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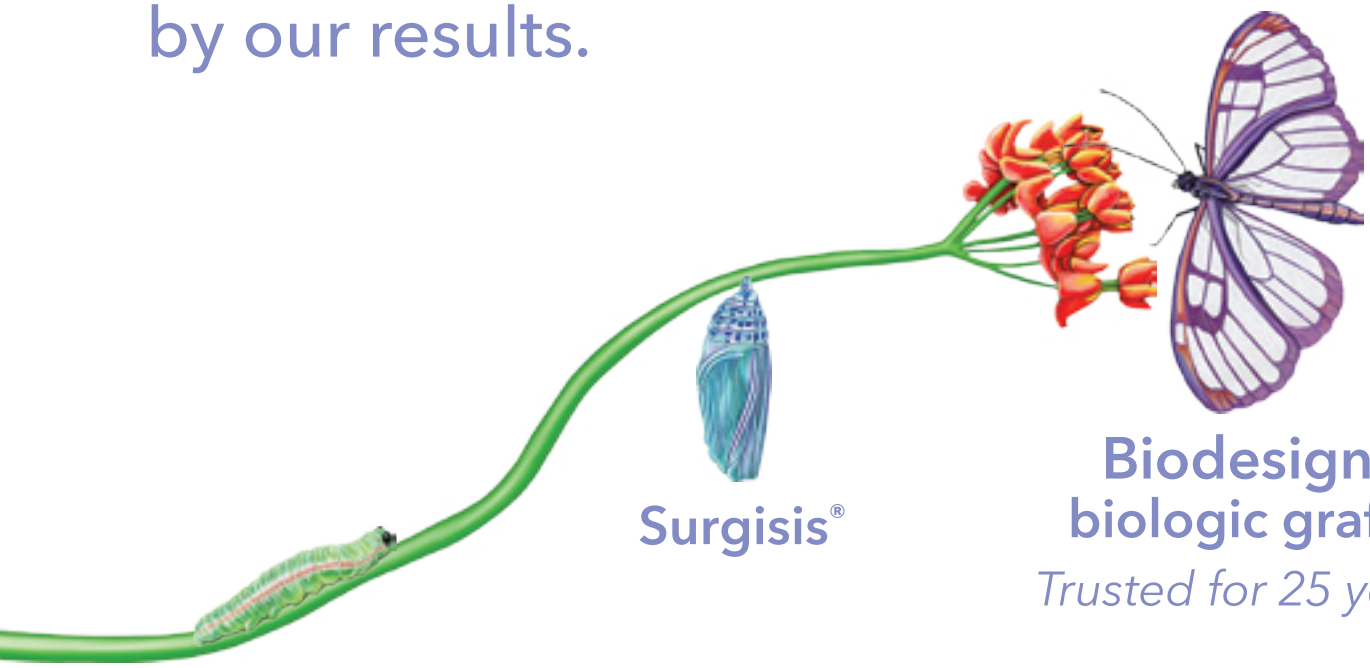

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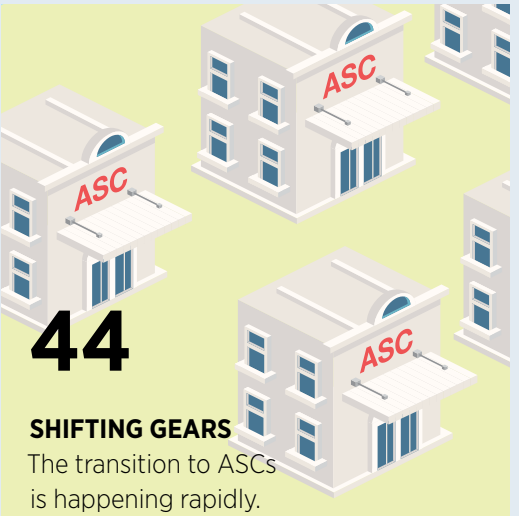

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Clinicians and staff within HealthTrust member facilities are invited to share their expertise as part of upcoming stories. Readers are also invited to suggest other experts for interviews or article ideas for publication consideration. Preference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

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

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

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Mail: *The Source*, c/o HealthTrust, 1100 Dr. Martin L. King Jr. Boulevard, Suite 1100, Nashville, TN 37203

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DEPARTMENTS

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PUBLISHER
Ed Jones
President/CEO

EXECUTIVE PUBLISHERS & EDITORS-AT-LARGE
John Young, M.D., MBA, FACHE – Chief Medical Officer
Lisa Garman – VP, Marketing & Communications

EXECUTIVE EDITOR
Faye Porter
Director, Member Education & Communications, Marketing

MANAGING EDITOR
Shellie Meeks
Manager, Member Education & Communications, Marketing

EDITORIAL & CREATIVE SERVICES
Cara Finnegan
Editor, GLC

Paula Rosenberg Frey, BSN, MS
Contributing Editor, GLC

Enrique "Rick" Cruz
Art Director, GLC

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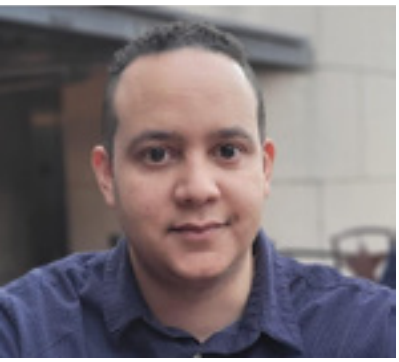
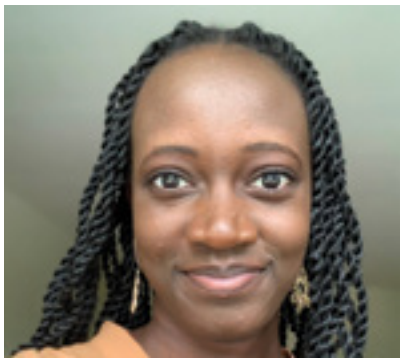



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CEO perspective

Facilitating an agile & resilient supply chain

Pandemic-related supply chain disruption, inflation, the war in Ukraine, ongoing global manufacturing interruptions, increased costs for raw materials, labor and transportation challenges—all have contributed to today's difficult landscape. The healthcare supply chain, in particular, has been disrupted in new ways, reinforcing the importance of HealthTrust's efforts to mitigate drug and supply shortages for our members.

MITIGATION STRATEGIES FOR MEDICATIONS

HealthTrust Pharmacy colleagues **Christine Dunn**, PharmD, **Chris French**, PharmD, and **Chris Little**, PharmD, MBA, explain, beginning on page 14, how our Supply Interruption Mitigation Strategies (SIMS) program enables the creation of new inventory protections for member facilities against supply interruptions and often sudden and severe price increases.

Launched in 2019, SIMS targets more than 75 medications identified by providers and clinical advisory boards as critical to patient care. Through SIMS, the Pharmacy team maintains a "living list" of products considered critical for members and strategizes with suppliers to ensure enough of these products is always on hand.

Suppliers of SIMS products undergo a rigorous vetting centered on supply chain viability and sustainability. In return for scale, predictable purchasing volumes and sustainable pricing, drug makers commit to manufacturing redundancies and firm prices—important factors that can help insulate members from drug shortages. The Pharmacy Services team is working with manufacturers that demonstrate the capabilities necessary to meet the strict criteria for SIMS inclusion.

FASTER KNOWLEDGE & CONNECTED RESOURCES

At the height of the pandemic, in addition to assisting members in locating much-needed, quality personal protective equipment (PPE), we established an Alternative Approaches workgroup, providing clinical support in evaluating the feasibility of innovative products, clinical resource documents and summaries of federal guidance on alternative practices such as PPE decontamination. A Supply Disruption Task Force, led by **John Young**, M.D., MBA, became the next iteration of that work, where transparency among our members, suppliers and distributors informs our strategy to achieve a more agile and resilient approach to current and future critical supply disruptions.

I'm pleased to announce the launch of a new feature within our secure member portal dedicated to providing members real-time updates to category disruptions. The site will offer detailed information such as reasons for and potential timelines to recovery; alternative product options—both traditional alternatives and the feasibility of innovative products to solve a given challenge; and clinical education and guidance, including conservation and alternative approaches. Members will have the opportunity to follow and track a particular product of interest, with push notifications informing them of key updates regarding availability and/or continued delays.

This proactive approach to faster knowledge and connected resources offers a level of transparency that enables decision-making for members by aggregating data from our supplier and distributor partners as well as from HealthTrust's Strategic Sourcing, Clinical Operations and Account Management teams.

We stand firm in our commitment to proactively providing the HealthTrust membership with actionable information and alternative products and approaches related to these ongoing challenges. As always, please do not hesitate to let us know how we can best serve you. **HT**

Ed Jones
President/CEO, HealthTrust
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References:

1. Kim PJ, Attinger CE, Constantine T, et al. Negative pressure wound therapy with instillation: International consensus guidelines update. *Int Wound J*. 2020 Feb;17(1):174-186. doi: 10.1111/iwj.13254. Epub 2019 Oct 30.
2. Gabriel A, Camardo M, O'Rorke E, Gold R, Kim PJ. Effects of Negative-Pressure Wound Therapy with Instillation versus Standard of Care in Multiple Wound Types: Systematic Literature Review and Meta-Analysis. *Plast Reconstr Surg*. 2021 Jan 1;147(1S-1):68S-76S. doi: 10.1097/PRS.0000000000007614. PMID: 33347065.

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CMO perspective

Exploring the shift of care

Ambulatory surgery centers (ASCs) are one of the fastest-growing segments of the healthcare industry. Research from McKinsey suggests that by 2023, the ASC market is expected to grow by 6%—making it potentially a $36 billion industry. While the shift in care from hospitals to ASCs is happening at a rapid rate, it comes with a number of challenges—from changing policies and regulations, to reimbursement issues and purchaser preferences, to innovation-based clinical practice changes and competition among providers.

SHIFT OF CARE SUMMIT

A Shift of Care Summit was held in early March for a small group of HealthTrust member organizations to discuss many of those issues. How should hospitals best prepare for this shift in procedures to entities that could be independently owned, or owned by physicians, private equity firms or the hospitals themselves? Do competing interests align or co-exist?

Lending a physician perspective to the summit conversation and to the feature in this issue of *The Source* is **Michael Hicks**, M.D., MBA, MHCM, FACHE, National Medical Director, HCA Healthcare's Ambulatory Surgery Division (see page 44). Dr. Hicks says that physicians and patients share like interests when it comes to the three E's in ASC-based procedures: efficiency, ease of use and experience.

ASCs represent just one of five areas where The Advisory Board suggests health systems need to prepare for a shift. (Others include office-based diagnostics, home-based care, digital health and convenient care clinics.) Exponential growth through the pandemic helped fuel the shift, and the Centers for Medicare & Medicaid's expanded reimbursement and coverage has made it all the more favorable.

ASCs are expanding their scope of procedure types beyond the traditional specialties. For example, there has been a decline in the historically higher-volume service lines of gastroenterology and ophthalmology, while growth is expected in general surgery, urology, orthopedics and pain management. These service lines have moderate volume in ASCs today.

Summit attendees used scenario planning to analyze future events while considering alternative possible outcomes. Small groups broke out and identified four of the most likely shift-of-care scenarios that health system leaders may face, including key features and signposts for each.

FUTURE LEARNING

The learnings from the summit will be the basis of a part 2 summit later this year, and the resulting discussion will produce strategies for providers to be responsive, resilient and effective in their decision-making through the journey in this shift of care. **HT**

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

If you would like to participate in the Shift of Care Summit later this year, please contact your HealthTrust Account Manager or Kim Wright, RN, AVP of Clinical Services, at kimberly.wright@healthtrustpg.com

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- **Continuously monitor vital signs during sedation and through the recovery period.**
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- See Full Prescribing Information for complete dosage and administration information.

--------- DOSAGE FORMS AND STRENGTHS ---------

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- known hypersensitivity to midazolam.
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Debilitation and Comorbid Considerations: Higher risk adult and pediatric surgical patients, elderly patients and debilitated adult and pediatric patients.

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Impaired Cognitive Function: Because of partial or complete impairment of recall, patients should not operate hazardous machinery or a motor vehicle until drug effects have subsided.

Hypotension and Seizure in Preterm Infants and Neonates: Avoid rapid injection in the neonatal population.

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Pediatric Neurotoxicity: In developing animals, exposures greater than 3 hours cause neurotoxicity. Weigh benefits against potential risks when considering elective procedures in children under 3 years old.

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---------USE IN SPECIFIC POPULATIONS ---------

Lactation: A lactating woman may pump and discard breast milk for 4 to 8 hours after treatment with midazolam.

Strategies for preventing hospital readmissions

How improving systemwide processes can decrease patient readmissions & improve quality

As the Centers for Medicare and Medicaid's (CMS) value-based programs evolve and reimbursements are at stake, hospital systems are increasingly focused on driving down readmission rates using a comprehensive approach. Not only can preventing readmissions help health systems avoid penalties, it's also a key factor in care quality and patient outcomes.

