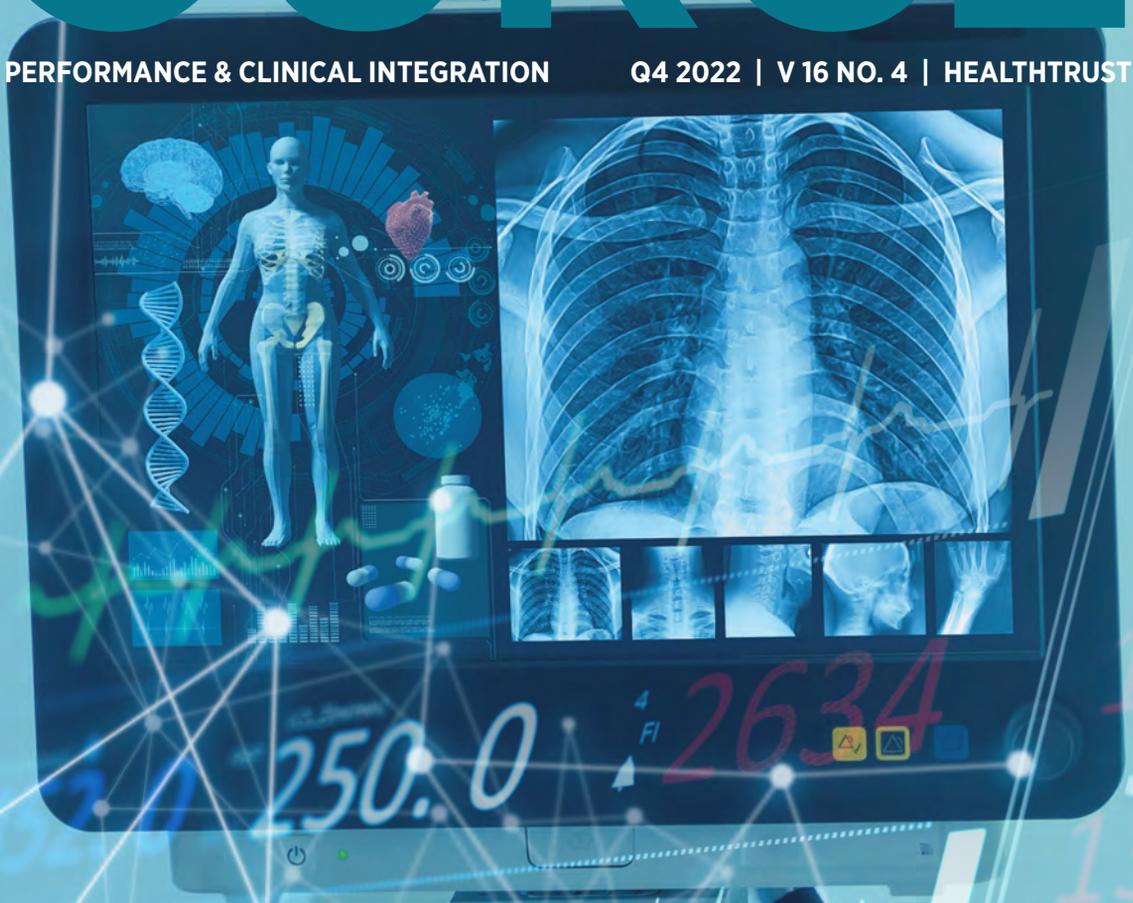


THE SOURCE[®]

ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION

Q4 2022 | V 16 NO. 4 | HEALTHTRUST



A SMARTER WAY

How smart hospital technology has the potential to improve patient care & reduce the burden on clinicians

MEMBERS MAKING US PROUD

Announcing the 2022 recipients of the Member Recognition Awards

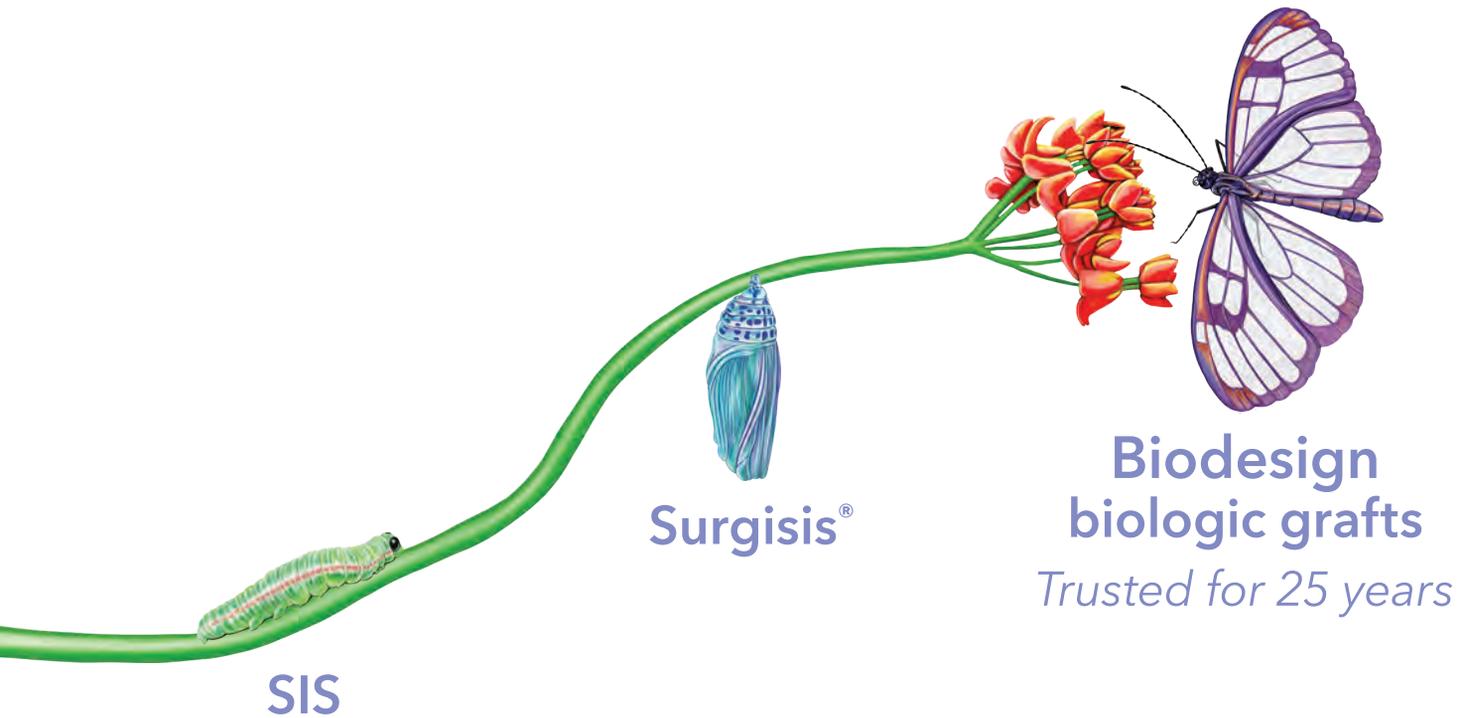
TAKING RESPONSIBILITY

Prioritizing supplier diversity as part of corporate social responsibility

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MEMBERS MAKING US PROUD

Announcing the recipients of the 2022 Member Recognition Awards, including Outstanding Member, Methodist Le Bonheur Healthcare.



