic stress disorder (PTSD), depression and even suicide as a result of the pandemic, according to *The New York Times*.

HealthTrust member facilities realize the burden front-line staff are carrying and, in turn, have implemented solutions designed to improve the mental health of their employees:

- ▶ At one of St. Luke's University Health Network's campuses, administrators created a "tranquility room" designed for employees to relax and recharge. It's equipped with dim lights, gentle music, a yoga mat and a communal journal.
- ▶ An onslaught of information can increase the feelings of burnout. CHRISTUS Health—a health system with over 600 locations in Texas, Louisiana, Arkansas and New Mexico—created an app designed to streamline and simplify COVID-19 communications. All announcements are limited to just 500 characters and disappear within a few seconds.
- ▶ Community Health Services (CHS) Medical Center of South Arkansas has supported its employees on the front lines not only by offering free childcare, but also by opening a discount team member grocery store right inside the hospital. The market saves staff time, lowers their risk of exposure and eliminates the hassle of showing up to a store after a long shift only to find items are sold out.
- ▶ Lovelace Medical Center in Albuquerque, New Mexico, took a similar approach by opening a temporary pop-up shop for employees inside its Women's Hospital and Westside Hospital. The shop was stocked with produce, toilet paper and other essential items.

Have a story to share on how your facility promoted staff well-being? Let us know about it at [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com)

**FOR MORE INFORMATION** on physician burnout, visit [healthtrustpg.com/thesource/clinical-connection/quality-improvement/combating-physician-burnout](https://healthtrustpg.com/thesource/clinical-connection/quality-improvement/combating-physician-burnout)



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**HealthTrust Contract #2190**



<sup>1</sup> <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>  
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# BEST of the BEST

**HealthTrust 2020 Member Recognition  
Award recipients stand out for their  
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EACH YEAR, HEALTHTRUST SELECTS INDIVIDUALS OR TEAMS IN FIVE CATEGORIES FOR ITS PRESTIGIOUS MEMBER RECOGNITION AWARDS. This year's recipients set and achieved ambitious goals in many areas, from significant cost savings and operational advancements to innovative sustainability achievements and cutting-edge technological developments. We congratulate these winners and appreciate their work toward improvements around cost savings, quality improvement and patient outcomes.



## OUTSTANDING MEMBER AWARD

### Beaumont Health Southfield, Michigan

Beaumont Health, an eight-hospital system in metro Detroit, joined HealthTrust in the spring of 2018. Right from the start, it set two big goals: 1. Achieve a two-year savings target of \$28 million, and 2. Become one of the top contract-compliant systems with HealthTrust. Not only did the system hit its savings goal 90 days early, but it saved a total of \$31.8 million.

“These were lofty goals, but we hit and exceeded both of our runways ahead of schedule,” says **Melanie Fisher**, Senior Vice President of Supply Chain at Beaumont Health.

Beaumont Health went above and beyond in other areas, too. In 2019 alone, it changed distributors; moved its 125,000-square-foot consolidated service center in two days; established a new physical inventory policy, process and playbook; and upgraded its PeopleSoft system.

When the COVID-19 pandemic hit, the health system wasn’t deterred. At one point, Beaumont Health covered 70% of the COVID-19 positive cases in Michigan, Fisher says. It hit the ground running by staffing corporate and local emergency operations centers, sourcing supplies from the nearby automotive industry and onboarding new personal protective equipment (PPE) suppliers.

Fisher believes this Member Recognition Award is a step toward engaging and elevating supply chain through the enterprise. “It gave us an opportunity to showcase what we

do, which in its simplest terms is getting the right product to the right place at the right time at the right price,” she adds.

**Team members** (above, from left to right):

**Timothy Essenmacher**, MBA, CMRP, Director, Supply Chain

**Brett Whitbread**, MBA, Senior Director, VAT

**Melanie Fisher**, Senior Vice President, Supply Chain

**Thomas Chickerella**, Regional CEO, Supply Services, HealthTrust

**Danish Abbasi**, Director, Analytics

## OPERATIONAL EXCELLENCE AWARD

### Prime Healthcare Ontario, California

Prime Healthcare, a health system comprising 46 hospitals in 14 states, set a goal in 2018 to streamline supply chain operations and maximize contract savings—with an emphasis on purchased services—across all hospitals.