The priority of avoiding readmissions isn't new for health systems, but as private payors follow CMS' lead and threaten penalties, it's taking on a higher level of urgency. "Medicare made hospital readmissions a quality metric," says HealthTrust Physician Advisor **Ashley C. Mays**, M.D., an otolaryngologist and surgeon, and the Director of Quality for Otolaryngology at Our Lady of the Lake Regional Medical Center.

These metrics can also impact a hospital's reputation within the community—*U.S. News & World Report* rankings include quality metrics like readmission rates, Dr. Mays adds.

Preventing readmissions is a key factor in care quality and patient outcomes, and it can help health systems avoid penalties.

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RECOGNIZING THE WEAK SPOTS

Patients are readmitted for many reasons, and understanding those factors is key to addressing them. Dr. Mays categorizes readmissions in two ways: hospitalizations for surgical and medical care. Surgical readmissions occur when a patient experiences a setback directly related to a surgical procedure, such as a wound infection. Not all patients need postoperative inpatient rehabilitation or skilled nursing, so when surgical complications arise, hospital readmission may become necessary.

Medical readmissions occur when patients have a medical condition at home and do not fully recover. For example, a patient initially admitted for pneumonia or stroke may require readmission if the condition worsens or they're unable to care for their condition at home.

Readmission is often due to a systemwide failure, where the transition of care was not well coordinated along the way, says **Karen Bush**, MSN, FNP, BC, NCRP, Director of Clinical Research & Education, Clinical Services, HealthTrust. "It's not just a hospital issue or a patient issue. It's about coordinating the care of patients within the hospital and ensuring they get safely captured by the appropriate resources upon discharge."

The failure in the care coordination could mean that a patient doesn't understand medication instructions or doesn't have a primary care doctor to consult for how to handle complications. "Sometimes the patient has chronic conditions that are advanced, and it doesn't take much to bring them back in," Bush explains.

USING DATA TO DEEPEN UNDERSTANDING

Data can reveal readmission trends and inform actions that can be taken to reduce them. Dr. Mays developed an Enhanced Recovery After Surgery (ERAS) program for head and neck cancer patients using checklists, standardized processes and quality metrics, from the preoperative workup and inpatient surgery and hospital stay, to discharge and surgical outpatient follow-up. She and her team often review their own data to assess for program compliance and roadblocks to effective utilization.

Cindy Schultz, RN, MBA, Director of Population Health and Data Analytics at Beaumont Health, uses CMS claims data, including next-site-of-care data. These insights help Beaumont work with home health agencies and skilled nursing facilities on care issues.

For a heart failure readmissions program, Bush used to pull data from emergency department (ED) lists to understand whether her patients were readmitted within 30 days. A team including social workers, discharge planners, executive leaders and

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hospitalists then met to determine which factors may have contributed to these readmissions and to discuss future prevention measures.

TAKING A CONTINUOUS, SYSTEMWIDE APPROACH

Not all readmissions are preventable, but to reduce the rate, providers must continue care when patients leave the hospital. Discharge planning should begin as soon as the patient is admitted. Social workers or case managers should assess the patient's home situation, the patient's and family's comfort level dealing with the medical issues, and an understanding of all medications. "Waiting until the last minute to start these conversations is never a good idea," says Dr. Mays.

Part of discharge planning can include a daily care manager round, where the patient's situation is assessed with the nursing team. Providing the patient with daily updates about expected discharge dates and what will be needed at discharge helps the patient mentally prepare. Meanwhile, the staff should continue asking what the patient needs to ensure success at home, like home healthcare, rides to follow-up appointments, meals or medication payment assistance.

In addition, patients should be educated about their condition and medications while hospitalized, using a teach-back method, says Bush. After explaining how to take the medications or use a medical device like a blood glucose monitor, the patient explains it back to the provider to ensure understanding. Doing a medication reconciliation at every transition within the hospital and before discharge is vital, too. Go through the medication list with the patient and a pharmacist, if needed, to ensure the medications taken prior to and during hospitalization are reconciled and that the patient and family understand what to do at home.

The repetition of education throughout the hospitalization helps. When patients are being discharged, they often aren't fully listening to discharge instructions and may not read them at home. "Getting the education earlier leads to greater success," Bush says.

The transition to primary care outside the hospital is important, too, especially if the patient is high risk. The hospitalist should ensure the hospital care summary is in the primary care physician's office within 24 to 48 hours, so they will be prepared if the patient calls, says Bush. Patients should be told at discharge when to call their primary care doctor if they have symptoms or issues, to help avoid going to the ED for something that could have been addressed sooner. Readmissions are sometimes minimized by discharging a patient to a rehabilitation or skilled nursing facility for post-acute care.

TOOLS TO PREVENT READMISSION

Beaumont Health uses a variety of follow-up programs. All discharged patients receive a robocall the day after a hospital stay, asking them a series of questions, such as whether they understood their discharge instructions. If the patient answers no, this creates a trigger for a team member to call them.

About 40% of patients respond to this robocall, triggering about 300 follow-ups weekly, often to discuss medication issues.

Additional follow-up intervals depend on the payor and population.

"When we look at the populations served by the program, we see lower readmission rates for those we outreach to than those we don't," says **Paula Levesque**, RN, Associate Chief Nursing Officer at Beaumont Health. They work with third-party organizations for some follow-up efforts and chart the outreach efforts. Beaumont is involving stakeholders and setting up pilots based on the needs identified from follow-up calls and outreach efforts.

The addition of reimbursement for telehealth due to the pandemic has also been instrumental. "Telehealth is a huge tool for reducing readmissions," Bush adds. "It makes care accessible in the home."

There is no one solution, though, and reducing readmissions on a population level is challenging. "It's hard to identify a magical intervention that will make a huge difference," explains Schultz. But breaking down care siloes between healthcare organizations to follow up on care after discharge and partnering with post-acute providers are having a positive impact.

The best byproduct of working toward reducing readmissions is in the eyes of patients. "Within our group, we've seen improvement in overall quality," Dr. Mays says. "Regardless of whether objective data improved, the subjective experience improved. Patients are feeling like care is more organized and standardized, and they feel people are taking more time and effort to educate them." **HT**

FOR MORE TIPS on best discharge practices, visit the Agency for Healthcare Research and Quality's Re-Engineered Discharge (RED) Toolkit at ahrq.gov/patient-safety/settings/hospital/red/toolkit/index.html

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Staying vigilant

The pandemic highlights the value of HealthTrust's efforts to mitigate drug supply disruptions

Drug supply threats aren't new. But the COVID-19 pandemic has undeniably disrupted the supply chain in new ways, reinforcing the importance of HealthTrust's efforts to mitigate drug shortages and create new inventory protections for members.

Greatly increased costs for raw ingredients, labor and shipping over the past two years—along with global manufacturing interruptions—have all contributed to the difficult landscape. "It feels like a bit of a perfect storm," says **Christopher Little**, PharmD, Senior Director, Pharmacy Innovation, HealthTrust. "I think COVID has just exacerbated the challenges. It hasn't created anything new, but it's certainly shown us where the vulnerabilities are."

Indeed, the pandemic highlights just how dependent the U.S. has been on the international supply chain, agrees **Christine Dunn**, PharmD, AVP, Pharmacy Sourcing, HealthTrust. "But the pandemic made it worse, because globally, everyone was going through the same thing at the same time," she says.

FRONT-LINE CHALLENGES

Inevitably, facilities have needed to purchase alternate products or ration others when certain

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go-to drugs and related supplies have been lacking in recent months. This includes sodium chloride solution, a mainstay product clinicians use to flush lines or reconstitute medications, according to **Christopher French**, PharmD, MBA, Director, Clinical Pharmacy Operations, HealthTrust. To adapt, he says, some hospitals have drawn small vials of sodium chloride from large-volume bags, creating the need for workers to use additional safety precautions.

"It ends up resulting in a lot of work within a facility to continue providing safe care to patients," Dunn shares. "And, it adds to the overall anxiety that staff are feeling, wondering: 'Are we going to get product? If not, how are we going to take care of the patients?' "

Even the availability of the tiny glass vials that contain individual doses of medications has been vulnerable to COVID's domino effects, as they're needed in mass quantities for the vaccines. "Vaccine production is undoubtedly important, but it requires utilizing manufacturing lines that historically may have been used for other products," French explains. "Either some products are not going to be manufactured for [several] months in favor of vaccines or COVID-related medications, or the production cadence is reduced, causing further product shortages."

WELL-ESTABLISHED MITIGATION EFFORTS

Long before the pandemic, HealthTrust established various programs and protections to mitigate drug supply disruptions. "We're supporting our health systems with additional resources, so they don't have to spend as much time navigating drug shortages in general," French says. "They can spend more of their time devoted to patient care."

These efforts include the SIMS (Supply Interruption and Mitigation Strategies) program, which involves maintaining a "living list" of products considered critical for members and strategizing with suppliers to ensure enough of these products is always on hand, Little says. "We refer to this as our 'never-out' list—products so important that we never want our members to be out of them," he adds.

Fulfilling SIMS goals has required pushing manufacturers for greater transparency into their own supply chain hiccups, which had previously been an uphill battle. "We're not just going to supplier partners and asking about price; we are also digging deep on redundancies and where they're

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sourcing their raw materials from, so we can protect and diversify ourselves as much as possible," Dunn explains. "We're trying to understand their entire supply chain from raw material to finished product, so we can have a level of confidence."

By strategically partnering with one of the largest pharmaceutical distributors, McKesson, HealthTrust also set up a unique control channel to secure additional segregated inventory of key products for members.

This alliance particularly paid off in 2020, when the sedative propofol was in otherwise short supply because of high demand for COVID-19 patients on ventilators, French adds.

"From a contracting perspective, there are a couple of protections we'll now add for certain products," Little explains. "We are now routinely asking manufacturers to sequester inventory for HealthTrust. Ultimately, we are reducing manufacturers' risk by giving them a stronger commitment and reducing our risk by having product we can more readily plan on being available."

> "We are also digging deep on redundancies & where they're sourcing their raw materials from, so we can protect & diversify ourselves as much as possible."
>
> – Christine Dunn, PharmD

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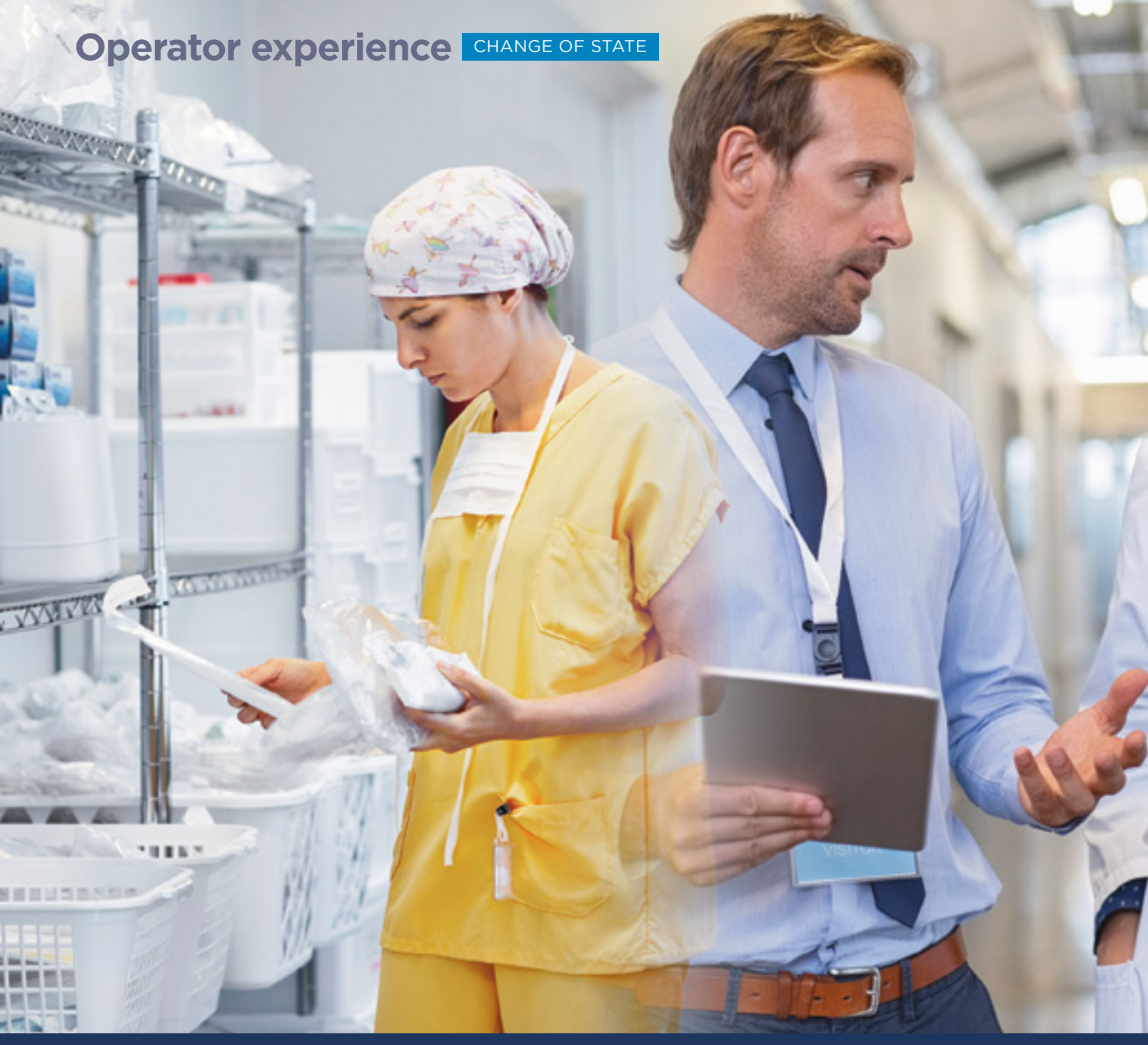
NEW INITIATIVES

Going forward, HealthTrust will include more of these secured inventory protections in agreements with suppliers, French says. Other ideas under consideration include closely monitoring major ups and downs in drug pricing and locking in low prices on certain medications when the market hits a low. "We've been trying to identify where we think those pricing floors could be getting close—even if those items are not at risk today—and adding some contractual securities to ensure volume and protections so our members have a reliable supplier," Dunn explains.