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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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HLT-032

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- #4468 N95 Respirator Face Mask Products
- #5210 Non-Sterile Elastic Bandages

CEO perspective

Our distinguished membership

The onslaught of challenges endured by health systems throughout the U.S. over the last two years is well documented. Organizations are still dealing with the aftermath of the pandemic and its never-before-seen impact on staffing and the disruption to supply chains, businesses and life in general. Through it all, providers rose to the occasion and met the challenges head on. I am proud to share that a number of our distinguished HealthTrust members have made the list of the Fortune/Merative 15 Top Health Systems and the 100 Top Hospitals list.

NATIONAL RECOGNITION FOR MEMBERS

Congratulations to **Scripps Health** (San Diego, California) and **St. Luke's Health System** (Boise, Idaho), which were among the 15 Top Health Systems. Another 35 HealthTrust member hospitals are part of the Top 100 Hospitals list. Visit healthtrustpg.com/thesource/TopHospitals for the full list.

BY THE NUMBERS

Researchers evaluated publicly available Medicare data on 2,650 U.S. hospitals combined with an organization's equity-of-care initiatives and contributions to its community in selecting the honorees. Fortune.com indicates that this year's lists represent those providers that held up best against the pandemic's ongoing challenges, achieving better results than peer institutions on performance indicators—from clinical outcomes and operational efficiency to patient experience and financial health.

The data demonstrates the impact from the public health crisis, specifically around the cessation of elective procedures early on in the pandemic. In comparison to the previous year, 19.3% of all hospitals had longer lengths of stay, and almost 18% experienced an increase in total expenses per patient.

While some hospitals realized financial and operational declines, the median hospital had better overall quality outcomes in 2020 than in 2019, as well as lower risk-adjusted 30-day rates for complications, readmissions and mortality.

Merative indicates that if all hospitals were to perform at the same level as these honorees, it could potentially mean 104,000 fewer deaths; 55,000 fewer patients with complications; and an inpatient care savings of \$12.5 billion.

ANNUAL MEMBER RECOGNITION AWARDS

Six HealthTrust member organizations were also recognized recently for supply chain and clinical excellence, sustainability and innovation benefitting their patients, communities and stakeholders. Recipients of our annual Member Recognition Awards were celebrated at the HealthTrust University Conference in July. Read more about the following member organizations, starting on page 28.

- ▶ Clinical Excellence | **Lehigh Valley Health Network**
- ▶ Innovation Award | **Hackensack Meridian Health**
- ▶ Operational Excellence | **Community Health Systems**
- ▶ Outstanding Member | **Methodist Le Bonheur Healthcare**
- ▶ Pharmacy Excellence | **Atlantic Health System**
- ▶ Social Stewardship—Sustainability | **Beth Israel Deaconess Medical Center**



Ed Jones

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

WHERE DO YOU EXCEL? Discuss with your HealthTrust Account Director & submit your application for possible recognition next year. The 2023 Member Recognition Awards site opens in January & closes March 31.

Congratulations on 40 years in healthcare, Ed!

**This milestone is just
one of the many on
your amazing journey.**

We're grateful for your leadership and
inspired by all your accomplishments.

Here's to many more years to come...

Thank you!
From your work family



CMO perspective

Invaluable resources

The American Hospital Association (AHA) describes the healthcare workforce as our most precious resource.

Prior to the pandemic, job openings in healthcare were already at a record high. Now, however, the lasting impact of the pandemic and its subsequent “great resignation” have pushed recruiting and retention to the point of becoming a national emergency.

While the increases in labor expenses thus far in 2022 have been primarily driven by employed staff, the AHA predicts that contract labor will continue to pressure hospitals with expenses nearly 500% higher than pre-pandemic levels.

STAFFING SUMMIT

HealthTrust will offer its members a two-day summit (Feb. 14–15, 2023) to delve deep into the staffing crisis and explore mitigation strategies surrounding recruitment, retention, mental health, alternative practice models and technology solutions. Join us for this live think-tank experience where you will learn from subject matter experts as well as colleagues from other leading healthcare systems and contribute to solutions for tackling these challenges. Contact **Kim Wright**, RN, AVP, Clinical Services, for more details or to express your interest in attending at kimberly.wright@healthtrustpg.com.

The AHA indicates the healthcare workforce can be positively impacted in six key areas, one of which includes support from technology. More hospitals are evolving to incorporate data and smart systems, allowing providers to improve both patient care and experience, while lowering costs and reducing their reliance on manual efforts. Beginning on page 38, read about a new department launched within HCA Healthcare to accelerate the integration of technology into patient care. Its vision involves clinicians, data and machine learning to explore innovations that will address problems in future healthcare delivery.

ALSO IN THIS ISSUE

The notion that critical care could be provided virtually began to take shape more than 20 years ago as the U.S. looked for ways to combat a growing shortage of critical care physicians, and COVID-19 just exacerbated the situation. On page 14, learn how tele-critical care leverages technology to

enable a smaller number of physicians to extend their care and expertise to more patients, regardless of location.

Technology can also transform traditionally manual processes within supply chain. Read how Hackensack Meridian Health is putting technology into practice with its innovative use of artificial intelligence-enabled automation tools to drive its supply chain performance and to streamline pharmacy operations. (See page 18.)

Collaboration proves to be a great way for those on the front line of managing supply disruption to commiserate over like-issues and explore best-practice options. Learn more about HealthTrust’s online Huddle on page 22, which enables those discussions and points members to real-time information and solutions, including how to navigate demand planning.

I’d love to hear how technology is transforming your work. Share your ideas at thesource@healthtrustpg.com. **HT**



John Young, M.D., MBA, FACHE
Chief Medical Officer, HealthTrust
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Proposals for sessions to be considered for presentation at the 2023 HealthTrust University Conference are being accepted through Dec. 28, 2022. See page 60 for details.

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NDC #	Bar Code	Total Amount	Fill Volume	Container Type	Concentration	Pack Size	WHOLESALER ITEM NUMBERS			
							Amerisource Bergen	Cardinal	McKesson	Morris & Dickson
44567-610-10		50 mg	50 mL	100 mL Premix Bag	1 mg / mL	10	10260033	5738059	2347490	104992
44567-611-10		100 mg	100 mL	100 mL Premix Bag	1 mg / mL	10	10260032	5738067	2347508	105049

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use MIDAZOLAM IN SODIUM CHLORIDE INJECTION safely and effectively. See full prescribing information for MIDAZOLAM IN SODIUM CHLORIDE INJECTION.

MIDAZOLAM IN SODIUM CHLORIDE injection, for intravenous use, CIV
Initial U.S. Approval: 1985

WARNING: PERSONNEL AND EQUIPMENT FOR MONITORING AND RESUSCITATION, AND RISKS FROM CONCOMITANT USE WITH OPIOID ANALGESICS AND OTHER SEDATIVE-HYPNOTICS

See full prescribing information for complete boxed warning

- Only personnel trained in the administration of procedural sedation, and not involved in the conduct of the diagnostic or therapeutic procedure, should administer Midazolam Injection.
- Administering personnel must be trained in the detection and management of airway obstruction, hypoventilation, and apnea, including the maintenance of a patent airway, supportive ventilation, and cardiovascular resuscitation.
- Resuscitative drugs, and age- and size-appropriate equipment for bag/valve/mask assisted ventilation must be immediately available during administration of Midazolam Injection.
- Continuously monitor vital signs during sedation and through the recovery period.
- Concomitant use of benzodiazepines with opioid analgesics may result in profound sedation, respiratory depression, coma, and death. Continuously monitor patients for respiratory depression and depth of sedation.