To support hospitals in achieving this goal, it created a corporate Value Analysis Team. It sent out conversion execution packages to each member hospital that included clear guidelines on which categories to convert and the underlying effort required to do so.

The packages included SKUs specific to each hospital, with vendor and item numbers already on the Maintenance Management Information System (MMIS), ensuring that once the facility was ready to switch products, the new items

were already available to order. The conversion package also included an implementation checklist.

Corporate analysts provided weekly, and often daily, support to sites to help them be successful, says **Ramesh Krish**, Vice President of Supply Chain at Prime Healthcare.

The results were significant. Prime Healthcare achieved first-year savings of \$4.3 million on a spend of \$22 million. Contract compliance in converted categories was 90%, and implementation time improved from an average of six months to three months.

Krish says the key to Prime Healthcare's success has been teamwork, including the corporate analyst team, local and regional materials management directors and staff, clinicians, OR and cath lab staff, infection control and nursing, with sponsorship from executive management to carry out the mandate. "If you have a good plan for what you want to implement, and you can lead and empower your team, the results will speak for themselves," he adds.

**Team members** (below, from left to right):

- Ravi Alla**, Executive Vice President, Shared Services
- Ramesh Krish**, Vice President, Supply Chain
- Horacio Vasquez**, Corporate Director, Supply Chain Operations
- Ronald Kwan**, Corporate Director, Sourcing & Value Analysis
- Anupriya Thukral**, Corporate Associate Director, Supply Chain



## CLINICAL EXCELLENCE AWARD

### Clinical Operations Group, HCA Healthcare Nashville, Tennessee

HCA Healthcare, a Nashville, Tennessee-based health system with 186 hospitals, won the 2020 Clinical Excellence Award for its work creating Sepsis Prediction and Optimization of Therapy (SPOT), a program aimed at the early detection of sepsis, a life-threatening response to infection—helping save an estimated 8,000 lives.

Each year, nearly 270,000 Americans die from sepsis. Traditionally, diagnosis has relied on manual screening by healthcare providers, often resulting in delayed detection.

**Jonathan B. Perlin**, M.D., Ph.D., MSHA, MACP, FACMI, Chief Medical Officer and President of the Clinical

Operations Group at HCA Healthcare, says a traditional approach to stopping severe sepsis is similar to stopping a fire when the fire is already visibly raging. "What we wanted was a smoke detector for sepsis," Dr. Perlin says.

HCA Healthcare created its SPOT technology and workflow using data science to analyze patterns of sepsis development across its hospitals. SPOT monitors electronic medical record (EMR) data and can detect signs of sepsis six hours earlier than even the best clinicians, Dr. Perlin says, which is crucial since mortality risk increases 4% to 7% for every hour of delayed diagnosis.

HCA Healthcare began its sepsis intervention efforts in 2013 and saw consecutive 10% reductions in mortality year over year from 2013 to 2017. SPOT was deployed to 173 hospitals in 2018. HCA Healthcare saw a 23% reduction in sepsis mortality from 2017 to 2018.

The healthcare system's scale has been crucial to the team's success. "With the privilege of 37 million annual patient encounters across 2,200 sites of care, we had the opportunity to leverage scaled data to accelerate discovery and improvement," Dr. Perlin adds.

**Team members** (below, from left to right):

- Jonathan B. Perlin**, M.D., Ph.D., MSHA, MACP, FACMI, Chief Medical Officer & President, Clinical Operations Group
- Jeffrey Guy**, M.D., MS, MMHC, FACS, Vice President, Care Process Design
- Edmund Jackson**, Ph.D., Chief Data Officer & Chief Data Scientist
- JR Allen**, Assistant Vice President, Data Science
- Cody Hall**, Director, Engineering
- Adam Mindick**, Director, Care Excellence



## SOCIAL STEWARDSHIP AWARD

### Overlook Medical Center, Atlantic Health System Summit, New Jersey

Overlook Medical Center, a 504-bed hospital specializing in neuroscience care, is part of New Jersey-based Atlantic

Health System. The hospital was given the 2020 Social Stewardship Award for reducing its environmental footprint in 2019 by instituting a program by which surgical blue wrap is repurposed into tote bags for patients and the hospital gift shop.