Additionally, HealthTrust is combing through cumulative data to see signals of supply disruption and be more proactive. "Right now, they're nascent efforts, but we're utilizing technology to see if we can more quickly identify a potential supply disruption," Dunn adds.

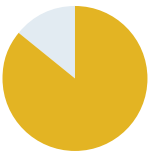
To maximize the benefits from these initiatives, HealthTrust members need to keep communication lines open. "We want and need member feedback to understand their challenges," Little says. "If we know where they're heavily impacted, it gives us ammunition to prioritize what product we go after next and allows us to contract better on their behalf." **HT**

TO SHARE YOUR FEEDBACK about drug supply challenges, email your Account Director. For more on the SIMS program, visit healthtrustpg.com/thesource/pharmacy/drug-shortages/healthtrusts-sims-program-addresses-drug-shortages/

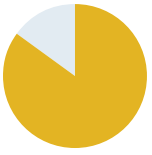


CREATING A NURSE-CENTRIC SUPPLY CHAIN

How improving supply chain workflow for nurses can benefit health systems & patients



86% of nurses say they were stressed by supply chain workflow



85% of nurses found supply documentation challenging

20% of nurses say they considered leaving their current roles because of supply chain issues

TODAY'S MOST EFFECTIVE HOSPITAL SUPPLY CHAIN TEAMS are those who work with end users to identify the most cost-effective supplies while maintaining quality patient care and end-user satisfaction, says **Rebecca Holt**, AVP, Clinical Supply Chain Solutions at Ardent Health Services. That means looking into the suppliers' pipelines to compare availability with the hospitals' projected needs. It also means investigating alternate products and devices, and rethinking care processes, involving the nursing staff.

This concept became exponentially more challenging during the pandemic with initial supply shortages experienced across the globe, as well as the ongoing disruptions to healthcare (and other) supply chains. Setting goals to put nurses at the center of supply chain processes can have positive trickle-down effects for nurses, health systems and patients alike. Here's how.

BEGIN WITH UNDERSTANDING

A nurse's role is to take care of patients first. But it also requires working within the constraints of the supply chain and understanding how it works, says **Suzanne Smith**, RN, BSN, Solution Advisor at Lumere, a GHX company, and board member and Western Regional Director of the Association of Healthcare Value Analysis Professionals. The supply chain dilemma can be frustrating and stressful. In an industry survey of 100 hospital nurses, 86% said they were stressed by supply chain workflow, while 85% found supply documentation challenging. Issues with supply chain led approximately 20% of nurses to say they considered leaving their current roles.

While most supplies are ordered by the supply chain staff, some are managed by clinical staff, which can affect availability. Recognizing and solving this pain point can go a long way. "We started looking at where this is occurring and asking those staff members if it was something we could take over for them," says **Chris Mitchell**, AVP, Supply Chain Operations, HCA Healthcare. "We determined that we could help them manage supplies to allow them to manage patients."

STREAMLINE PROCEDURES FOR GATHERING & TRACKING SUPPLIES

The process of gathering and accounting for supplies can differ by health system, facility and hospital unit. On medical/surgical floors, nurses might collect products from a supply or "point-of-use" room, selecting the patient's name from the supply room computer and scanning the product, which links to the warehouse for replenishment purposes; other processes involve a sticker system. Not all methods are the same, and caregivers might not have enough time for training sessions and complicated processes. HCA Healthcare created 12 point-of-use supply categories in some locations to improve workflow and make it easier for nurses to find what they need.

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Inconsistent or burdensome procedures can also add to staff frustration. "While it does not take significantly longer to scan a supply, the perception is that it adds additional staff time," says **Vicki Riedel**, RN, BSN, Director, Clinical Resource Analysis, HCA Healthcare. When a staff member is busy or something is urgently needed, scanning may get skipped. That can put items at risk for creating a shortage (although some systems have back-end processes to mitigate that issue, Riedel adds).

Staff may also be hesitant to take time to adhere to new administrative processes because they consider patient care the top priority. "Scanning supplies for a replenishment system has been likened to scanning groceries and not really necessitating a college degree and clinical experience," Riedel explains. However, while these steps are not directly related to care, they require clinical knowledge and can impact patient outcomes, helping avoid misused supplies and ensuring that adequate inventory is available.

While improper tracking can result in supply shortages, it can also impact hospital revenue and patient care. "Anything implanted must be scanned or manually entered into the medical record for billing," says Holt. Items brought into a patient's room cannot be returned to the central supply. Instead, they must be discarded or sent home with the patient, which can cost the facility money, as these items are generally not billed.

Ensuring consistent, simple and efficient processes for tracking can mitigate many of these pitfalls. Some facilities use easier scanning tools, like a weight-based bin, where the patient is charged for the supply based on the weight of the item removed. Others use a door-mounted scanner that automatically tracks supplies leaving the room. A smartphone device can also be used for scanning, eliminating the process of selecting the patient's name from a computer screen or picking up a scanner.

MINIMIZE THE IMPACT OF SUPPLY CHAIN DISRUPTION & SHORTAGES

Due to the pandemic, hospitals have had to source the same products and equipment from multiple suppliers, and substitutions are common.

While some item substitutions, like emesis basins, may not be of consequence, bringing in alternate supplies that staff members aren't comfortable using can put nurses and patients at risk. Safety needles are a good example, Smith says. "Every single safety needle mechanism deploys differently," she explains. "If I don't know how to deploy the safety mechanism, I could stick myself or hurt the patient, and no one wants that to occur."

Unavailable items can result in a care delay, potentially impacting patient outcomes. Without the right supplies, for example, an incontinent patient could suffer skin breakdowns. "A lot of it is basic supplies," Smith adds, though shortages of medications, oxygen, ventilators and other treatments can be life-threatening.

Communication about substituted products is also key. Changes should be shared on the intranet, via email, with cards placed on the stocking bins or shelves by the impacted supplies, or on stickers applied to the packaging. Be sure to include who to call with questions.

Traditionally, supply chain staff is not in the hospitals 24/7. So on the weekends, supply rooms should have enough supplies to cover three to five days, says Mitchell. But due to backorders, heavy utilization and shortages, that proves difficult.

HCA Healthcare evaluated its staffing models to provide flexible staffing for better coverage in some locations, including the addition of weekend hours. "Another possible response is to roll temporary carts and shelving into supply rooms when staff isn't available, to provide the needed volume," explains Mitchell. The temporary storage is then removed when supply chain staff returns.

EMPHASIZE STANDARDIZATION

"One thing we've learned as an industry is the power of standardization with supplies and equipment," says Holt. In the beginning of the pandemic, Ardent moved some staff and the majority of its ventilators to two New Jersey hospitals. The ventilators were different than the ones the staff used previously. They realized they needed to account for the learning curve for staff or nurse ramp-up time. "While they can certainly learn how to use them, it may take one or two shifts to become accustomed to that particular model," Holt explains.

In a new facility setting, staff members may also have to work with unfamiliar beds, lab requisitions, standard order sets, IV pumps and pharmaceutical ordering. "We learned that to be able to move equipment and staff around, we have to be standardized," Holt says. "That was a huge focus for 2021, and we're restructuring to make it an even bigger goal in 2022."

Ardent is consolidating to one or two suppliers for equipment like ventilators and CPAP machines. "We want to be able to take ventilators from New Mexico and send them to East Texas or New Jersey, and know that when it arrives there, the entire clinical staff will know how to use it," Holt says.

HCA Healthcare was already starting to standardize products prior to the pandemic, partly to aggregate spending and drive down costs. "I'm not sure we've ever felt the pain of non-standardized supply categories more than during the

Continued on page 23

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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. In patients with chronic ITP, the most serious drug-related adverse event reported with Octagam 10% treatment was a headache. 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.

*At +2°C to +8°C (36°F to 46°F) from the date of manufacture.

HealthTrust Contract #4861

Date of preparation: 10/2021. GAM10-0292-PAD

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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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----------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; and for dermatomyositis (DM) 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)
Dermato-myositis	2 g/kg divided in equal doses given over 2-5 consecutive days every 4 weeks	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 4.0 mg/kg/min (Up to 0.04 mL/kg/min)

- Patients with dermatomyositis are at increased risk for thromboembolic events; monitor carefully and do not exceed an infusion rate of 0.04 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 osmolarity 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----------

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

Dermatomyositis: The most common adverse reactions reported in greater than 5% of subjects during a clinical trial were headache, fever, nausea, vomiting, increased blood pressure, chills, musculoskeletal pain, increased heart rate, dyspnea, and infusions site reactions.

To report SUSPECTED ADVERSE REACTIONS, contact Octapharma at 1-866-766-4860 or FDA at 1-800-FDA-1088 or *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: **July 2021–**

Medical Affairs:
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Reimbursement:
usreimbursement@octapharma.com
Tel: 800-554-4440 | Fax: 800-554-6744

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.

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Continued from page 20

pandemic response," Mitchell adds. With 23 consolidated distribution centers, having non-standardized products and equipment makes it difficult to transfer supplies to where needs are the greatest. Using different brands for gowns and gloves is not a problem, but with equipment like ventilators, there is a low margin of error for ensuring availability.

INVOLVE NURSES IN THE VETTING PROCESS

"I think of nursing as the core of our supply chain operations," says Mitchell. "I value nursing feedback, which helps us understand the products and services patients need, and helps us adjust as the care landscape evolves."

At Ardent, nurses and other staff members can suggest new products or technologies for their units through a value analysis team (VAT), explains Holt. The staff member shares the item's value to patients or staff, how it affects patient care, impacts cost, and the potential impact on patient satisfaction and quality. The VAT also considers whether a similar item is already in use within the organization.

When replacing a product or device, the VAT calculates need and ensures the distributor has enough supply. "There's nothing worse than changing out a product and discovering you can't get that product," Holt explains. Then, the current stock must be taken off the shelf and is sometimes sequestered to one unit. End users may receive product education from the supplier. "It's a lengthy process, but it involves the key decision-makers," Holt adds.

It's important to have a multidisciplinary group vetting new technology at the ground level, agrees Smith. When selecting suppliers, end users should be part of that process to ensure that their questions are answered and all stakeholder needs are met. "That way, you get buy-in right away," she says. "Not including key stakeholders can result in automatic resistance." **HT**

TO READ MORE about HealthTrust's supply disruption efforts, see page 4 or visit healthtrustpg.com/MitigatingSupplyDisruptions

A vital BALANCING ACT

Tomorrow's medical devices & drugs will require a careful assessment of clinical need & cost

THERE'S NEVER BEEN A MORE EXCITING TIME TO WORK IN HEALTHCARE, as we adopt important surgical and pharmaceutical advances that will change care delivery forever. Healthcare leaders must stay aware of these changes and diligently consider both the clinical need and financial stewardship when making purchasing decisions.

BUILDING BETTER ROBOTS

The robotics market has essentially doubled in the last five years. Physician preference is primarily driving the market explosion, as robotic device manufacturers create better surgical approaches. The difficulty is balancing the cost of the new products with better patient outcomes and care quality.