INDICATIONS AND USAGE

Midazolam in Sodium Chloride Injection is a benzodiazepine indicated for:

- continuous intravenous infusion for sedation of intubated and mechanically ventilated adult, pediatric, and neonatal patients as a component of anesthesia or during treatment in a critical care setting.

DOSAGE AND ADMINISTRATION

- For intravenous injection only. Avoid intra-arterial injection or extravasation.
- Individualize dosing and titrate to desired clinical response, taking into account patient age, clinical status, and concomitant use of other CNS depressants.
- See Full Prescribing Information for complete dosage and administration information.

DOSAGE FORMS AND STRENGTHS

Injection: 50 mg per 50 mL (1mg/mL) and 100 mg per 100 mL (1 mg/mL) in single-dose bags.

CONTRAINDICATIONS

Midazolam in Sodium Chloride Injection is contraindicated in patients with:

- known hypersensitivity to midazolam.
- acute narrow-angle glaucoma.

WARNINGS AND PRECAUTIONS

Cardiorespiratory Adverse Reactions: Serious cardiorespiratory adverse reactions have occurred, sometimes resulting in death or permanent neurologic injury.

Paradoxical Behavior: Agitation, involuntary movements (including tonic/clonic movements and muscle tremor), hyperactivity and combativeness have been reported in both adult and pediatric patients.

Dependence and Withdrawal with Long-Term Use: Use for several days to weeks may lead to physical dependence to midazolam. Do not abruptly discontinue midazolam. Gradually taper the dosage using a tapering schedule that is individualized to the patient.

Debilitation and Comorbid Considerations: Higher risk adult and pediatric surgical patients, elderly patients and debilitated adult and pediatric patients.

Risk of Intra-Arterial Injection: There have been limited reports of intra-arterial injection of midazolam. Adverse events have included local reactions, as well as isolated reports of seizure activity in which no clear causal relationship was established.

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.

Neonatal Sedation in Later Stages of Pregnancy: Benzodiazepine use during later stages of pregnancy can result in neonatal sedation. Observe newborns for signs of sedation and manage accordingly

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.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 15\%$) were decreased tidal volume, decreased respiratory rate, and apnea.

To report SUSPECTED ADVERSE REACTIONS, contact WG Critical Care, LLC at 1-866-562-4708 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Opioid Analgesics and Other Sedative Hypnotics: Risk of respiratory depression is increased

Cytochrome P450-3A4 Inhibitors: May result in prolonged sedation due to decreased plasma clearance of midazolam.

USE IN SPECIFIC POPULATIONS

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



Product transitions made smoother

HealthTrust establishes conversion support resources to assist members

New clinical evidence, improved patient outcomes, an opportunity to realize cost savings, aligning with physician preferences—these are just some of the reasons hospitals change the products they use. And, despite the best of intentions, a conversion process can sometimes be a bumpy ride. HealthTrust recently developed conversion support resources to assist facilities during these sometimes-troublesome transitions. And, members are already reporting smoother, more streamlined results.

INCREASING VALUE & IMPROVING PROCESS

Converted products typically fall into several key buckets, including commodities such as exam gloves, bandages and patient slippers. Meanwhile, physicians drive other changeovers that often center on implantable hardware or invasive surgical tools. Recognizing the strategic challenges

involved, HealthTrust launched a more coordinated set of conversion support tools in early 2022, shares **Kim Kelly**, MSN, RN, AVP of Clinical Services with HealthTrust.

“The ultimate goal is to assist members by providing the tools and resources they need to convert to another contracted supplier—whether they are looking to maximize value, decrease variation or, as was often the case during the pandemic, respond to a supply disruption issue,” Kelly shares. “Our conversion tools are becoming a road map for members to establish a thorough process for how they vet and move from one contracted supplier to another in any category, as well as understand all the stakeholders and teams who need to be engaged to maximize a successful transition.”

Jody Upton, MSN, MSM, RN, Director of Clinical Services, HealthTrust, agrees. “Many members had stalled in converting physician preference products,” she says, “and HealthTrust wanted to find a way to provide resources members could pick and choose from, depending on their pain points. The goal was to create resources that any



facility could use, both from those who are well versed in conversions and those who are new to the process, allowing them to choose based on facility need.”

BREAKING DOWN BARRIERS

What are the factors that can stall or even halt a hospital’s product conversion? Kelly and Upton emphasize that clinician buy-in is crucial—an outcome made more likely by careful staff education and question-and-answer periods. “If the nurses or physicians aren’t engaged, you may successfully convert to the new product, but compliance won’t be there,” Upton explains. “In the initial analysis, you need to find your ‘clinical champions’ to partner with and move through the process.”

“If you’re not involving the end users while planning and making the conversion, it’s going to be very challenging to make the conversion endure over time and not have staff slipping back to ordering or using the previous product,” Kelly adds.

HealthTrust’s newly developed conversion tools and resources aim to boost facilities’ value-analysis process while considering a product conversion, as well as align clinicians with the plan. The tools include a “playbook” to help hospitals define the committees and staff stakeholders needed for a conversion, and offer guidance for initiating productive discussions. Resources also include graphics of step-by-step phases for conversion analysis and templates to help supply chain or clinician champions communicate with physicians, alerting them to pertinent dates as well as training and support services, Upton explains. There is also a resource offering tips for effective supplier relationships. “This component often gets overlooked when a facility is looking to change products,” Kelly shares. “Suppliers can be a valuable resource to assist with a conversion, but a good relationship and strong guidelines need to be in place.”

ST. LUKE’S SUCCESS STORY

During its recent conversion of trocars—instruments used during minimally invasive surgery through which other surgical tools are passed—St. Luke’s Health System in Boise, Idaho, benefited from HealthTrust’s expanded set of conversion support tools. The system’s surgeons use more than 23,000 such devices annually, according to **Kacey Wear**, MSN, RN, CEN, CVAHP, Clinical Category Director for St. Luke’s. Aiming to save about \$200,000 each year, the system set its sights on converting its inventory to one type of trocar.

Several years ago, such a conversion would have required a heavy internal



lift. “We would need to ask our data team to dig into pricing, which was a very manual process,” she explains. “Now we have HealthTrust analytics, which enables us to pull our back data and purchase history as well as different tiers of pricing to get a full analysis. This saves a ton of time and offers visibility into all of the opportunities,” Wear adds.

BUILDING ON WHAT WORKS

HealthTrust experts are eyeing even more ways to help members with product conversions going forward. The Clinical Services team is developing tools uniquely suited to ambulatory surgery centers (ASCs). “ASCs don’t have all the departments a hospital has and may not have a dedicated supply chain resource,” Kelly adds. “So the way they look at and address conversions is quite different.”

Additionally, expanded physician engagement resources will soon be available, and HealthTrust wants to help facilities with smaller, less clinically sensitive conversion efforts that don’t necessarily lead to immediate, large savings. However, those can’t be overlooked because they add up over time, Upton shares.

For now, anyone can get started and make meaningful changes immediately. “The beauty of what we’ve been able to create is that the conversion resources are available to all members, regardless of their size,” Kelly says. “There’s something for everyone.” **HT**

LEARN MORE about conversion support resources from HealthTrust. Email clinical.services@healthtrustpg.com



On the way to market

HealthTrust helps members navigate complex drug approval pathways

It would be an understatement to describe the process of drug approval in the United States as complex. But within the myriad routes to Food and Drug Administration (FDA) approval, two pathways stand out—both of which influence drug adoption, payment, interchangeability and more.