The initiative was led by **Tami Ochs**, RN, a nurse interested in sewing who created patterns for both large and small tote bags. Overlook Medical Center estimates they're saving around 15,000 pounds of blue wrap from entering landfills each year, which translates to a savings of around \$30,000 per year, by using blue wrap bags as patient-belonging bags.

**Melissa Bonassisa**, Medical Imaging Supervisor for the Ultrasound Department at Overlook Medical Center and Co-chair of the hospital's Green Team, says creativity and a system-wide adoption of sustainability efforts were key to winning this award.

"Healthcare and sustainability initiatives do not always go hand in hand," she says. "The infection prevention principles that are key to safely operating a hospital are often in direct opposition to the sustainable philosophy of reusing products. That's why success is found in focusing on what's possible."

Bonassisa says the team has extended its efforts by using the bags to create care packages of donated clothing for those COVID-19 patients who had to dispose of or send home their clothing during hospital admission. They've also used the blue wrap for isolation caddies in the doorways patient rooms.

"When I joined the Green Team, I was not yet a true environmentalist," Bonassisa says. "But what I have learned has opened my eyes to all the things that we as a healthcare industry can do better in order to ensure a healthier future for our community."

**Team members** (below, from left to right):

**Melissa Bonassisa**, Medical Imaging Supervisor

**Tami Ochs**, RN, Behavioral Health

**Carolyn Brown-Dancy**, Director, Environmental Health & Safety, Atlantic Health System

**Adisa Mesalic**, Manager, Strategic Sourcing

**Samantha Pierson** (photo not available), Strategic Sourcing Analyst



## PHARMACY EXCELLENCE AWARD

### Tenet Healthcare Dallas, Texas

Tenet Healthcare, a health system comprising 65 hospitals and 510 outpatient centers and other facilities across the U.S., won a 2020 Member Recognition Award for its commitment to a number of pharmacy initiatives that significantly decreased hospital costs.

Extended across all 65 hospitals, some of the initiatives included radiographic and MRI contrast conversion, IV sets and solutions transition, conversion of some pharmaceuticals to biosimilars, lung surfactant conversion, antimicrobial stewardship, and the full implementation of a new pharmacy productivity model.

**Matt Moss**, Director of Pharmacy Operations for Tenet Healthcare, says the cost savings from these initiatives were significant. "We estimated an approximate 4% inflationary increase in pharmaceutical expense, based on HealthTrust guidance," he says, "but we were actually able to offset that and reduce our total cost below the prior year."

Moss says his team defined goals early on in the year, then looked at baseline costs per adjusted patient day to develop targets by facility. They then produced monthly dashboards that had each hospital's initiative and performance listed, which Moss says brought transparency to the project.

"To have information that allows them to see where they are in relation to their peers helped gain buy-in from the directors and hospital leadership on these initiatives," Moss explains. "This involved not only the implementation of clinical best practices but was also a data-driven approach. Involving benchmarks allowed the facilities to compare themselves to their own historical performance and against one another."

**Team Members** (below, from left to right):

**Traci Holton**, PharmD, MBA, FASHP, Vice President, Ancillary Services Optimization

**Matt Moss**, PharmD, MBA, Director, Pharmacy Operations

**Ryan Koca**, PharmD, MBA, BCPS, Director, Clinical Pharmacy

**Jordan Cottam**, PharmD, BCPS, Regional Director, Pharmacy Operations

**Sally Sims**, PharmD, Regional Director, Pharmacy Operations





## Key initiatives from the most sustainable hospitals

WHEN YOU TALK WITH HOSPITAL SUSTAINABILITY LEADERS, ONE THING IS CLEAR: Sustainability is a way of life. Environmental excellence is built into the fabric of everything they do. It's about thinking big and starting small, and acting in the best interest of their patients and communities. Partnership is what makes it happen: working together to improve both environmental and human health.