"Robotic devices add cost to a surgical case, and there needs to be a reason to justify the added cost, whether it's a clinical benefit, overall financial benefit or all of the above," says **Fred Keller**, VP of Custom Contracting at HealthTrust. "If you're just adopting robotics and not paying attention to the incremental benefit, then you may just be adding cost." In other words, purchasing decisions must go beyond physician preference and the desire to have the latest technology, so robotic devices don't just collect dust in hospitals instead of benefitting patients.

The robotics field will continue to advance as other innovations enable them. "Believe it or not, the 5G cellular network that we're clamoring for has applications in robotics as well," says Keller. The technology could potentially allow surgeons to perform a robot-assisted surgery remotely—as in, from another state or even from a different country. And in the not-too-distant future, robots will evolve to allow for more clinical applications across multiple modalities for use in cancer treatment, urological cases and more complex

surgical cases. “Robots will continue to advance and hopefully be utilized in the right way, producing a clinical benefit for both physicians and patients.”

MINIMALLY INVASIVE AORTIC VALVE REPLACEMENT SURGERY

Twenty years ago, if a patient needed to have an aortic heart valve replaced, a surgeon would perform an invasive open-heart surgery that involved opening the chest, cracking the sternum, replacing the valve and then wiring the sternum back together. “The sternum soreness outweighs the heart procedure,” explains Keller. While it is widely considered a safe and effective procedure, some patients aren’t good candidates for this surgery for reasons including advanced age and other comorbidities.

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In 2002, a device technology called TAVR (transcatheter aortic valve replacement) came along. TAVR allows doctors to use a catheter to intravenously insert a replacement valve without removing the old valve. The procedure is minimally invasive, so the sternum isn’t opened. TAVR also has an embolic protection component that catches any loose plaque with a wire net and removes it after the procedure is complete, which protects against stroke.

“It’s important for hospital leaders to know that over time, as more doctors adopt the TAVR technology, it will add to the cost of the procedure,” says Keller. On the other hand, reducing the risk of stroke also has a cost benefit, so TAVR may be the right financial decision, since it presents a potentially life-extending surgical option for a subset of patients who have fewer options for treatment.

A CURE FOR HYPERTENSION?

Medtronic’s Symplicity Spyral renal denervation system is in clinical trial and on its way to reaching clearance from the U.S. Food and Drug Administration (FDA). “The catheter system essentially provides the opportunity to cure people who have hypertension,” explains Keller. Since nearly half of Americans have hypertension, the technology could qualify as a game changer. “The catch is that we won’t know what it will cost until after it’s FDA approved,” he adds.

People with hypertension have high blood pressure, which means that blood is pumping hard on artery walls as arteries carry blood from the heart to the rest of the body. High blood pressure can lead to stroke, heart attack, kidney failure and other life-threatening conditions. Treatment for hypertension includes lifestyle changes and medication such as diuretics, beta blockers and ace inhibitors. With renal denervation, a doctor inserts a catheter into the arteries leading to the kidneys, which helps regulate blood pressure. Renal denervation delivers energy to the overactive nerves to lower their activity, which lowers blood pressure.

“This promising procedure truly creates a new approach to treat high blood pressure,” says Keller. “And while it all

sounds great, we won't know how the cost of providing this technology will affect hospitals." If it helps patients, hospitals will find a way to provide it when the time comes, but they'll want to be cognizant of balancing innovation with financial stewardship for the greater good.

NEW ERA IN PHARMACEUTICALS

Medicine is moving in a much more personalized, preventive and curative direction. "With today's drugs, we're only addressing about 20% of what ails people," says Keller. To get at the other 80%, pharmaceuticals must approach the way they work differently, and that is starting to happen. Case in point: "Today, an infant can be diagnosed with spinal muscular dystrophy and take a bunch of medications. Or they can take one drug called Zolgensma for $2 million, and the child won't get the disease." The infusion therapy that came out in 2019 addresses the disease's root cause by replacing a missing gene.

Similarly, the mRNA vaccine technology teaches our cells how to make a protein that triggers an immune response in our bodies. This advancement is precisely what has allowed us to make progress during the pandemic.

Keller says that more drugs will be made in this manner, where your doctor will do a blood test and, in a matter of a day, have a good understanding of what diseases you have or will have in the future, and what to do about it. Technology and tools will make it so that we can sequence DNA in a matter of minutes and deliver answers to many questions. "This is coming within the next 50 years, and it raises a lot of ethical questions," he says. "Just because we can fix someone, should we?"

It's exciting for younger generations, especially, to fathom how advances in healthcare might make it possible for us to live well past 100 years. The key will be figuring out how to apply innovation in a responsible, sustainable way. Keller adds: "Facilities and providers need to have resources that are helping them manage this balance on a daily basis."

FOR MORE ON medical device management, see page 32.

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- Do not spray longer than 10 seconds

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Refer to application instructions for full details

IMPORTANT RISK AND SAFETY INFORMATION:

Consult your pediatrician when using on children 4 years old and younger. Do not use on large areas of damaged skin, puncture wounds, animal bites or serious wounds. Do not spray in eyes. Over spraying may cause frostbite. Freezing may alter skin pigmentation. Use caution when using product on persons with poor circulation. Apply only to intact oral mucous membranes. Do not use on genital mucous membranes. The thawing process may be painful and freezing may lower resistance to infection and delay healing. If skin irritation develops, discontinue use. CAUTION: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner.

HealthTrust Contract #83476, Category: Anesthetic Supplies

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DATA-DRIVEN & LASER-FOCUSED

Valify Solutions Group helps members find savings in the details

PURCHASED SERVICES—CONTRACTS THAT COVER EVERYTHING FROM SNOW REMOVAL TO GROUNDSKEEPING TO LAUNDRY—often account for as much as 45% of a hospital facility's non-labor expense.

Much of that spend is wasted on redundancies and overlooked areas for savings.

Given this hefty investment, Valify Solutions Group (VSG) has made it its mission to help HealthTrust members streamline and reduce their purchased services spend. VSG utilizes two important tools to ensure members are getting the best rates: benchmarking technology and expert knowledge of national and regional markets.

DIGGING DEEP TO FIND SAVINGS

"Purchased services are highly complex. Identifying a service level unit of measure can be tough because it varies by category," says **Raelyn Wilson**, Chief Operating Officer of Valify and VSG. "Valify has been strictly dedicated to purchased services and focused on providing insight and actionable opportunities in that area of spend, so our subject matter expertise positions us well to best help our customers."

The Valify technology tool takes members' accounts payable spend and classifies that information into more than 1,300 unique categories, says **Andy Motz**, AVP for Custom Sourcing at VSG. "Once we get an understanding of where their dollars are going, then we can help them set priorities for standardizing or consolidating suppliers where applicable," Motz adds. "That usually leads to cost savings."

To dig even deeper, VSG experts use high-level benchmarking through the Valify technology tool. Benchmarking shows members where their costs may be high or if they're in the same ballpark compared to other hospitals of similar size within the same region.

"We compare their spend in a specific category to different KPIs, such as cost per patient bed or cost per square footage," Motz explains. "If we see them in anything better than 50th percentile, they're probably doing OK as far as their expenses go. But when we get to the 80th percentile or 90th percentile, that's a quick indicator for us that there is a savings opportunity for those hospitals."

MAKING POSITIVE CHANGES

Once the opportunities have been identified, members can use the contracts that are part of VSG's purchased services portfolio, Motz says. "Our members can utilize those contracts to get the best pricing and best terms and conditions, including turnaround times and failure-to-supply clauses."

VSG experts can also work with members to create custom or local agreements with vendors if necessary. "If they need a service that's not covered by one of our existing GPO contracts, then we'll work with them to create a local contract," he adds.

Continued on page 30

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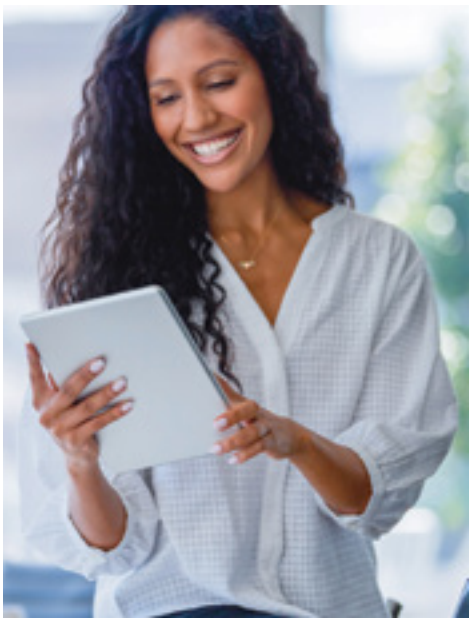
HealthTrust Contract #77108

DIRECTV
FOR BUSINESS

Continued from page 28

"The Market Share module within the Valify technology tool empowers all of our end users by putting that data at their fingertips," shares Wilson. It is designed to help hospitals find alternative vendors and to identify suppliers with the best pricing and terms and conditions.

When members utilize the Market Share module in conjunction with the benchmarking tools and other VSG modules, they get the deepest benefits. "That's where you really enrich the data," Wilson says.



EVOLVING TO MEET MEMBERS' NEEDS

Valify is constantly being enriched with new modules to meet the changing priorities of members. For example, "Many health systems are beginning to think differently about how they procure services and supplies, and the way they impact their communities. As a result, they're focusing on driving as much volume as they can through historically economically disadvantaged businesses," Wilson explains. To accommodate this priority, Valify recently launched a new diversity module that flags diverse suppliers, so members with this sourcing priority can easily identify those opportunities.

"Valify's entire technology is really designed to help manage the lifecycle of your purchased services spend from identifying opportunities to automated monitoring that happens after you sign onto a new contract," she says. **HT**

DRIVE VALUE for your organization in purchased services by contacting the Valify team today at 972.963.5130 or info@valifysolutionsgroup.com

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Rusty Parker, Senior Director of Corporate Supply Chain at Methodist Le Bonheur Healthcare, has uncovered seven-figure savings in medical device management.

Steve Jones

UNLOCKING SAVINGS in medical device management

HealthTrust provides members with the expertise to boost end-user satisfaction & reduce expenses

WHEN IT COMES TO HEALTHTRUST'S MEDICAL DEVICE MANAGEMENT (MDM) SOLUTIONS, SUCCESS IS MEASURED IN PATIENT SATISFACTION, physician satisfaction and, of course, cost savings. The team provides solutions in consulting, analytics and custom contracting. They review the technologies to determine if any differentiators or clinical evidence exists to support better outcomes. And they help members obtain the best pricing in medical devices by negotiating contracts, navigating issues, monitoring market trends and engaging physicians in decision-making.

Rusty Parker, Senior Director of Corporate Supply Chain at Methodist Le Bonheur Healthcare in Memphis, Tennessee, has partnered with HealthTrust's MDM team since 2013. "Working with HealthTrust gives us great insight into what's going on with the industry," says Parker. He doesn't have the luxury of having experts in orthopedics, spine or cardiology on staff, but, luckily, HealthTrust does. "MDM team members have spent part of their careers on the supplier side and regularly attend trade shows, so they're up to speed on the latest iterations. When we are approached by a device company, we ask the HealthTrust experts what they think, and it gives us reassurance that we're doing the right thing."

LEVERAGING NEGOTIATIONS

"When it comes to medical device management, pricing is always an issue," explains Parker. "Invariably, we're trying to get the best quality at the lowest price. It's hard to know what's going on in the industry outside of our little bubble." An organization may think it's getting optimal pricing on a new medical device, yet it could be leaving some money on the table. HealthTrust helps by providing guidance on pricing and restructuring an agreement to achieve better value.

"We are taking a look at all the factors—physician alignment, market share, total spend, regional considerations—and creating a custom strategy to maximize spend and get the lowest possible price," says **Jimmy Yancey**, AVP, Medical Device Management, HealthTrust. Custom contracting is specifically for physician preference items, which include high-value implants for total hips and knees, spine hardware and osteobiologics, drug-eluting stents and cardiac rhythm management.

Methodist Le Bonheur has worked with HealthTrust's MDM team on three contract renegotiation cycles for cardiac rhythm management products and drug-eluting stents. "We've experienced seven-figure savings," Parker shares. "Each time we thought we couldn't do any better, yet three years later, we achieved additional savings."

As Parker and his team are constantly receiving information from suppliers about new cardiac products,

it's hard for them to know what's needed and what's not. HealthTrust provides an unbiased perspective and brings credibility to the negotiating table, and in between contracts, making sure to add products at the right time. "I was a supplier for 14 years before joining HealthTrust. That background enables me and others on the team with similar experience to prevent the hospitals we work with from being upsold on the latest and greatest technology unless it's at an appropriate price," explains Yancey.

BECOMING A PART OF THE SUPPLY CHAIN TEAM

Many members view HealthTrust as a partner—one that provides guidance and resources, from analytics and dashboards to subject matter expertise.