STAYING AWARE & NIMBLE

After successful clinical trials, most new pharmaceuticals are submitted through either a New Drug Application (NDA) or a Biologic License Application (BLA), explains **Emily Singleton**, PharmD, CAHIMS, Senior Manager of Clinical Information, Pharmacy Services at HealthTrust. Meanwhile, a variety of application subtypes fall under those two primary pathways.

“The FDA’s goal for standard review is to complete the approval process within 10 months, but that can vary a lot,” Singleton notes. “Submission classifications can be added that result in a more rapid time to market.”



HealthTrust members may need to educate providers quickly about a new drug if it’s approved through priority review or accelerated approval, she adds. “HealthTrust may also need to expedite the product review and sourcing process to ensure contract availability at market entrance.”

MANAGING OBSTACLES

A fundamental understanding of pharmaceutical approval pathways is important no matter what role HealthTrust members play in the healthcare continuum. Why? Invariably, these pathways intersect with aspects that clinicians, staff and hospital leaders all need to manage—including how easily and fully a new drug is adopted, paid for, and substituted or combined with other medications and treatments, Singleton says.

Nuances in the FDA drug application process can translate into how smoothly a healthcare system can integrate a new pharmaceutical into its arsenal. For example, generic drugs, which are submitted under an Abbreviated New Drug Application (ANDA), don’t present many barriers to adoption because of a long history of confident provider use, she explains.

Another drug approval pathway known as 505(b)(2) is becoming more frequently used, Singleton adds. It is a type of NDA for products with some variation from a product already marketed, such as a difference in formulation or

Approval Pathway	Molecule Type	Substitution Barriers	Different Billing Code
NDA	Drug	Reference	Reference
ANDA	Drug	●	No
505(b)(2)	Drug	●●●	Typically Yes
BLA	Biologic	Reference	Reference
Interchangeable Biosimilar	Biologic	●●	Typically Yes
Biosimilar	Biologic	●●●	Typically Yes

HealthTrust Resources	Value Added
Pharmacy Services team	Develop and execute sourcing strategies
Pharmacy Customer Service team	Triage members' questions
Pharmacy Member Support team	Assist members in implementing initiatives
Pharmacy Drug Information team	Provide clinical reviews

administration route. Suppliers may use this pathway as a workaround for remaining patents on the branded product. While providers may treat 505(b)(2) products as generics, the reality is that they have more characteristics of a newly branded drug when it comes to therapeutic equivalency.

Meanwhile, biologics—products derived from living materials that include certain vaccines, blood products and immune system boosters—can be substituted with biosimilars. But this substitution isn't necessarily straightforward. Without interchangeability status, providers must implement policies for substitution through their medical committees. Although the FDA requires biosimilars to demonstrate that there are no clinically meaningful differences to the reference biologic product, studies that evaluate switching between products are needed for interchangeability status, Singleton says. To date, only two biosimilars have interchangeability status.

Different billing codes are also generated for pharmaceuticals based on the specific FDA approval pathway. This influences how health systems can receive payment for these agents, Singleton says.

"Drugs approved through NDAs and their generics approved under ANDAs have the same billing code, whereas 505(b)(2) products and biosimilars typically all have a different billing code from the reference product," she explains. "This can make conversion to using a new pharmaceutical more difficult."

SUPPORT WHEN IT COUNTS

HealthTrust has developed several resources to help members navigate the drug approval landscape and optimize their own benefits. "Our Pharmacy team incorporates products' approval pathways into our sourcing strategies. Additionally, our Customer Service team fields members' questions at any point, while our Pharmacy Member Support team can help members implement sourcing initiatives that may require them to take these drug approval pathways into consideration," Singleton says. "Our Drug Information team also takes requests for any clinical reviews a member may need."

HealthTrust can assist members in mastering aspects of drug approval that ultimately can impact clinical outcomes and revenue, Singleton adds.

"Understanding the drug approval pathways can help members better navigate the market and implement clinically appropriate processes, as well as predict future changes in the market," she notes. "This also helps members understand which differences in pharmaceutical products may be clinical and which may be legal." **HT**

HAVE A DRUG QUESTION? HealthTrust's Drug Information team has a list of FAQs posed by the membership. Find a list with answers or ask a new question at portal.healthtrustpg.com/pharmacy/drug-information

Are rising supply costs eroding your bottom line?



“HealthTrust is helping us establish a system-wide program so we have oversight into everything happening at the facility level, while also driving change from a system level.”

- **Jacie Martin**, Director of Clinical Operations, Supply Chain, LifePoint Health



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Critical care that's just a call away

How tele-ICU is revolutionizing access to life-saving care

A patient in a remote area of Vermont lies in bed at a small, rural hospital with a critical lung condition that the clinician on site has never before treated. Instead of waiting for a med-flight to transfer the patient to another location, the care team sets up a virtual visit with a clinician in Chicago for the patient's immediate care. They're able to work through the details of the needed treatment without him ever leaving the area.

The notion that critical care medicine could be provided virtually began to take shape more than 20 years ago as the U.S. looked for ways to combat a growing shortage of critical care physicians. Unfortunately, the pandemic exacerbated the situation. The past three years have resulted in high rates of burnout among physicians—especially those in critical care, who saw the bulk of hospitalized COVID-19 patients.

A CRITICAL NEED

"The shortfall of critical care physicians is only expected to worsen," says **Konrad L. Davis**, M.D., FCCP, FCCM, Captain (Ret.) in the U.S. Navy, Chief of the Division of Pulmonary & Critical Care at Scripps Memorial Hospital La Jolla, and Clinical Professor of Medicine in the Scripps Clinic Medical Group. "By leveraging technology with tele-critical care (also called tele-ICU), you can allow a smaller number of physicians to extend that care expertise to a larger number of (potentially) geographically dispersed patients."



Dr. Davis, who recently retired from the U.S. Navy after 21 years, started the Military Health System tele-critical care program in 2012. Now practicing in-person critical care at Scripps, he's working with the health system as it explores tele-ICU.

While many health systems have incorporated telemedicine as a standard way to deliver healthcare, tele-critical care is an emerging category that more hospitals and health systems like Scripps are beginning to seriously consider. The tele-ICU solution enables specialized

physicians to manage care for seriously ill patients located in parts of the country where it is difficult to find critical care expertise. The U.S. military, Department of Veterans Affairs, Banner Health and Mercy Virtual are among the early adopters effectively operating tele-ICU programs based on their patient populations' needs.

HOW TELE-ICU WORKS

The patient is located at what's known as the originating site, which is usually a hospital. The critical care provider is located at what's called the distant site. "At the originating site, remote support can be provided round-the-clock, partial or as-needed," Dr. Davis explains. At the distant site, there are different models for providing care. "A hub-and-spoke model is where a centralized group of providers support multiple facilities that are part of a health system. A decentralized model means the critical care providers could be located just about anywhere."

Communication and information technology advancements like continuous remote monitoring allow

critical care providers to manage up to 150 patients in a tele-ICU setting, rather than 10 to 15 patients in person. Healthcare professionals like advanced practice providers (APPs) and anesthesiologists handle procedures in the absence of a critical care physician provider on site.

"Because medicine is becoming more and more digitized, it can be practiced increasingly through virtual tools and care models. It doesn't always need to be hands on," says Dr. Davis. "A nurse can place a digital stethoscope on the patient's chest and the intensivist can listen remotely."