These leaders are part of the HealthTrust membership, and they're making a difference across the country. Practice Greenhealth included four of these facilities on its list of the top 25 most sustainable hospitals, as part of its 2020 Environmental Excellence Awards. Sustainability leaders from these four hospitals recently talked with *The Source* about some of their most successful programs.

### NOURISHING OUR COMMUNITY: BOSTON MEDICAL CENTER

**David Maffeo**, Senior Director of Support Services at Boston Medical Center (BMC), oversees sustainability efforts as one of his areas of responsibility. He says that with healthcare costs at a premium, his organization views sustainability as an important way to be good environmental stewards, reduce costs and provide better care to their patients and their communities.

"A lot of our patients are food insecure and face other social determinants of health," Maffeo says. "Every dollar we



save with our sustainability program can go to better care for our patients."

BMC takes a holistic approach with its food and nutrition supply chain by supporting local vendors. For example, it sources fish from Gloucester, Massachusetts, a seaport town 35 miles northeast of Boston, making it less expensive, healthier and better for the environment.

BMC is also one of the only hospitals with a rooftop farm. Growing over 6,000 pounds of food for its patients per year, the farm keeps the building cooler in the summer and warmer in the winter, and has been going strong for five years. It has been extremely successful, supporting a therapeutic food pantry and serving an average of 7,000 people in need each month.

"We asked how else we could serve our patients," Maffeo says, explaining how the idea for a rooftop farm came about. After a short meeting with **Bob Biggio**, SVP of Facilities and Support Services, the idea of growing their own food was set in motion. So the team, along with amazing philanthropic partners, raised the funds to build the farm, hire a farm manager and staff, and make it happen. The farm produces 20 different vegetables, from leafy greens and peppers to tomatoes, carrots and radishes.

The response has been nothing short of amazing. People from across the world have come to tour the farm at BMC.

BMC also offers tours and classes in a teaching kitchen to show people from the Boston community how to cook and

*Continued on page 48*





positive

Boston Medical Center is one of the only hospitals with a rooftop farm. The farm has been going strong for five years and supports a therapeutic food pantry, serving an average of 7,000 people in need each month.

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4 HealthTrust member facilities were named to the top 25 list of U.S. hospitals recognized for environmental excellence in 2020 by Practice Greenhealth

Continued from page 46

grow on their own. Due to COVID-19, the classes are now online, but they still attract about 15 people per session.

What's Maffeo's advice? "Never think that it's a financial obstacle to make something happen," he says. "If it's good for your patients, there's a way to get it done."

### BEEKEEPING AS A REVENUE STREAM: OVERLOOK MEDICAL CENTER, ATLANTIC HEALTH SYSTEM

Sustainability programs at Overlook Medical Center start organically and evolve with each passing year. "This approach allows us to build on what works and more easily replicate best practices," says **Melissa Bonassisa**, Medical Imaging Supervisor and Co-chair of the Green Team at Overlook Medical Center in Summit, New Jersey.



In 2013, Overlook introduced beekeeping on campus as an important step in reversing the negative effects of bee colony collapse on the environment. The program is now replicated across Atlantic Health System.

"Introducing beehives to the campus has allowed us to sustainably and locally source products for purchase at our facility," says Bonassisa. To help the beehives continue to thrive, they partner with local arboretum Greenwood Gardens.

Overlook runs "The Bee Healthy Program," which teaches children in local schools and day cares the importance of the honeybee and its role in creating healthy foods that are an important part of our diet. Children can pick food from the hospital's pollinated community garden and learn how to prepare a healthy meal. Each child is sent home with wildflower seeds to plant, which supports the local bee pollinators in their neighborhoods.

In addition to beekeeping, Overlook also has its own chickens, which provide staff with an ever-ready supply of organic eggs available for purchase.

### REDUCING ENERGY & SAVING MILLIONS: HACKENSACK MERIDIAN HEALTH

Hackensack Meridian Health in New Jersey is partnering with its utility companies to reduce its energy footprint. Some utility companies have programs that provide the health system with the capital to upgrade its infrastructure. This partnership allows the health system to reduce its energy consumption, as well as run its facilities better and more efficiently. Facilities pay the energy companies back only a percentage of the money received through energy savings on their bills.