The HealthTrust MDM team can speak to fair market value since it aggregates all the device makes and models and negotiates contracts multiple times a year. Comparatively, a member hospital may only negotiate custom contracts once every three to four years. "Everyone knows that when negotiating, additional commitments bring better price concessions from suppliers. Our clinical subject matter experts can help members identify clinically equivalent products and drive compliance toward better pricing. The scope of our market intelligence ensures that members get the best possible pricing with vendor consolidation," adds Yancey.

HealthTrust also has Physician Advisor experts who have performed thousands of surgical cases to help classify the devices. This allows the MDM team to maximize savings on new products.

"Medical devices account for roughly 25% of a health system's spend," says **John Humphrey**, Senior Director, Medical Device Management, HealthTrust. "By working with our consulting and analytics teams, we can help hospitals increase overall profitability."

The team can also facilitate communications with physicians and track how devices are being used. "Our medical device industry experience enables a level of understanding of how these devices are marketed, and we can speak to some of the differences between them," says. Humphrey. "After pricing, we look at the utilization of medical devices and help track and maintain savings through customized dashboards."

With a master database of thousands of products, the team receives de-identified procedural data for analysis and monitors the cost of cases over time to minimize unnecessary use variation as well as reduce costs.

SCALING DATA

The Strategic Sourcing team at HealthTrust sources medical devices and designs contracts to provide value from the perspective of a national portfolio of products. "We work to negotiate the cost of goods and serve as the mechanism for how our members obtain physician preference products," says **Cyrus Hadjesmaili**, AVP of Sourcing, HealthTrust. The National Portfolio team collects and analyzes utilization data on all the medical devices that members purchase. That is then leveraged for the larger membership to achieve optimal pricing and terms and conditions to provide value within those categories.

"We're not only negotiating the products, but we're also digging into clinical insights, outcomes and trends leading up to and during the negotiations. We also share with suppliers feedback from our member customers," Hadjesmaili adds. The HealthTrust Clinical Advisory Boards are an important piece of the strategic sourcing process. They serve as a group of subject matter experts who vet new technology, share market intelligence and utilization patterns, and validate clinical outcomes to ensure a clinically efficacious decision is being made on behalf of the membership. Strategic Sourcing engages with HealthTrust account managers and directly with the end users by way of the Clinical Advisory Boards or the Advisor online platform to understand what's working and what's not, and what needs to be adjusted within an agreement's structure to make it more effective.

ENGAGING PHYSICIANS

"Engagement with physicians at Methodist Le Bonheur is essential to accomplishing our goals," says Parker. "We take our physicians' input and guidance back to the HealthTrust Medical Device Management team to zone in on the best quality product at the best price for our physicians."

The experts will tell you that it's a no-brainer: The higher the physician engagement, the higher the savings. "We've seen small hospitals get best-in-class pricing because the physicians are aligned and educated on what the market value is for the products they are utilizing, so they can participate in negotiations in a positive manner," says Yancey. Humphrey agrees. "If physicians aren't involved, a health system won't be able to move the needle much," he adds. On the other hand, health systems with surgeons leading the effort can achieve their goals.

HealthTrust can help engage physicians and navigate questions during the contracting process and throughout the life of the contract. "Where we add value is knowing the

products and helping to provide information on comparable products that can help get physicians on board and increase the savings opportunities," explains Humphrey.

Doctors who are part of HealthTrust's Physician Advisor program provide insights on product categories as well. "We can tap into special teams of physicians from different markets and use their feedback to help members navigate their own clinical conversations within their facilities," says Hadjesmaili. "Oftentimes someone else has a solution to the problem, and we share that solution with other members to help them have informed conversations and, ultimately, save money."

UNDERSTANDING TRENDS & TECHNOLOGIES

Robotics is by far the most significant area of growth in the device marketplace. (See page 24 for more on the latest innovative medical devices.) Surgical robotic systems are becoming more widely accepted, with new surgeons now coming out of their residencies having been trained on them.

When committing to a high-cost robot, there are often a number of savings opportunities, including the surgical system itself and the implants, screws and other components. "Because of HealthTrust's market intelligence, when a member is purchasing a robot, we can negotiate the implant costs in conjunction with a robotic purchase," says Yancey.

As surgery becomes less invasive, patients and many physicians prefer surgery centers over hospitals—a change accelerated by COVID. Though they aren't equipped for trauma or acute cases, surgery centers are ideal for otherwise-healthy patients in need of spine or joint surgery. Changes in Medicare reimbursement for hip and knee

Steve Jones

procedures have also made surgery centers more attractive. Suppliers are updating applications to their clinical products to facilitate this shift. "We are seeing movement to solutions that simplify procedures and take the variation out of them, so you have more predictable outcomes through the use of technology," says Hadjesmaili. His group works to stay ahead of these changes and ensure contracts remain relevant.

One of the key issues members face is understanding new technologies on the market. Products may not be truly new, and there is no context given to the overall effect a new technology may have on the standard of care or financing.

"Everyone is eager to have a better mousetrap, so it's hard for a hospital to keep track of the latest and greatest in medical devices," says Parker. "It's nice to have HealthTrust as a source of truth. We ask the team things like: 'Is this really what we should be using? This pacemaker version has Bluetooth. Do we really need that?' "

The MDM team knows how to address these issues and provides members with ongoing intelligence on evolving products. Humphrey shares, "We are narrowly focused and extremely deep in each person's area of expertise, based upon our supplier-side experience. The hospital members we work with are dealing with everything across the board." Members can also collaborate with other HealthTrust members and learn from one another through online forums.

"I can't say enough about the team," adds Parker. "The engagement and success achieved through this partnership has given our organization the resources needed to respond to an ever-changing market." **HT**

EXPLORE HOW TO UNLOCK SAVINGS—contact the MDM team at corp.medicaldevicemgmt@healthtrustpg.com

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CARING for caregivers

The critical need to support healthcare workers during & after the pandemic

IN THE EARLY DAYS OF THE COVID-19 PANDEMIC, healthcare workers were exhausted and depleted—but they were also hailed as heroes. Community members clapped and cheered them on at shift changes. They put up yard signs with appreciation messages and sent meals to hospitals to express gratitude.

Two years later, despite the advent of groundbreaking vaccines, the pandemic continued. Vaccine hesitancy and the emergence of COVID variants again sent case numbers and hospitalizations skyrocketing. Healthcare workers covered extra shifts to make up for colleagues who were calling in sick or quitting. Meanwhile, the community stopped showing up. And many workers even faced backlash as mask-wearing and encouraging vaccination became politicized. The result: Burnout and stress levels have risen to new heights, reminding healthcare organizations of the critical need to continue to support their staff.

THE PROLONGED BURDEN

One of the biggest challenges for front-line workers is operating within the expectation that they are resilient and must withstand any circumstance. Given their mission-based work, healthcare staff are in the business of putting others first and just handling whatever comes their way, says

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Patricia Watson, Ph.D., Senior Educational Specialist for the National Center for PTSD.

However, that mode of operation can come at great personal risk. According to **Jeff Murawsky**, M.D., Division Chief Medical Officer for the Far West Division of HCA HealthCare, persistent stress can lead to stress disorders, anxiety and post-traumatic stress disorder (PTSD). It can also lead to impaired judgment at work. "There is a mental health burden that occurs with all healthcare workers who are out there in front, dealing with very difficult things every day," he says.

As incident commander at HCA Healthcare's Sunrise Hospital during the 2017 Las Vegas Harvest Music Festival mass shooting tragedy, Dr. Murawsky saw a crisis situation that brought 250 people flooding in for critical care in just one hour. This high-stress event was extremely taxing on the team, and the hospital had to respond. In addition to supporting staff with an acute need for counseling, Sunrise focused on immediate and simple needs like making sure they drank water while working. The increased and urgent workload mostly returned to normal after about two months, as hospitalized patients were discharged.

The prolonged nature of the COVID crisis has presented a new kind of dilemma for healthcare workers, and there's a difference in the stress experienced in short-term versus long-term events. With COVID, the stress is like running a marathon, not a sprint, Dr. Murawsky says, and requires that healthcare organizations increase support and communication efforts to healthcare workers. (See page 51 for more on how communication can help reduce burnout.)

"We need to be careful not to underplay how significant the stress of the pandemic is, and we need to make sure we're more open and regular about communicating with our team members," he says. Those messages need to include acknowledgement of the stressful conditions, the toll they can take on a person and ensuring that team members are

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taking care of themselves, including eating and getting enough sleep—especially as community support has waned.

HOW HEALTHCARE STAFF CAN RESPOND TO STRESS LEVELS

After serving in the military and seeing military members experience stress, Watson began working at the National Center for PTSD (NCPTSD) and created a Psychological First Aid field guide for post-disaster settings with colleagues from NCPTSD and the National Child Traumatic Stress Network (NCTSN).

Watson later collaborated with experts around the world to develop guidelines for ongoing adversity that were centered around five "essential elements" that seem to be related to better recovery from stress and adversity. These essential elements were included in a Stress First Aid (SFA) self-care and coworker support model for those who work in high-stress occupations, such as healthcare providers. The model seeks to create a flexible framework that guides people to use the five essential elements in creative ways depending upon the context—to move toward a greater sense of psychological safety and calm, connect with social support, improve sense of competence or self-efficacy, and foster hope, meaning and confidence.

"The aim of the model is not to tell people what to do, but to help people understand that these elements are important, particularly in ongoing stressful circumstances," Watson says. "It aims to highlight and bring forward those small moments of understanding and support, and to help people think about how they can improve their situation and that of their colleagues."

The program incorporates a stress continuum model with color zones, so people can understand that everyone goes through different levels of stress, and if they have a sense of their place on the continuum, they will be better equipped to understand, adjust, talk about and mitigate stress:

- **Green: "Ready" — Optimal functioning, at one's best.**
- **Yellow: "Reacting" — Mild or transient distress or impairment; may feel irritable or anxious with loss of motivation or focus. Difficulty with sleep.**
- **Orange: "Injured" — More severe and persistent distress or impairment; an accumulation of all stressors, including work and personal. May feel a loss of control, panic, rage or depression.**
- **Red: "Ill"— Persistent and disabling distress or loss of function. This can include formal diagnoses of depression, PTSD, anxiety or substance abuse.**

Knowing your place on the continuum at any given moment can also help you recognize when to ask for help. "We know that resilience isn't global. Most of us go in and out of being resilient depending on an ever-changing spectrum of circumstances and factors," Watson says. "Additionally, stress reactions can manifest in different spheres in our lives." For instance, a person may do well on the job even when under considerable stress, but their personal life can be affected by their stress levels, or vice versa.

"In this model, we acknowledge that what you do for support and self-care might change depending upon what zone of stress you are in," Watson adds. For those in orange or red zones, taking a few deep breaths won't have the same impact as it would for those in a green or yellow zone. People in the orange and red zones will need more significant and varied resources and actions, such as support from coworkers, mentors and possibly professionals.

Referring to the stress continuum zones at work can also be a shorthand way for staff members to signal how they feel. "You don't have to get personal and give details, but you can say to a coworker, 'I'm in the orange zone,' " Watson explains, which can be a signal for a coworker to use the SFA model to offer support. An entire team could be in the orange zone based on work stressors, which can prompt workers and supervisors to help problem-solve ways for the organization to provide support and to make changes that reduce worker

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stress. The goal of SFA is to reduce the stigma of stress reactions and to find strategies or simple actions to help bring people into the green or yellow zones.

While formal training is available for the SFA program, healthcare systems can incorporate elements from it with a free online resource. A number of large hospital systems have used SFA throughout the pandemic and have appreciated its flexible, practical approach and its acknowledgment that self-care, coworker support and organizational support are all crucial in extended high-stress circumstances.

At hospitals within HCA Healthcare's Far West Division, regular emails are sent to staff with information about mental health and wellness resources like the employee assistance program (EAP), as well as frequent reminders to get enough sleep, access healthy food and to take their breaks, Dr. Murawsky says. It has been an important effort not only for the clinical staff but also for the nonclinical support staff. They too have put in extra hours during the pandemic and are also experiencing levels of burnout.

Prior to the pandemic, HCA Healthcare was conducting drills and table-top exercises for mass-casualty and pandemic-type events, to ensure the health system had the needed resources and that staff understood what actions to take and what to expect in these situations. "We did pandemic flu exercises for years. Preparing and drilling

WHAT DOES THE FUTURE HOLD FOR THE MEDICAL PROFESSION?

The level of healthcare workers leaving the profession is having an impact. "When we lose someone who has been in the field for 10 years, that's a tremendous loss. We have lost not just learning, but wisdom," explains **Patricia Watson**, Ph.D., Senior Educational Specialist for The National Center for PTSD.