BARRIERS TO ADOPTION

Reimbursement for tele-ICU had been lower than in-person services and was temporarily increased during the pandemic. "If reimbursement reverts to pre-COVID levels, some tele-ICU practices may not be as profitable," suggests Dr. Davis. In addition, it can be challenging to practice tele-critical care across state lines, since providers must have state licensure in each state and privileges at each hospital where they

Continued on page 16

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Continued from page 15

provide services. “Some systems allow for privileges by proxy for a telemedicine program. For those exploring this initiative, make sure this is included as part of your services agreement,” he adds.

HOW PATIENTS & COMMUNITIES BENEFIT

The greatest opportunity for tele-ICU benefit is in rural areas with low-density populations. Tele-ICU enables hospitals that don't see enough volume to staff round-the-clock critical care physicians to provide life-saving care to patients with conditions like sepsis, pneumonia and overdoses. It also makes it possible for these hospitals to provide consultation in subspecialties like neurocritical care, surgical critical care, trauma and cardiac critical care.

Many studies show that, if implemented correctly, tele-ICU patients receive a higher level of care than they do with in-person care. “It is resulting in shorter length of stays, improved quality and lowered costs,” adds Dr. Davis. **HT**

CHECKLIST: BRINGING TELE-ICU TO YOUR FACILITY

Konrad L. Davis, M.D., FCCP, FCCM, Chief of the Division of Pulmonary & Critical Care at Scripps Memorial Hospital La Jolla, and Clinical Professor of Medicine at Scripps Clinic Medical Group, offers the following considerations to providers exploring the addition of tele-critical care services within their health systems.

- ▶ **Start with the why.** Clearly identify the problems you are working to solve with tele-critical care ahead of time. It's not a panacea, but it can be effective in solving some issues such as inadequate staffing, less than 24/7 coverage and lack of standardized care across a healthcare system.
- ▶ **View tele-ICU from a systems standpoint.** If you are a tele-critical care physician, caring for 100 to 150 patients spread across 20 different hospitals, it's very



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challenging, especially if every hospital has a different way of managing vent-weaning and other clinical situations. Standardizing the administrative parts of care across hospitals improves quality of care, decreases confusion and makes physicians more efficient.

- ▶ **Make tele-ICU part of a larger digital health strategy.** A 5- or 10-year strategy for digitization should involve understanding the movement of patients and what they need at different stages of their journey to attract and retain them, and how to provide high-quality care at a lower cost.
- ▶ **Assemble a multidisciplinary team.** Implementing tele-critical care is not just a clinical initiative. It also needs to include administration, information management and other disciplines to support the

process. The team should have both physician and nurse champions, as well as an executive champion to help clear administrative red tape and to be actively engaged in the planning process.

- ▶ **Establish trust.** Tele-ICU will not work unless there is trust among team members at the spoke-and-hub sites. Leaders should physically meet with staff, listen to their concerns and answer any questions that they may have.
- ▶ **Implement robust education and training to help teams feel comfortable.** Before going live, conduct exercises that involve simulated patients with teams going through standard interactions between the hub site and spoke sites. This helps people get used to the technology and systems.

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Innovating EFFICIENCY

Hackensack Meridian Health receives the Innovation Award for implementing AI-based automation tools

THE VICE PRESIDENT OF CORPORATE PURCHASING AT HACKENSACK MERIDIAN HEALTH, **Richard Killeen**, looks at the potential for artificial intelligence (AI) to drive efficiencies in healthcare as similar to something out of *Field of Dreams*. “If you can dream it, you



can do it,” he says. “If you want to use AI to fully automate some tasks, it can happen. AI is a great tool to get these things done.”

PUTTING TECHNOLOGY INTO PRACTICE

The New Jersey-based health system received HealthTrust’s 2022 Innovation Award for its innovative use of AI-enabled automation tools to drive its supply chain performance, according to **Sueanne Kyle**, the HealthTrust Account Director who works with Hackensack Meridian Health. “Hackensack received this award for its use of some really

Continued on page 20



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Continued from page 18

cutting-edge technology and the creative thinking needed to effectively deploy it,” she says.

In the last year, Hackensack Meridian Health’s Corporate Purchasing department doubled down on the IDN’s mandate to use AI software to free up team members from manual tasks, says Killeen. “We weren’t taking work away from people,” he explains. “We were bringing these people the ability to transition to more meaningful work for the company.” With the executive support of Senior Vice President **Karl Blomback**, the opportunity was wide open.

The AI software automated manual clerical-type tasks that were time-consuming, so people could focus on more important tasks that require judgment, such as sourcing critical products for the supply chain, Killeen says.

PROCESSES MADE SIMPLER

Some of the AI-automated processes Hackensack Meridian Health recently implemented include:

Customer Accepted Pricing (CAP) Report Program

CardinalHealth is one of the suppliers Hackensack Meridian Health relies on. The supplier sends the IDN a CAP Report that lists customer accepted pricing. Sometimes there are discrepancies, and verifying the right pricing requires a lot of time and effort—and could hold up the ability to order important supplies, Killeen explains.

Hackensack Meridian Health deployed AI automation software to verify pricing by checking the item master price list and the HealthTrust contract pricing against Cardinal Health’s pricing on the CAP Report. Based on set rules in the AI, it will approve where pricing is correct, update any purchase orders (POs) identified for the item(s) as well as the item master. When there are price discrepancies, the AI software will not approve the price and update the report accordingly so the Pricing team can review and resolve. The AI-enabled software does this pricing check every week and improves team members’ productivity and order accuracy. It saves approximately 416 hours a year, Killeen adds.

Vendor Qualification Process

Qualifying vendors to work with the IDN was a fully manual process that was labor-intensive and required a lot of physical space to store all the paper files, says Killeen. The electronic process has resulted in a huge time

savings due to the elimination of staff time for chasing down emails, phone calls and signatures. An electronic approval workflow has been developed for IT, Human Resources and Corporate Compliance. Also, since the process is completely paperless, no physical space is needed for the files, there is less waste and there are fewer opportunities for documents to be misplaced, Killeen says.

Hackensack Meridian Health’s AI-automated process completes an initial review of new vendor applications and searches for any deficiencies within the submitted application. Automatic alerts are sent to the Purchasing Customer Service team. Once the application is completed and approved, an alert is sent to the Customer Service team member who submitted the application, and after final approval, the AI software downloads certifications, contracts and the application into Hackensack Meridian Health’s user interface.

Even with the automation of the vendor application process, people are involved throughout and have to make the final decision on whether to accept or reject a supplier. “The process needs to be irrefragable,” says Killeen.

Open Order Report

Searching for open orders is a tedious, time-consuming task, notes Killeen, and it’s one that can often fall by the wayside under the crunch to get other, more immediate tasks done. The new AI process runs an Open Order Report on a daily basis, sending emails to each supplier on the report, providing the supplier with the open PO number(s) and other pertinent information. It also requests a proof of delivery for items that have shipped or an estimated delivery date for items not yet received.

The AI-automated process has resulted in high supplier response rates, which make it easier for the Corporate Purchasing team to track and update outstanding orders or cancel the ones not shipped.

The process saves the Purchasing team 325 hours annually, which allows them to focus on other projects. But that’s not the only benefit.