“Hospitals are all strapped, so it’s tough to get money for infrastructure,” says **Kyle Tafuri**, Director of Sustainability for Hackensack Meridian Health. “But our utility companies are helping us reduce energy consumption, and it’s saving us money because we’re putting in more energy-efficient equipment.” Tafuri says that just last year, Hackensack Meridian Health was able to secure close to \$30 million through energy-efficiency work, primarily for just seven of its hospitals.



Partnership is what sustainability is all about, says Tafuri. “We can’t do this all on our own, so we need to partner with our community, HealthTrust’s energy team, our utilities and other health organizations to be successful.” HealthTrust congratulates all of the Practice Greenhealth winners. **HT**



**FOR A FULL list of member winners, visit [bit.ly/PracticeGreenhealthWinners](https://bit.ly/PracticeGreenhealthWinners)**



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# In pursuit of

# PROGRESSES

## HealthTrust's commitment to diversity contracting spans 20 years

RECENT NATIONAL EVENTS HAVE PROPELLED MANY ORGANIZATIONS TO LAUNCH NEW INITIATIVES designed to improve diversity in the workplace and for others to increase spending with minority suppliers.

Over the past 20 years, HealthTrust's nationally recognized Supplier Diversity Program has grown from 18 contracts with **\$23.4 million** in spend to 160 contracts with more than **\$320 million** in diversity spend. Between 2014 and 2018 alone, member spend on diverse contracts increased by **50%**.

*Continued on page 52*

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1. <http://www.stopwaste.org/sites/default/files/Documents/toner.pdf>

2. <https://energycentral.com/c/ec/ink-waste-environmental-impact-printer-cartridges>



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## SUCCESSFUL INITIATIVES

Several new initiatives in the past few years have contributed to the program's ongoing success, note **Janet McCain**, Diversity Program Director, and **Joey Dickson**, Chief Diversity Officer and AVP of Purchased Services & Diversity Contracting.



One of the most robust programs is the Supplier Diversity Council, launched just two years ago. Composed of 11 integrated delivery systems, the Council is designed to identify best practices that can be disseminated throughout HealthTrust's membership, communicate sourcing and savings opportunities with diverse business enterprises, and better align HealthTrust's supplier diversity goals with those of its members. Each Council member is unique in terms of its diversity supplier initiatives. Some have well-established programs, while others are just getting started.

The COVID pandemic has not slowed the Council's momentum, Dickson says. "We've built a strong connection with the group. No one holds back any opinions about what to propose or judges other members' diversity supplier initiatives."

The Council held its third annual Supplier Diversity Symposium in February, just before COVID upended the world. "The room was filled," McCain says, with 74 diverse suppliers and eight Council members attending. "It was a great way for Council members to get to know suppliers they might not have met." The two-day event was a mix of formal presentations, including one on succession planning for family-owned businesses and another on implicit bias and informal networking.

"We want to make sure our members understand what type of bias may exist in their role as a buyer for these products and services, and make them more self-aware of how they may respond or interact with diverse suppliers," explains McCain. "And we want our diverse suppliers to also recognize biases may exist, and that they can effectively communicate with a potential customer to ultimately partner for success."

Dickson adds, "The timing is right, from a community responsibility standpoint, to expand or start supplier diversity programs."

In early July, HealthTrust launched a Tier 2 program to expand and augment the impact of the Supplier Diversity Program. The goal is to have its largest and strategic prime suppliers report spend with their own diverse supplier partners. "While many diverse suppliers do not yet have

the capacity to service HealthTrust and our large integrated networks on their own, they certainly can contribute goods and services under a Tier 2 agreement with our larger and/or prime suppliers," explains McCain. "That can help members and us understand that even though there may not be a direct relationship with a diverse supplier, members are giving their business to an organization that is indirectly helping a diverse supplier," she adds.

The Council also launched its first Best Practice Guide, soon to be available to members. It provides practical advice for starting a supplier diversity initiative. The Guide provides a "how-to" playbook for any member interested in creating their own supplier diversity program, including important questions to answer, ideas for goal-setting, advice for how to build executive support and types of diverse suppliers to consider. "Everyone should be able to pull something useful out of it," McCain explains.