Based on what she's seen in two years of stress first aid training, Watson says, "We are at a very critical point in the field." The impact that the pandemic has had on healthcare systems has created a call to action. Systems and organizations may have to make significant changes that focus not only on technology, finances, policies and procedures, but on the health and well-being of their staff. This may mean highlighting what brought healthcare workers to their jobs in the first place, which is usually derived from meaningful interactions with patients and their families, she says. "Hopefully organizations can find ways to foster satisfaction and fulfillment in healthcare workers, so they can both express their appreciation for the sacrifices healthcare workers have made and also retain them into the future, so the organization can benefit from their training and experience."

Still, nursing and medical school applications and enrollments are rising. In 2020, student enrollment in U.S. nursing schools increased. The American Association of Colleges of Nursing noted a 5.6% enrollment increase in RN baccalaureate-level nursing programs and an increase of 4.1% enrollment in master's programs.

Medical school applications also hit record highs, with a 17.8% increase in applications for the 2021–2022 school year, according to the AAMC. Enrollment for first-year students was higher and more diverse than in previous years.

Jeff Murawsky, M.D., Division Chief Medical Officer for the Far West Division of HCA Healthcare, worries that the people leaving healthcare are the ones experiencing burnout and stress, feeling they can't do the job anymore. "I'm hoping that when the pandemic is over and they process their experience, they may come back," he says.

helps people understand that they will experience stress after these events and that we have resources to help," Dr. Murawsky explains.

LEADING BY EXAMPLE

People in healthcare roles are often less likely to recognize the need to care for themselves, yet social support is consistently one of the strongest protective factors in both burnout and exposure to significant adversity, says Watson. The support that mentors and supervisors offer is particularly important. That might mean offering ideas for managing difficult experiences, helping problem-solve particularly difficult cases or situations, helping the person regain their sense of meaning and purpose, or helping someone realize that they are being too hard on themselves.

Checking in on a colleague doesn't require a mental health background. You can also inform coworkers about more intensive support by referring them to other resources in the system, whether through an EAP, a doctor, a spiritual or religious advisor, or a mental health provider. "You can be a huge influence in helping bridge people to the care that will be helpful for them," she adds. We know that getting people into mental health treatment earlier rather than later can often prevent a cascade of problems that can occur over time when more significant mental health symptoms are left untreated.

While Dr. Murawsky has seen a slight increase in usage of mental health resources at the health system during the pandemic, he only sees the need growing. "I expect that when we come down from pandemic disease levels, we may see an increase in people taking us up on those offers," he says. "They will continue processing and dealing with what they went through. These still are healthcare heroes. We need to be mindful of saying it louder and more often." **HT**

READ THE ONLINE VERSION OF THIS ARTICLE for a list of mental health resources for healthcare workers. Visit healthtrustpg.com/CaringForCaregivers

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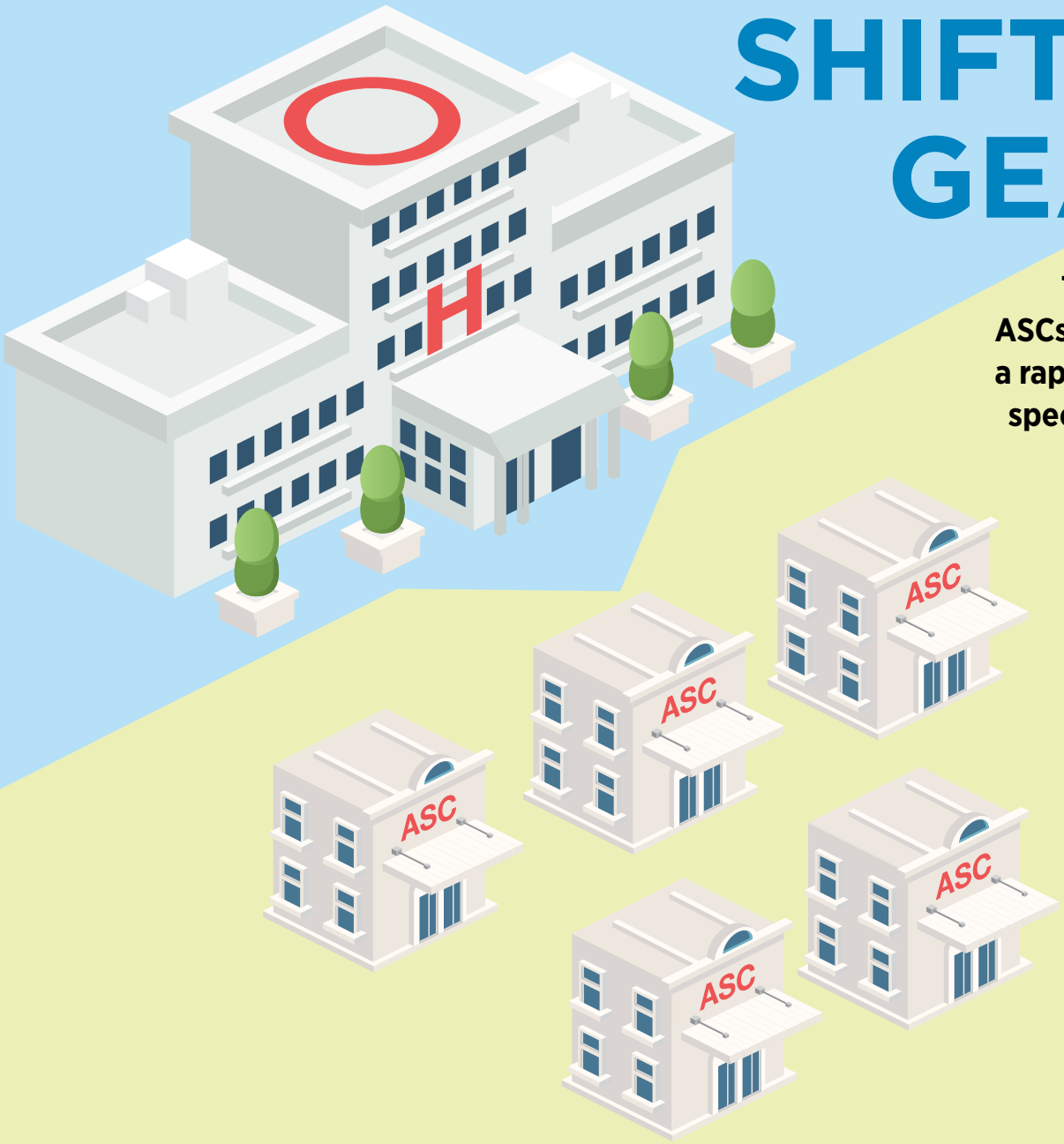
SHIFTING GEARS

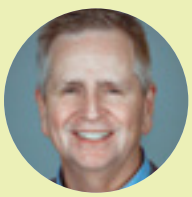
The transition to ASCs is happening at a rapid rate, bringing special challenges & considerations



AMBULATORY SURGERY CENTERS (ASCs) are one of the fastest-growing areas in the healthcare industry.

Research suggests that the ASC market is expected to grow at a compound annual growth rate of 6% and could be a $36 billion industry by 2023.

"At HCA Healthcare, we have just over 150 ambulatory facilities. I expect tremendous growth in ambulatory surgical centers and GI endoscopy centers over the next four to five years," says **Michael Hicks**, M.D., MBA, MHCM, FACHE, Medical Director, HCA Healthcare's Ambulatory Surgery Division.



FACING PUSHBACK

This increasing shift in care to ASCs is a trend that can't be ignored. But this growth has been tempered by the preferential pricing given to procedures performed in hospitals.

Continued on page 46

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1. "Gebauer's Ethyl Chloride® Topical Anesthetic Spray Technical Data Document." Gebauer, Gebauer, https://www.gebauer.com/hubfs/docs/Ethyl_Chloride/EC%203.9%20File%20Update%20-%20Sep%202020/SPEC-425.5%20Combined%20EC%20Tech%20Data%20Document.pdf.

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"You can take the same procedure, same patient, same insurance company, same surgeon, same everything, and do that case in a hospital and get compensated at a much higher rate than you would in a surgery center," explains Dr. Hicks. "Historically, that has been a drag on the migration of some of these cases. If you were the owner of a hospital, it didn't make financial sense to shift to a place where you were going to get reimbursed at a lower rate."

In 2021, the Centers for Medicare & Medicaid Services (CMS) took a big step to even the playing field when it announced it was eliminating its inpatient-only list (a list of procedures that were not eligible for reimbursement when done in either an ASC or as an outpatient). However, it recently reversed that decision in its 2022 ruling. "The reversal by CMS reinstituted 298 services back on the inpatient-only list," shares **Kim Wright**, RN, AVP, Clinical Services, HealthTrust. "CMS explained that this was done for concerns of patient safety, insufficient details on rate-setting for procedures moved and a lack of transparency in the decision."

PUSHING FORWARD

Despite these challenges, the shift to ambulatory care continues. This is partly due to the popularity of physician ownership in ASCs. Independent surgeons with ownership in an ASC have an extra financial incentive on top of the professional fee they receive for their service: an equity interest giving them a portion of any profit.

"The financial drain from the hospital side has been countered increasingly by the financial incentives on the physician side to build their own centers," explains Dr. Hicks. "If a hospital wants to tighten the ties between physicians and the health system, a surgery center is a great way to do that because the physicians can co-invest right alongside the health system."

Other factors contributing to the shift to ASCs include:

- **Technological advances:** "There are so many minimally invasive technologies and new techniques for anesthesia and pain control that procedures are less risky and less complicated. It's easier for patients to go home the same day as surgery," says Wright.
- **Specialty care:** With the focus on specific types of surgeries, such as orthopedic procedures, ASCs can excel at the care they provide. Some specialties lend themselves to ASC-level care, such as those with high-volume, repeatable outcomes.
- **Patient preference:** With COVID-19, many people felt scared to go to hospitals, making ASCs feel safer. But even before the pandemic, patients expressed a preference for the more inviting environment and personalized care of surgery centers—which often also came with a lower co-pay—compared to large hospitals. "The ambulatory surgery centers are easy and convenient. You just go, get taken care of and get sent home," says Wright. "That's very attractive to patients."

"All of those things have come together and led us to where we are, and that is a significant migration out of procedures from hospitals," Dr. Hicks adds. "And I think there are going to be more procedures and more kinds of patients that we can bring into the space and do it very well."

SUPPLY CHAIN CONSIDERATIONS

A lack of scale and purchasing power can create obstacles in securing necessary supplies, especially for smaller or independent ASCs. Another common challenge is a lack of dedicated resources, with many ASC staff often wearing multiple hats.

Typically, in an ASC, you won't find a material management manager or supply chain director. Instead, a clinical staff member could be tasked with wearing a materials management hat and a clinical hat, according to HealthTrust experts. That person could be checking in patients at the front desk and also ordering supplies.

There is a bright spot, however: ASCs don't face all of the same expenses as hospitals, or at least not to the same degree. "Food expense is pretty significant for a hospital, but you're not going to see much of that in a surgery center where everything is outpatient," explains **Haley Addis**, PharmD, VP, Clinical Resource and Account Management, HealthTrust.

ASCs are also known for being innovative and leading the adoption of niche products. Physicians can do cost studies for products and acquire them a lot faster than hospitals that have to go through a standard value analysis process. It usually takes longer to implement a niche product in a hospital versus an ASC, experts say.

The impact of physician ownership of ASCs can't be ignored in relation to supply chain. When physicians have an ownership stake in the surgical center, they're more likely to be engaged in the supply chain process. So it's imperative to have those physicians in vital conversations on business decisions, especially when it comes to high-end products that could mean shutting the doors because those products are so expensive, and the procedure isn't generating revenue.

Continued on page 48

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HealthTrust Contract #1448

GETINGE

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ASCs are built on efficiency, and part of creating that involves standardization whenever possible to help a procedure run more smoothly. This means, for example, looking for opportunities to build formularies and combining supplies into single packs to make room prep faster, decrease waste and allow for additional procedures in a day.

HOW GPOs CAN HELP

ASCs aim for a lean operation for better margins. This goal, along with the lack of specialized supply chain management staff, means that working with a group purchasing organization (GPO) can greatly impact an ASC's bottom line.

"Our organization allows for somebody who is wearing many hats in a surgery center to focus on what they need to focus on. We can help them realize the value more quickly than if they were trying to do this on their own," says **Alia Schmidt**, AVP, GPO Implementations, HealthTrust.

ASCs can expect savings of 8% to 12%, just by getting access to HealthTrust's contracts. Changing purchasing patterns—for example, converting off-contract products to contracted products—can increase those savings by another 5% to 8%,
Addis shares.

Here are some other ways an ASC can benefit from partnering with a GPO:

- Ability to use existing contracts or templates
- ASCs don't need to spend extra time negotiating for the best price since pricing is firm for the length of the contract
- Ability to participate in bulk buys for capital equipment
- HealthTrust staff can help with data mining and identifying insights for more savings opportunities

SECRETS TO SUCCESS

From a clinical point of view, the secret to success in the surgery center environment is selecting the right procedures and patients, explains Dr. Hicks. This means procedures that can be done safely in an ASC and patients without complex comorbidities.