“Staying on top of open orders is a task that doesn’t get done as often as it should,” Killeen says. “However, by automating it, AI does it over and over, seven days a week. It frees up our people to focus on more meaningful work that requires their judgment.” **HT**

For details about all of the recipients of the 2022 HealthTrust Member Recognition Awards, please see page 28.



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HealthTrust HUDDLE

A new tool to help manage potential supply disruptions

AS HEALTHTRUST MEMBERS KNOW ALL TOO WELL, navigating supply disruptions, anticipating supply shortages and learning how to pivot to new products have become essential to operating a healthcare organization today. They require knowledge-sharing, resourcefulness and creativity. Now, there's a tool to assist: HealthTrust Huddle.

A PLACE TO CONNECT

“HealthTrust’s Chief Operating Officer, **Michael Berryhill**, championed for our company to come up with a better way to engage HealthTrust members across our network and leverage the knowledge within both acute care and non-acute care facilities to solve problems and to share ideas and best practices,” says HealthTrust’s VP of Clinical Services, **Stephanie Thompson**, PharmD, MBA.

Building off the practice of in-person team huddles used by many businesses to diagnose and identify problems, prioritize work and generally check in with one



another, Huddle is an online portal where HealthTrust members can connect in real time, explains **Emily Wright**, HealthTrust’s Manager, Knowledge Services. “We have a lot of discussions (within the Huddle) about supply chain disruptions and other content categories that are relevant to members,” she says.

Launched in July 2021 with a small group of HealthTrust advisory members as a pilot, Huddle is now open to all HealthTrust members. Wright shares that an estimated 20 topics are tagged for members to easily pinpoint where to go to find discussions about a particular subject. Huddle can be accessed from a laptop or desktop, as well as from a mobile app, so members can get the information when and how they need it in real time.

“Members can pose questions to other members, such as, ‘Have you tried this in your facility?’ or ‘How do you engage physicians in this particular process?’ or ‘What tools do



Continued on page 24

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Continued from page 22

you use to manage XYZ?" Our goal is to provide an easy-to-use forum where members can engage one another around solutions for any issue they're facing within their facility," Wright explains. "The tool enables different-sized health systems from within the membership to learn from one another by leveraging the know-how, resources and knowledge from peer providers."

“We’ve been able to increase the speed-to-knowledge for our members, so they can improve the time-to-action on behalf of their patients.”

– Stephanie Thompson,
PharmD, MBA

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COMBATING SUPPLY DISRUPTIONS

As Huddle’s moderators observed the conversations happening, an obvious hot topic emerged—supply chain disruption. Members have helped each other through the forum by sharing their experiences and workarounds, not to mention empathizing over shared issues.

Thompson shares that use of the Huddle inspired the Knowledge Services team to also create a place within the resource where members could report their specific supply chain issues. On the welcome page, members simply click on “Report a Supply Disruption” and can access the newly created supply disruption portal. Here, they enter details about their particular problem. Those concerns are then communicated to HealthTrust’s Supply Disruption Task Force, which aims to identify the sources of disruption, and if possible, help to resolve the issue.

“Once there is an update or something critical that members need to know, we

Continued on page 26



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Continued from page 24

post the information in both the portal and in the Huddle for greater awareness,” adds Wright.

It’s important to also share that with the sometimes-sensitive nature of the topics being discussed within the Huddle, members can be assured of privacy, Wright says. Moderating safeguards are in place, and it’s a members-only community balanced on trust. “We’ve built a safe space where people feel comfortable being vulnerable to share their opportunities,” she adds.

KNOWLEDGE FOR FUTURE PLANNING

In addition to providing real-time solutions, the information found in Huddle helps members with demand planning. “This is really a collective learning experience,” Thompson says. “As members share their supply chain knowledge and concerns, potential supply chain issues on the horizon may

be revealed. That kind of information is invaluable because it allows members time to plan and prepare: ‘How are we going to conserve materials? How do we help identify which patients we’ll need to prioritize using this for? How do we have some sort of governance around certain products?’ ”

While the portal and Huddle can’t promise to eliminate the possibility of supply chain disruptions, the value is in the shared knowledge, Thompson adds. “We’ve been able to increase the speed-to-knowledge for members, so they can improve the time-to-action on behalf of their patients.” **HT**

TO ACCESS the HealthTrust Huddle, visit the Member Portal or contact the Clinical Services team for more information at clinical.services@healthtrustpg.com



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Members making us PROUD

Announcing the 2022 Member Recognition Award recipients

EACH YEAR, HEALTHTRUST RECOGNIZES OUTSTANDING PERFORMANCE IN HEALTHCARE THROUGH ITS MEMBER RECOGNITION AWARDS. This year's awards, given at the annual HealthTrust University Conference in Nashville, Tennessee, highlight exemplary member facilities that have achieved remarkable results and displayed a commitment to excellence in a variety of areas—from supply chain and clinical operations to pharmacy and sustainability initiatives. We are pleased to announce this year's recipients.

Outstanding Member Award

- ▶ Methodist Le Bonheur Healthcare (Memphis, Tennessee)



From left to right: Jeremy Cook, Rusty Parker, Larry Fogarty, Greg Mathis, Clark Story, Christopher Bell, Steve Colclasure, Chris Hilty

Methodist Le Bonheur Healthcare (MLH) yielded incredible results and value with its 2021 contract compliance/contract adoption initiatives. Partnering with HealthTrust's Medical Device Management (MDM), Clinical Consulting and Strategic Sourcing teams for contract adoption work, the MLH team also implemented biosimilars at the suggestion of the HealthTrust Pharmacy Account Director.

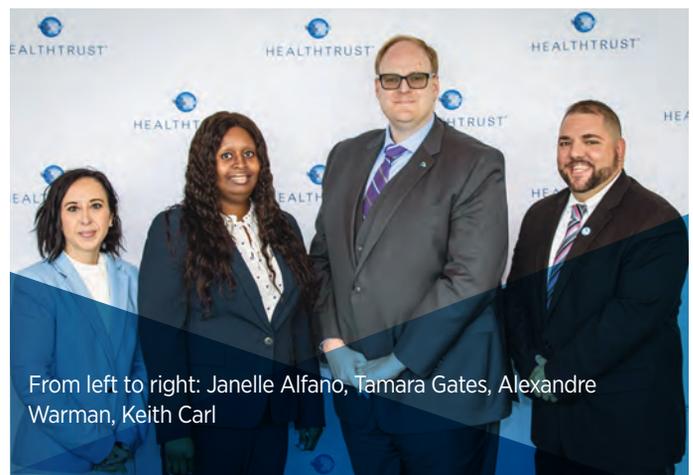
MLH leaders worked with internal team members to evaluate current services and local agreements to confirm the value of the HealthTrust portfolio. Combined contract adoption initiatives generated \$20.4 million in new GPO spend and \$1.5 million in value for MLH. The MDM work included \$289,000 in savings for a hip and knee sourcing program as well as \$30,000 in savings regarding an EP initiative. Biosimilar programs generated \$1.1 million in value for MLH.

"The MLH supply chain team actively evaluated areas where they could align and executed new agreements to generate financial value without impacting operations or the patient experience," says **Nick Meyer**, Senior Account Director, HealthTrust.

"On behalf of the entire Methodist Le Bonheur Healthcare organization, we are honored and extremely proud to have received this award," says **Larry Fogarty**, Vice President Supply Chain Management at MLH. "The award reflects the work of many, including our HealthTrust representatives who work with us every day to achieve the results that are important to our continued success."