Another initiative is Supplier Spotlights at the monthly (now virtual) Council meetings. At least two suppliers in the diversity program have an opportunity to highlight the value, savings, quality and new products they offer.

Dickson and McCain are not letting COVID interrupt their efforts. They are planning virtual workshops for noncontracted suppliers to educate them about group purchasing organizations and distributors and how to work within the system, McCain says.

Overall, she adds, "We are seeing more support for diverse suppliers."

## MEMBERS MAKING IT HAPPEN

CHRISTUS Health and Methodist Le Bonheur Healthcare are two members showing their commitment to the supplier diversity effort.

### CHRISTUS Health

HealthTrust member CHRISTUS Health has a long history of related initiatives through its enterprise Supplier Diversity Program.

"The Supplier Diversity Program validates our commitment to the CHRISTUS Health core values and supports our mission," says Contracting Manager **Timothy Martin**, who has run the program since 2011.



# DIVERSITY

“We are intentional in our procurement practices by spending with minority, women, veteran and small business enterprises,” he says, “because we believe it’s the right thing to do.” The system has exceeded its targeted goals every year since 2012. In the past three years, it averaged over 10% of total trackable spend with diverse suppliers.

“The advantage of having a dedicated resource to manage the Supplier Diversity Program makes all the difference and is recognized as an industry best practice,” Martin explains. Among his efforts are leading and coordinating vendor fairs, reporting the program’s progress with monthly dashboards, and developing and educating diverse suppliers on navigating the health system.

Martin strongly recommends other organizations embrace a supplier diversity program. “It enhances the supply chain practices by bringing greater innovation and driving greater value through cost reductions, competitive contract terms and conditions, and improved services from diverse businesses that are nimble,” he says.

## Methodist Le Bonheur Healthcare

The diversity supplier program at Methodist Le Bonheur Healthcare (MLH) in Memphis, Tennessee, doesn’t have a formal name. “That’s because it’s woven into the fabric of the system’s daily operations,” explains

*Continued on page 54*

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Continued from page 53

**Cynthia Bardwell**, Director of Strategic Sourcing and Procurement.

**Larry Fogarty**, Vice President of Supply Chain Management adds, “At MLH, we understand supporting minority and women-owned businesses is important for the success of our organization because we realize that we can only be as successful as the communities in which we operate.”



While diverse spending has always been important to MLH, the health system began monitoring and tracking it in 1999. When it built a state-of-the-art addition at its university hospital, project managers met with the general contractor early in the planning stages to set a percentage of spending that would go to minority and women-owned business enterprises (MWBs), Fogarty adds.

Methodist Le Bonheur works closely with two local organizations, Mid-South Minority Business Council Continuum and the Memphis Medical District Collaborative, as well as the HealthTrust Supplier Diversity Council, to learn about and contract with new suppliers. Its own diversity council reviews goals and key performance metrics on supplier diversity spending.

“Over the last five years, MLH spent more than \$156 million with MWBE businesses,” Bardwell says. Between 2010 and 2019, annual spending grew from \$40 million to more than \$52 million. “This year, we expect to exceed \$53 million.” **HT**

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**PROGRAM MUST-HAVES**

Bardwell and Fogarty recommend that other organizations looking to create their own diversity programs focus on three important factors:

- ▶ Support from senior leadership
- ▶ Goal setting
- ▶ Regular tracking and monitoring

**FOR MORE INFORMATION on the Supplier Diversity Program, contact Janet McCain at [janet.mccain@healthtrustpg.com](mailto:janet.mccain@healthtrustpg.com)**





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*Continued on page 58*

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**VIRGINIA SABA**, EDD, RN, FAAN, FACMI, IS AN INTERNATIONALLY RENOWNED PIONEER IN NURSING INFORMATICS AND THE DEVELOPER OF SABACARE, or the Clinical Care Classification (CCC) System, which serves to advance the science and practice of nursing. She recently entrusted custody of the CCC System to HCA Healthcare.