From a business perspective, a hospital-owned ASC can allow health systems to build a presence in strategic markets.

HCA Healthcare expands its ASC operations in two ways: by purchasing existing facilities and building new ones. In both scenarios, the organization specifically looks at locations where it already has a significant market presence—some HCA Healthcare ASCs are even across the parking lot from existing hospitals. HCA Healthcare also considers the quality of physicians and their practices—either physicians who are a part of an existing ASC under consideration for purchasing, or local physicians who they could bring together to create a new surgical center.

Establishing an ASC is an opportunity to increase a hospital's capacity for procedural care without building onto an existing hospital, which can often be more expensive and complicated than building a new and separate surgical center.

Involving physicians in the governance of surgical centers and treating them as true partners can also help with many aspects of the operation. However, Hicks shares that operating an ASC requires a specialized skill set. "I've seen hospitals acquire or build a surgery center and run it like the hospital. It's not successful because it has inefficiencies that a hospital can tolerate, and it just doesn't become an attractive place for a physician or a patient to be," he says.

Health systems also need to keep in mind that although ASCs are typically reimbursed less than what a hospital would be by most payors, and surgical cases can help subsidize less-profitable departments in a hospital, a well-run ASC can still see nearly two times the margins of acute hospitals, according to McKinsey.

Acute care hospitals and ASCs will continue to have an important role in our health system, shares Dr. Hicks, but that role is changing. "I don't know ultimately where it's going to end up, but I see only continued growth potential for surgery centers," he says. "At some point, the American healthcare system will have to pivot into a value-based or outcomes-based care model. And I think surgery centers are positioned nicely as part of the solution for that." **HT**

WATCH FOR FUTURE EDITIONS of *The Source* for more information and actionable insights from HealthTrust's Shift of Care Summit, Part 2. To participate in the summit, contact your HealthTrust Account Manager or email kimberly.wright@healthtrustpg.com

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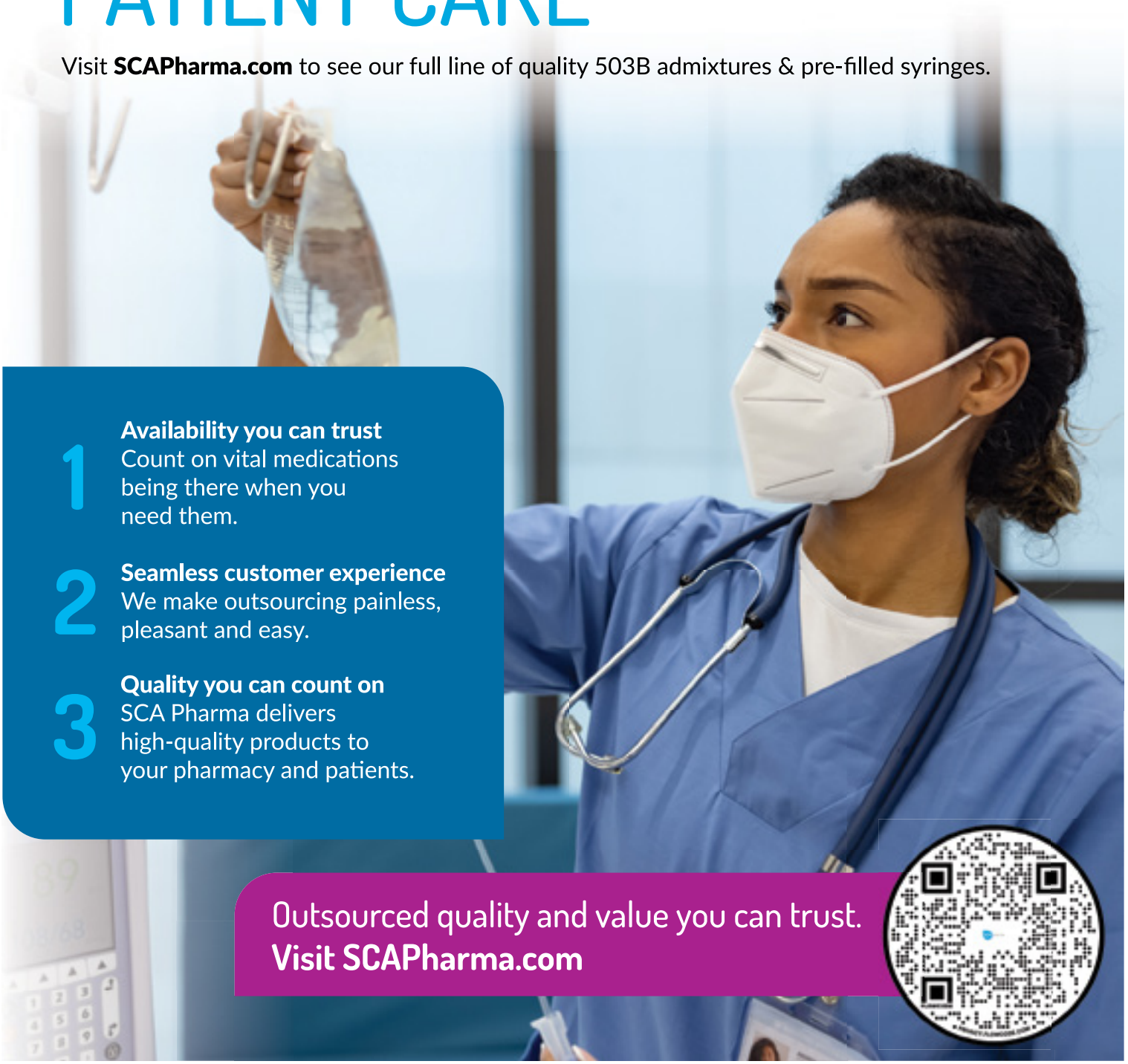

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Talking as a TEAM

National survey identifies care team communication challenges & goals

A RECENT SURVEY FOUND THAT IMPROVING COMMUNICATION AMONG THE CARE TEAM is a key step in battling rising rates of clinician burnout and producing positive ripple effects for both workers and patients.

The 2021 survey by healthcare communications firm Spok analyzed clinical communication trends and challenges and found that connecting caregivers with team members and the information they need is crucial to job satisfaction and patient experience. Many respondents also believed clinician burnout could be tackled in part by enhancing communications among care teams. (See page 38 for more on the effects of burnout on caregivers.)

Reaching these goals requires that healthcare organizations steadfastly focus on improving communications efforts and workflow, says **Annabaker Garber**, Ph.D., RN, Chief Nursing Informatics Officer and VP, HCA Healthcare (retired in April 2022).

"While efficient communications doesn't do anything directly to get rid of burnout, it can dial down frustration, which is a big contributor to burnout," Garber explains. "People are leaving the healthcare community because the work is extremely complex, but they also don't necessarily have the right tools to do their job and can't always get all the information they need to make decisions.

"It's death by a thousand paper cuts," she adds. "Clinical communications tools can help."

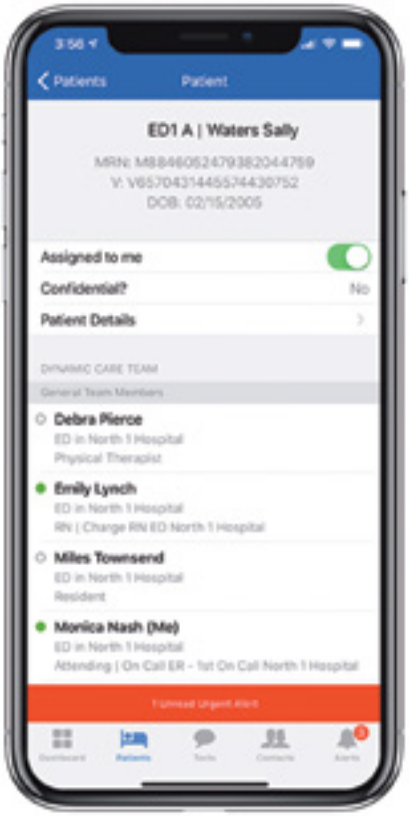
THE IMPORTANCE OF SECURE & USER-FRIENDLY TOOLS

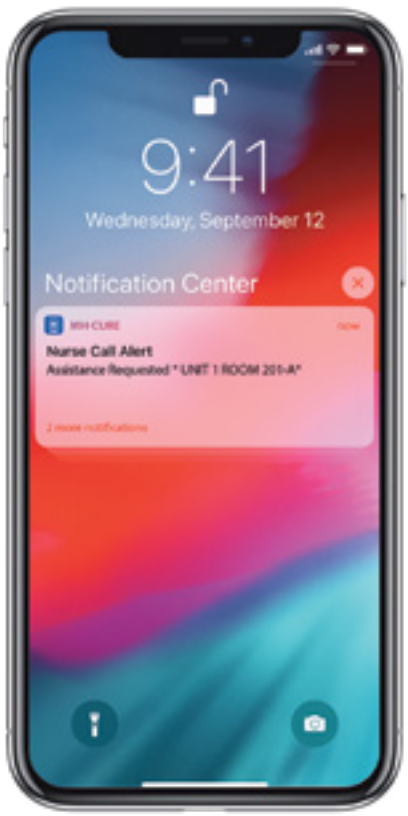
The Spok survey, which compiled input from more than 200 physicians, nurses, executives and other healthcare workers, revealed fundamental attitudes about the state of communication within their respective organizations.

~92% indicated burnout levels have increased at least moderately since the pandemic started.

~76% were concerned that patient information and proprietary health system data were being communicated using unsecured or personal communication tools.

~8 in 10 respondents believed COVID-19 influenced this concern.





Secure, appropriate communications tools can "cut out a lot of steps that add to people's sense of frustration," Garber says. HCA Healthcare took aim at this issue several years ago, leveraging secure smartphone technology for care teams through its "Mobile Heartbeat" program.

The initiative has since been implemented in more than 140 hospitals via 75,000 shared devices.

Increasing workflow efficiency was cited as the top way to combat clinician burnout in the Spok report. Garber says Mobile Heartbeat has achieved this by facilitating and prioritizing key processes. These include admissions as an inpatient from the

Continued on page 54

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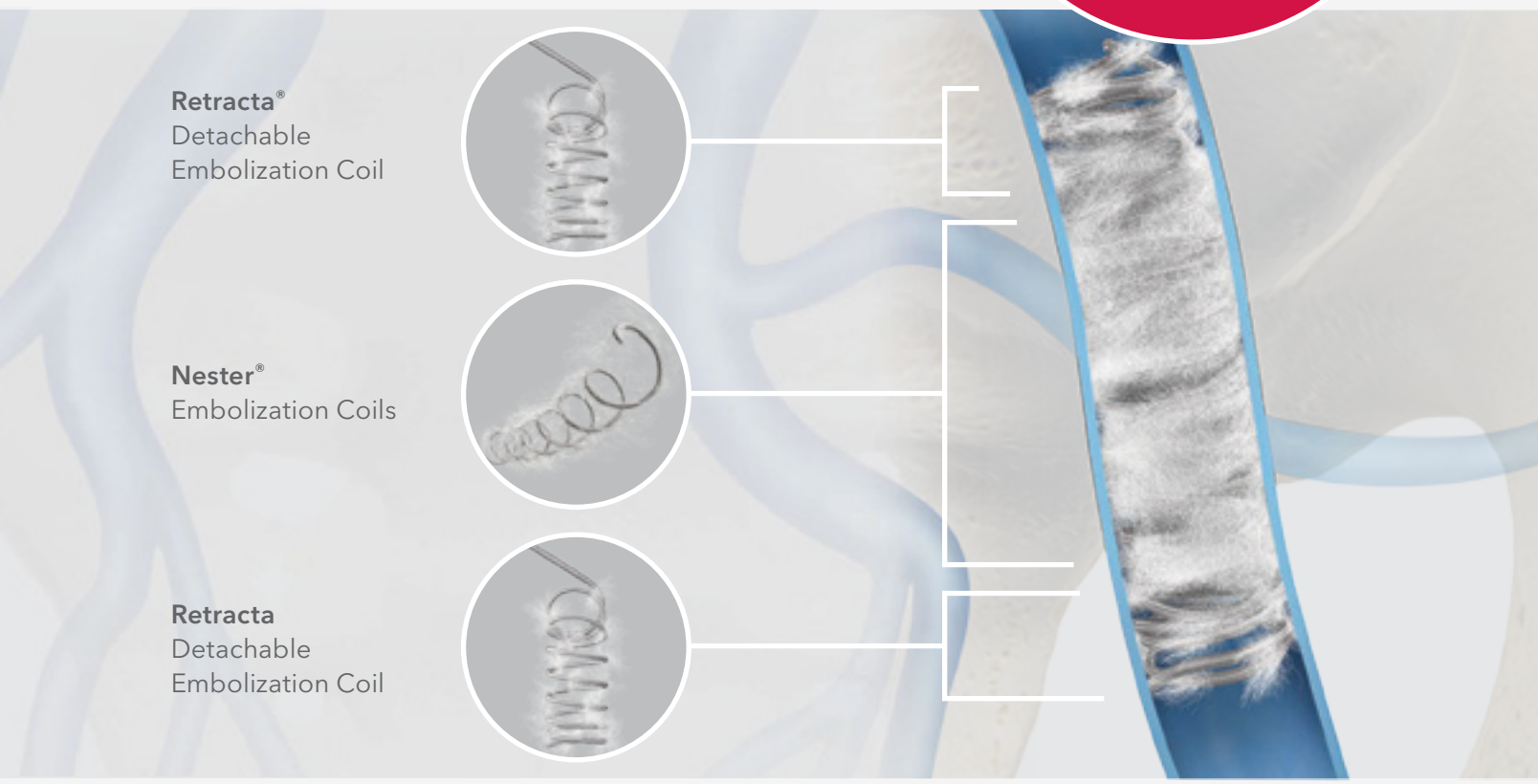

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AB_T_NEC2_REV0

1. Trerotola SO, Pressler GA, Premanandan C. Nylon fibered versus non-fibered embolization coils: comparison in a swine model. *J Vasc Interv Radiol*. 2019;30(6):949-955.