Clinical Excellence Award

- ▶ Lehigh Valley Health Network (Allentown, Pennsylvania)



From left to right: Janelle Alfano, Tamara Gates, Alexandre Warman, Keith Carl

In an effort to improve efficiency and create standardization, the Perioperative Business Services Department at Lehigh Valley Health Network (LVHN) transitioned to a centralized team to cover Coordinated Health Sites in several area towns. The growth of patient care supported by these teams grew from 55,792 in 2017, to a projected 91,124 in 2022.

Driven by data analytics and value analysis, the team has designed and implemented innovative solutions to lower costs and provide the highest quality patient care, pushing to link surgical case data with quality and cost data.

“LVHN has come up with ways to engage front-line staff to find savings while keeping patient safety and quality a priority, creating multiple cost savings initiatives among colleagues, engaging them to take a proactive approach to cost reduction while maintaining the highest quality of care,” explains **Ellen Blix**, HealthTrust Account Director. For example, moving from preference cards to procedure-based cards was a successful change that achieved these multi-layered results.

At LVHN, everything is managed with a quadruple aim: better care, lower costs and patient and employee satisfaction. Value analysis is the conduit to accomplishing this four-part goal.

Innovation Award

▶ Hackensack Meridian Health (Edison, New Jersey)



From left to right: Laura Catalini, Geffry LaFortune

Hackensack Meridian Health developed automation tools in 2021 that drove supply chain performance, earning it the Member Innovation Award. Through new artificial intelligence software, the health system was able to free up team members from doing many manual tasks, allowing them to focus on more important needs such as sourcing critical products for the supply chain.

Automated processes helped with manual tasks such as cleaning up open orders, increasing the efficiency of ordering from the inventory system, updating purchase orders with the correct pricing and more. (See article on page 18 for more details around their efforts.)

Operational Excellence Award

▶ Community Health Systems (Franklin, Tennessee)



From left to right: Joanna Morton, Gina Nieszczyk, Susan Schrupp, Scott Wood, Jamie Smigel

In 2019, Community Health Systems (CHS) launched CHS 2.0, a margin improvement plan for the organization led by a cross-departmental team collaborating to collectively reduce costs. In 2021, CHS had record-breaking savings: over \$207 million—approximately \$80 million of which were supply chain related reductions.

Like most healthcare organizations during the pandemic, organizational awareness of supply chain was elevated. CHS Supply Chain seized that opportunity in 2021, launching and completing more than 100 new initiatives—many of which spanned across other CHS departments where Supply Chain had limited experience. The work was companywide, with impressive implementation efforts from clinicians and operational leadership at hospitals and clinics.

Clinical collaboration and aligned goals, driven by disciplined project management, building subject matter expert teams to champion processes and implementation were all key to the organization's success. One example was its effort to move dialysis from an outsourced to an in-house service. Managing that task across more than 30 facility conversions in 2021 was critical to maximize savings of \$3.2 million.

Of the 102 initiatives completed in 2021, 86 were tied directly to HealthTrust contracts. Those initiatives accounted for more than \$60 million of the total supply chain savings.

Pharmacy Excellence Award

▶ Atlantic Health System (Morristown, New Jersey)



From left to right: Timothy Lise, Michele Sienkiewicz, Kunal J. Shah

Since December 2020, Atlantic Health System (AHS) has distributed more than 630,000 vaccines to some 300,000 patients. This figure includes the Morris County Megasite which vaccinated up to 5,000 people per day. What's even more remarkable, is that the AHS team did it through only three ultra-low freezers and five hospital pharmacies.

Since opening, the Pharmacy team has distributed vaccines to over 100 clinics all over the state, including mobile and pop-up clinics, as well as vaccinating homebound patients. The team at all five hospitals came together multiple times per week to make sure that all doses were accounted for, nurses were trained, no doses were wasted, and to ensure they abided by every rule in the Centers for Disease Control handbook.

Morris County New Jersey was one of the first counties to hit 70%, and then 80% of residents vaccinated. The team went above and beyond creating signs, competencies, instructional videos and guidelines to promote vaccination information and education. The team's overall effort resulted in zero significant medication errors.

"This award means a great deal to the team at Atlantic Health System. We have put in countless hours and resources into the COVID-19 vaccination efforts, and a team of 50+ pharmacists and pharmacy technicians have been involved over the last two years," says **Kunal J. Shah**, PharmD, Assistant Manager, Clinical Pharmacy. "In addition to healthcare professionals, we also worked with our local health offices, law enforcement and National Guard, and we are all very proud of the end result. Each of us leaned heavily on our insights through HealthTrust and our technical teams who helped us build the vision electronically."

Social Stewardship Award—Sustainability

▶ Beth Israel Deaconess Medical Center (Boston, Massachusetts)



Avery Palardy

At Beth Israel Deaconess Medical Center (BIDMC), **Avery Palardy**, Sustainability Manager, spearheaded a program with dramatic results. Her efforts led the hospital in achieving a:

- ▶ 82% reduction in greenhouse gas emissions associated with volatile anesthetic gases (since 2016)
- ▶ 54% diversion in non-hazardous waste diversion through the expansion of reduction, reuse, reprocessing, recycling, anaerobic digestion and donation programs
- ▶ 21% reduction in energy-related greenhouse gas emissions (since 2014)
- ▶ LEED Gold Certification for a New Inpatient Building that will have a 39% reduction in energy use compared to average regional hospitals and 50%+ compared to BIDMC campus average

"The healthcare industry has historically had a significant carbon footprint and a large environmental impact through its operations," says Palardy. "At Beth Israel Deaconess Medical Center, we have set organizational commitments such as achieving Net Zero by 2050 and Zero Waste by 2030 to ensure that we fulfill our mission to 'create a healthy future for our patients, their families and ourselves.' Our environmental successes are truly a systemwide team effort. We have amazing department heads, sustainability committees and a Sustainability Department committed to this work." **HT**

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Taking RESPO

An organizational & supplier diversity perspective on CSR & DEI

PRACTICING CORPORATE SOCIAL RESPONSIBILITY (CSR) IMPACTS EMPLOYEES, the community and, ultimately, it impacts the organization itself. Every company can benefit from prioritizing CSR. That’s why leaders in supply chain management, human resources and heads of diversity, equity and inclusion (DEI) efforts joined HealthTrust for “Perspectives on Corporate Social Responsibility for Organizational DEI and Supplier Diversity,” during the HealthTrust University Conference in July. Following are highlights of some of the thoughtful approaches they shared.

UNDERSTANDING THE BASICS

CSR is a model and framework of an organization’s plans to improve its social and environmental actions, for employees, external stakeholders and the planet. It merges economic viability, environmental protection and social equity. It’s the big picture of how organizations take ownership of their impact on society. Under the CSR umbrella are sustainability efforts within environmental, social and governance (ESG) categories. These measure an organization’s ethical footprint. While CSR makes an organization accountable, ESG makes the actions taken measurable. This includes DEI as a focus on the human element, prioritizing an inclusive workforce, including attention toward underrepresented groups.

DEI programs are more successful when applied in a holistic, versus piecemeal, fashion. Best practices dictate that workplace initiatives should enhance the culture by involving collaborations with partners, suppliers and the community, says **Aigner George**, PharmD, AVP of Pharmacy Solutions and Chair of the DEI Council at HealthTrust. “It is your culture; it’s how you operate,” she shares. A successful DEI effort should be built upon inclusive leadership and provide colleagues at all levels of the company with a sense of belonging. As part of CSR and ESG, an organization may report on DEI goals, providing transparency into its actions and impact.