**WHAT IS SABACARE?**

SabaCare is a system of globally standardized nursing terminology that enables electronic documentation of clinical nursing practice. The coding structure is similar to other universal medical library systems, such as the more widely known ICD-10 medical procedural and diagnosis code classification system. Each concept code is made up of five alphanumeric characters for information exchange and operability. SabaCare is designed to align with ICD-10 and other structured terminologies.

On the CCC System website, [careclassification.org](http://careclassification.org), there is a helpful code-builder that walks the user through the six steps of the nursing process recommended by the American Nurses Association: assessment, diagnosis, outcome identification, planning, implementation and evaluation. The nurse can enter the information and get the corresponding code to nursing diagnoses or nursing interventions.

As a major employer of nurses in the U.S., HCA Healthcare is committed to continuing the legacy of SabaCare by maintaining and developing the system.

Under the leadership of **Jane Englebright**, RN, Ph.D., CENP, FAAN, Chief Nurse Executive and Senior Vice President, and with Dr. Saba’s support and direction, HCA Healthcare embedded the CCC structured terminology into the electronic health records (EHR) at nearly all of its 186 hospitals across the country over the last seven years. The original workflows that HCA Healthcare used are available to the public in the library at the Sigma Theta Tau International Honor Society of Nursing in Indianapolis.



**WHY IS IT IMPORTANT TO HAVE STRUCTURED DATA?**

In short, structuring data makes it mean something. Consider how many different ways there are to state a patient’s weight, for example. A nurse could write “pounds” or “lbs.” Other countries measure weight in kilograms. The CCC System is an international semantic web where all of

these related terms are standardized so that the meaning is the same for even comparison. SabaCare has been translated into nine languages and counting.

The CCC System solves another problem as it integrates with all other EHRs. There are many EHR systems (also called electronic medical records, or EMRs), and each has its own unique branded language and codes. “For example, a patient may see a neurologist who has the NextGen EMR, and her neurosurgeon has Meditech,” explains **Dan Roberts**, RN, Ph.D., ACNP, Vice President Nurse Performance and Care Delivery at HCA Healthcare. “The CCC System translates these terminology structures in order to tell the patient’s story.”



**HOW DOES THE APPROACH BENEFIT HEALTHCARE?**

SabaCare was founded in evidence-based clinical documentation, and Roberts indicates this leads to evidence-based care. “If a hospital wanted to know more about its rates of hospital-acquired infections and how nursing is informing reduction efforts, it can learn from the documentation through dashboards, alert systems and real-time indicators for the next process in nursing practice,” he says. Earlier this year, nursing leaders at HCA Healthcare used the CCC System to identify patients who were on higher levels of oxygen prior to needing a ventilator.

HCA Healthcare built real-time performance visibility into its EMR, so clinicians know whether they’re meeting the evidence-based standard of care for each patient, and any needed improvements can be addressed. “We have performance management tools that allow nurse leaders to coach nurses on best practices, so there is a continuous learning cycle,” says Roberts. “We’re using the data to improve nurse competencies so that we have optimal patient outcomes.”

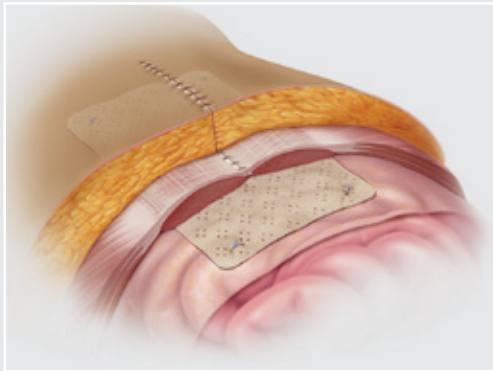
The CCC System is free and available to any organization where patient care is performed, including hospitals, schools, nursing facilities and rehabilitation centers. With support from HCA Healthcare, the CCC System is integrated into an organization’s EHR documentation systems such as EPIC or Cerner. **HT**

**FOR MORE INFORMATION** on how to make SabaCare work for your facility, visit [careclassification.org](http://careclassification.org)