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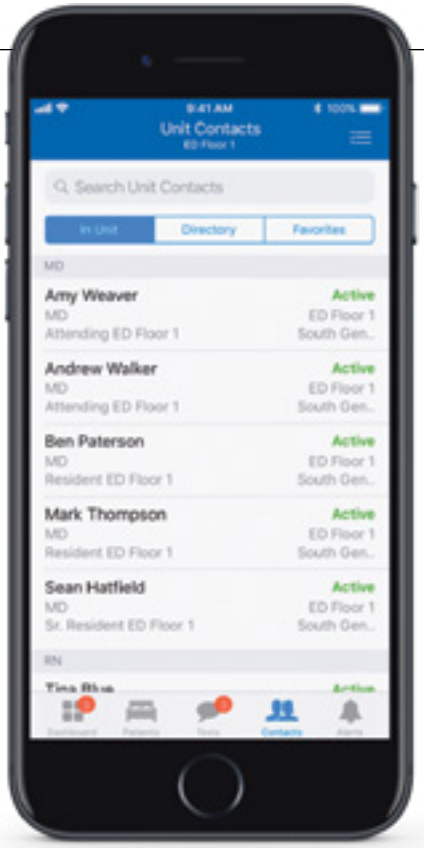
Continued from page 52

"Mobile Heartbeat gets patients transported faster & expedites the ability to get them to the next stage of care."

– Annabaker Garber, Ph.D., RN



emergency department, pending patient discharges, intradepartmental communication when assistance is needed, coordination of radiology exams and many other aspects of clinical communications that have led to higher job satisfaction for clinicians and better experiences for patients.

"It gets patients transported faster and expedites the ability to get them to the next stage of care," she says. "If a doctor can talk with a nurse sooner, they're more likely to get orders in faster. It also gets stat blood and imaging services done quicker because you've expedited the communications. There are many operational benefits in addition to a morale component."

USING TOOLS EFFECTIVELY

Which tactics can healthcare organizations use to improve communications among care teams and streamline workflow? The first step, Garber says, is identifying "pain points" where the current system doesn't work.

"The best way to take full advantage of your system is to figure out what work you want to expedite and where slow communications are causing problems," she says. "There's nothing like putting your boots on the ground. You have to be thoughtful about talking to people and documenting how they want communication to be better."

Garber notes that smartphone features that facilitate "global" texting among care teams are often a boon for facilities. "Just like a group chat speeds up the decision about where everyone decides to go for dinner, it does the same thing for workflow," she explains.

But "alarm fatigue" from alerts that broadcast changes in things from a patient's condition to a staff alert can sabotage this type of instant communication, so organizations shouldn't overuse it, Garber notes.

"They blame it on the tool, not on the fact that they're using the tool poorly," she says. "They don't use it to its highest potential because they're not necessarily willing to govern it."

Along those lines, healthcare organizations should be intentional about distinguishing between clinical and social communication. For example, sharing information about a patient whose condition has deteriorated should be done during an in-person conversation, not via text.

"There's an etiquette to it, and you have to set up that etiquette and expect employees to adhere to it," she adds. "It's a clinical process and, like any other, has to be led by the clinical leadership of a facility. Expectations of behavior such as politeness and responsivity have to be thought of as a clinical process, not a social process." **HT**

FOR MORE ON REDUCING BURNOUT strategies, see the article on page 38 and visit healthtrustpg.com/Burnout on *The Source* content hub.

Getting CHARGED UP

How emerging energy laws & regulations could affect hospitals' bottom lines

TO AVOID DANGEROUS IMPACTS FROM CLIMATE CHANGE, the world must urgently and drastically reduce carbon and other greenhouse gas emissions. According to the United Nations, the energy supply sector is the biggest contributor to global greenhouse gas emissions, with about 35% of total emissions. Sustainability goals not only help hospitals reduce greenhouse gas emissions, but also make them more resilient in the event of an energy crisis.

Many states are adding surcharges to energy supply bills to subsidize renewable sources such as wind, solar and biomass. Renewable portfolio standards (RPS) set a target for a state's renewable energy mix. If a company is not buying renewable energy, a surcharge is applied. Hospital leaders must consider how these changes will affect their business models and ensure that their sustainability goals align.

STATE JURISDICTIONS ESTABLISH ENERGY BILL SURCHARGES

States are leading the charge and addressing it differently, with traditionally Democratic states acting the most aggressively. "Some states have set some pretty lofty goals," says **Bill Miller**, Director of Strategic Account Integration, HealthTrust, and an energy expert on the inSight Advisory—Energy team. For example, statewide, Arizona uses a high level of solar and nuclear energy. Meanwhile, Illinois is pursuing hydrogen as a renewable energy source and plans to phase out all energy from carbon sources by 2050. This means it will put an end to all coal plants and gas fire plants.

As for healthcare facilities, many are already using solar energy. For those that don't, a surcharge is added to their energy supply bill based on their current RPS. "Customers in Massachusetts, Connecticut and New Jersey, for example,

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likely spent $8 million or $9 million each last year in surcharges to meet the state mandates for RPS," says Miller. The RPS subsidy collected from businesses goes to developers to finance and build more renewable energy projects.

FINANCIAL INSTITUTIONS SET REPORTING STANDARDS

Third-party companies are trying to determine how companies will report progress on renewable energy usage. They include the Task Force on Climate-related Financial Disclosures and the Value Reporting Foundation (VRF), a company recently formed by a merger of The International Integrated Reporting Council and the Sustainability Accounting Standards Board. "The VRF is working on international standards to create the template for what companies will have to report from a sustainability perspective," says **Zoë Beck**, Director of Sustainability, HCA Healthcare. These institutions are looking at how carbon-based products are affecting financial risk.

At this point, reporting is voluntary, and hospitals can choose the organization to which they report. As international standards boards solidify their requirements, companies may soon have to report their emissions, if their investors have not already demanded this level of transparency. While hospitals are behind the curve in sustainability reporting, and there hasn't been much guidance, there are very clear ways hospitals can get started today. "Right now, hospitals are paying every month for renewable energy because of the RPS," explains Beck. "They need to initiate their own emissions reporting and think about how to start using renewable energy."

HOW TO FULFILL REQUIREMENTS & GET AHEAD OF FUTURE LEGISLATION

In order to get ahead of upcoming legislation, a good place for hospital leaders to start is by reviewing their organization's current energy usage and looking at what changes can be made to operations now to comply with current state reporting requirements.

"One way to advance your efforts is to look for opportunities to procure renewable energy for your organization," says Miller. "When you bring in renewable energy, the surcharge you are paying on your energy bill will start to go down. It will become a financial incentive. When a hospital goes to Wall Street to ask for money, its investors will want to know about the sustainability plan and may charge a higher interest rate and withhold money. It's already happening."

Alternatively, you can take on a power purchase agreement and participate in a large-scale renewable energy project in your area. Another avenue to explore is how to make your healthcare facilities more energy efficient since the less power you use, the less renewable energy you'll need to bring into the mix. "States offer different incentives to help you transition into renewable energy," says Beck.

On Wall Street, many large investment firms are asking for all their portfolio companies to have sustainability goals. "Before they invest in your company, they want to see what you're doing now and what your plans are for the future," adds Beck. "They have actually divested in companies that aren't complying." Credit rating agencies like Moody's and Fitch are incorporating environmental-themed risks into ratings. "They're looking at hospitals from a sustainability perspective. Part of a comprehensive approach to sustainability is making sure your energy sources are diversified so that you can pull from a different source, should there ever be a need."

SUSTAINABILITY FOR RISK MANAGEMENT

Last year, the state of Texas experienced an unprecedented snowstorm and was wholly unprepared for the mass power outages and chaos that ensued. It was the worst energy infrastructure failure in state history. As a result, more than 4.5 million homes and businesses were left without power, and at least 700 people died. Damages from the storm and cold snap were estimated at $195 billion.

ERCOT, which stands for the Electric Reliability Council of Texas, matches electricity supply and demand. "Texas is kind of an island in that it's not interconnected with other states," says Miller. "Texas doesn't allow other states to pass power into it, so when its electricity went out, it couldn't ask neighboring states to send electricity. In other areas of the country, states help each other out if they have high demand; for example, Pennsylvania could help New Jersey."

"Sustainability is about running a business for the long term and mitigating risks," says Beck. "So if you're in Texas, and there's a disaster and you have no access to energy outside of state lines, that's a business operations problem."

GUIDANCE ON STARTING A PROGRAM

Accountability for sustainability goals and environmental, social and governance (ESG) reporting generally falls to the chief financial officer, who should involve an organization's chief operating officer and facilities leaders. "Many hospitals don't have a sustainability team at this point, but if you have a sustainability leader, it would be smart to involve them to capture what you're doing accurately from a sustainability perspective," notes Beck.

HealthTrust's inSight Advisory-Energy team can provide member organizations with an analysis of their current renewable energy portfolio and offer recommendations for diversification. **HT**

FIND OUT HOW to better diversify your energy sources and portfolio—email bill.miller@healthtrustpg.com

Keeping pests AT BAY

Contracted pest control supplier offers peace of mind & savings for members

A HEALTHTRUST MEMBER HOSPITAL WAS FACING A PESTY PROBLEM DUE TO CONSTRUCTION PROJECTS AT THE FACILITY: Gnats were congregating around plants and flowers and around the sink drains in the kitchens. Thanks to a HealthTrust-contracted supplier, though, the issue didn't bug them for long.

GETTING THE JOB DONE

Since the member had a contract with pest control company Rentokil through its HealthTrust membership, the facility called Rentokil's care team, and technicians were immediately on the scene evaluating the situation.

The technicians walked through the facility and the exterior grounds assessing the entire space and conditions, and came up with a solution that resolved the gnat problem quickly. But they didn't stop there. They also created care teams for the various facilities, so each one has a local, direct link to Rentokil technicians.

Rob Dickey, Director of Contracts, Commercial Products, HealthTrust, says this story is a common one among HealthTrust members: Contracted suppliers not only solve the problem, but they also grow with client needs. "Member feedback has enabled us to work with Rentokil to expand its core services to include a wider variety of pest control services," he says.

"Now members won't get nickel-and-dimed for something additional, like getting rid of spiders," he adds. "That doesn't become an extra call or charge. It's part of their core service. That's really the value that we've driven into it."

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FINANCIAL BENEFITS

The savings when using a contracted supplier are significant, Dickey says.

The contract with Rentokil guarantees acute care facilities will save at least 20% on core services, and non-acute care facilities will save 13% on core services.

Another benefit for members is the pricing. "If members sign up with Rentokil for three years, the pricing on core services remains firm for three years," Dickey says. And quoted non-core services are locked in for a period of 30 months.

HealthTrust continues to work with Rentokil to add value to the service contract for members, Dickey explains. "Rentokil is kind of a one-stop shop for all of your facility maintenance needs." Besides managing pests such as ants, silverfish, rodents and roaches, Rentokil combats termites, manages the outdoor environment around facilities, including mosquito control near water features, and provides interior disinfection services and air quality control. **HT**

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TO FIND OUT MORE about contracted pest control solutions, review the contract package on the member portal for Rentokil (HealthTrust Contract #4030) or contact your HealthTrust Account Manager.

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1. Tiscar-Gonzalez V, Rodriguez MJM, Rabadan Sainz C, et al. Clinical and economic impact of wound care using a polyurethane foam multi-layer dressing versus standard dressings on delayed healing ulcers. Adv Skin Wound Care. 2021;34(1):23–30

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