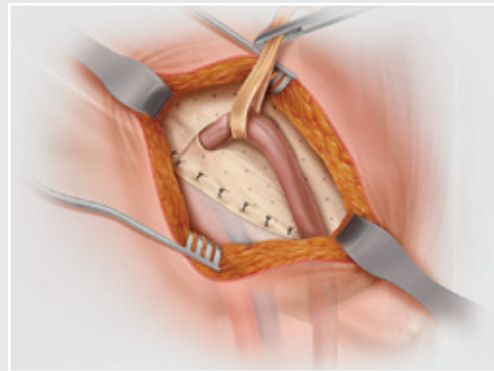
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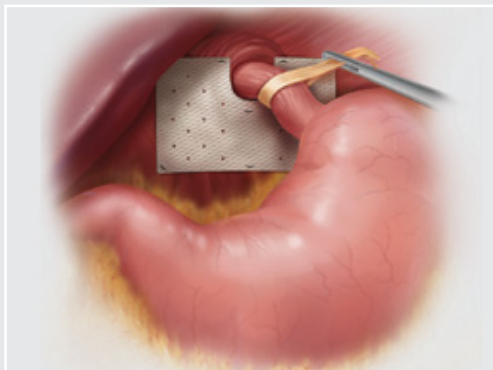
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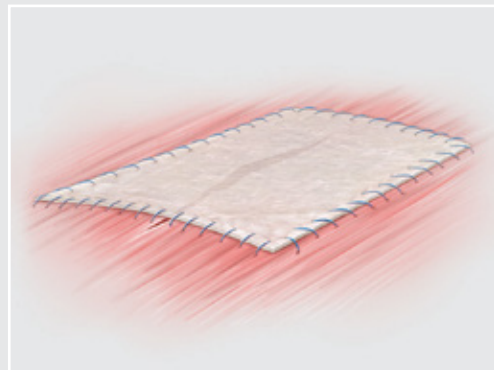
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## What you need to know about fake coronavirus antibody tests

THE FBI HAS ISSUED A WARNING ABOUT CRIMINALS MARKETING FAKE AND UNAPPROVED COVID-19 ANTIBODY TESTS, ALSO KNOWN AS SEROLOGY TESTING. Not only are these tests providing inaccurate results and potentially putting people's health at risk, but they are also being used to collect personal information for identity theft or medical insurance fraud.

COVID-19 antibody or serology tests, which can detect if a person has antibodies to SARS-CoV-2, have played an important role in the fight against the coronavirus. But fraudsters taking advantage of the pandemic are contacting individuals using email, social media, phone calls or in-person, and offering these fake tests for free or with an incentive.

Healthcare providers should be aware of these deceptive schemes and warn patients to be wary of unknown providers offering antibody tests. The FBI recommends that consumers check the Food and Drug Administration (FDA) website for a list of approved antibody tests and testing companies, consult their doctor before taking any at-home tests and use a lab approved by their health insurance company.

It also cautions people against sharing personal information, such as date of birth, Social Security numbers,

and Medicare or private health insurance information, with anyone other than trusted healthcare professionals.

The FDA has also issued warning letters to a number of companies marketing antibody tests. The violations outlined in these letters include selling test kits directly to consumers for use at home without approval from the FDA, falsely labeling products as FDA approved and the unauthorized use of the FDA logo.

These fraudulent tests are just the latest in COVID-19 misinformation and scams, including fake coronavirus cures and impostor contact tracers (those who help identify people who have been in contact with an infected person).

Healthcare professionals and consumers should visit the FDA's MedWatch Adverse Event Reporting program at [fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program](https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) to report fraudulent tests and quality problems. **HT**

**FOR INFORMATION** about antibody tests, please visit [bit.ly/FDAEUSerologyTesting](https://bit.ly/FDAEUSerologyTesting)

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#### References

1. American Society of Health-System Pharmacists. ASHP guidelines on preventing medication errors in hospitals. AM J Health-Syst Pharm. 2018;75:1493-1517.
2. Institute for Safe Medication Practices (ISMP). ISMP Guidelines for Safe Preparation of Compounded Sterile Preparations; 2016.

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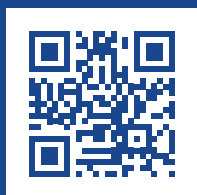
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