HOW CSR & DEI BENEFIT EMPLOYEES

In the human resources arena, **Jennie Hanson**, Regional VP of Human Resources, HCA Healthcare/HealthTrust, sees the organization’s ability to attract, retain, engage and inspire colleagues through the broader CSR lens as vital to the organization’s success. “We can do that externally, which is important, but we need to do it internally, too,” explains Hanson. For retention, employees need a sense of safety and belonging. Listening to what employees want and the values they want to see engrained in their employer is key.



Staff can feel aligned with their employer if their interests are supported. That includes philanthropic work. Colleagues

#HTU22

INSIBILITY



HealthTrust co-moderators Aigner George & Joey Dickson were joined by panelists (from left to right) Miles Asafo-Adjei (TriStar Division, HCA Healthcare), Larry Fogarty (Methodist Le Bonheur Healthcare), Jennie Hanson (HCA Healthcare/HealthTrust) & Charlene Vickers (Johnson & Johnson).

at HCA Healthcare logged 96,000 hours of volunteer work across 5,600 community organizations in 2020, Hanson said. Supporting initiatives like this, and mapping them to CSR efforts, assists HCA Healthcare/HealthTrust in thinking about how to move social equity forward. This support makes a difference in the community, and it also helps mitigate the difficulty organizations are facing with labor retention and shortages, as a good reputation can attract employees as well as help keep them.

Maintaining a sustained focus on DEI work is challenging but necessary, especially in retaining and engaging a diverse employee population. One suggestion offered by **Miles Asafo-Adjei**,



Director of DEI, HCA HealthCare TriStar Division, is to analyze employee retention by race and gender, versus just analyzing the overall numbers. If certain groups have higher attrition rates than average, that's a signal more work is required. Organizations need a sustained effort to continue this analysis, to dig deeper and ensure no one falls through the cracks. It also means analyzing demographic data at all leadership levels to understand where the majority of the diversity is focused within an organization. For example, an organization may find that entry level positions are the most diverse, and as they climb higher within their hierarchy, there is less diversity. In this case, leadership works to understand potential barriers and create more equitable advancement opportunities.



HOW DEI APPLIES TO SUPPLIERS

For **Joey Dickson**, Supplier Diversity Officer and AVP of Purchased Services & Diversity Contracting with HealthTrust, a supplier diversity program should demonstrate the organization’s culture internally and externally. His team manages HealthTrust’s Supplier Diversity Program, which has grown to 180 contracts with more than \$469 million in diversity spend. The chief goal of the program is to align members’ DEI missions with capable, diverse suppliers, providing equitable access and helping these suppliers succeed.



Charlene Vickers, Director Supplier Diversity & Inclusion at Johnson & Johnson, defines supplier diversity as the expansion of opportunities for business owners from the minority, LGBTQ, veteran and disabled communities, and women. “The primary goal of intentionally working with diverse suppliers is to drive economic, social impact and social inclusion through this work—ultimately addressing the economic wealth gap,” she says. In 2021, Johnson & Johnson spent \$2.2 billion with certified diverse businesses in the U.S., maintaining their membership in the Billion Dollar Roundtable (BDR) for the 11th year.



While many DEI programs in the healthcare arena are domestically focused, Johnson & Johnson’s efforts are global. “For us, it’s about driving health equity globally and empowering our employees,” Vickers says. “For supplier diversity, it’s also a part of how we are able to uphold our stakeholder values.”

Customers like HealthTrust are challenging organizations to do more to serve communities and are pushing the envelope, she adds. “Johnson & Johnson is committed to ensuring we have a value chain that reflects the patients and customers we serve around the world.”

Organizations pursue diversity and inclusion through multiple pathways. “The important point is to take action and do what works for your organization,” says **Larry M. Fogarty**, CPA, MHA, VP



of Supply Chain Management, Methodist Le Bonheur Healthcare. Leaders at his institution began weaving DEI efforts into the organization’s fabric in 1999. “We realized it was not a program but a strategic imperative. As an organization, we’re only as successful as the communities we serve.” The hospital had to make a concerted effort to understand what it could do differently to advance economic development among minority- and women-owned businesses in its community, and then take measures to create a plan.

WORKING WITH PARTNERS TO MAKE CHANGES

Vickers has found that an organization can further maximize CSR and DEI impact efforts through “unorthodox”

PURSUING SUPPLIER DIVERSITY

While it’s up to each company to establish the appropriate supplier development goals and objectives for its program, a toolkit from HealthTrust offers the following suggestions for getting started:

- ▶ **Utilization**
Integrate strategies to include competitive sourcing opportunities.
- ▶ **Education**
Provide resources to help small, minority and woman-owned businesses.
- ▶ **Tracking**
Emphasize continuous improvement. As program targets are achieved, monitor and report on progress.
- ▶ **Certification**
Partner with certifying organizations to ensure that program participants provide high-quality goods and services.
- ▶ **Outreach**
Seek out diverse suppliers through active involvement in small business and minority development organizations and tradeshows.



PROMOTING & GROWING SUPPLIER DIVERSITY

Members looking to increase their spend with diverse suppliers are encouraged to review the current HealthTrust portfolio of related suppliers and ensure compliance with all sole source awards. Next, consider diverse suppliers with dual, multi or optional source status when the value the diverse supplier brings is more favorable than the competitors on contract.

HealthTrust's Supplier Diversity program is recognized by many as the most successful in the healthcare industry. Companies must be certified to be recognized through the organization's Supplier Diversity Program. When approached by a potential supplier, members should direct them to register through the Prospective Supplier Profile on the HealthTrust website at healthtrustpg.com/suppliers

partnerships. Johnson & Johnson is part of the BDR, a collaborative that includes other healthcare companies to brainstorm ways to address DEI spending in supply chain.

One initiative is to bring more visibility and involvement of Black-owned businesses into the healthcare industry. Supplier discovery is the top challenge seen in surveys across this space, as it can be difficult to identify diverse businesses. To solve that problem, the BDR members curated a list of Black-owned businesses and shared the list across companies. "If they can do work for other major healthcare organizations,

Continued on page 36



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- **Article:** The Joint Commission Perinatal Standards, Sim to Win
- **On-Demand Virtual SUN:** OB Claims High? Make Sim Your Best Defense

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1. Schaffer, A. C., Babayan, A., Einbinder, J. S., Sato, L., & Gardner, R. (2021). "Association of Simulation Training With Rates of Medical Malpractice Claims Among Obstetrician-Gynecologists." *Obstetrics & Gynecology*, 138(2), 246-251.

2. Peisachovich, E. H., Dubrowski, A., Da Silva, C., Kapralos, B., Klein, J. E., & Rahmanov, Z. (2021). "Using simulation-based methods to support demonstration of competencies required by micro-credential courses." *Cureus*. <https://doi.org/10.7759/cureus.16908>

Continued from page 35

they may be able to serve Johnson & Johnson,” Vickers says. The BDR members held a showcase to highlight Black-owned businesses and make connections. They will expand this effort to other groups over time. So far, they are seeing great outcomes. “We are leveraging the power of the collective to bring visibility and opportunity to diverse businesses,” she adds.

Another partnership Johnson & Johnson focuses on is customers. The company is no stranger to Tier 2 reporting, which gives view to diverse suppliers used by an organization. In the last few years, Vickers has seen a significant increase in demand for Tier 2 reporting, and it has evolved to include more engagement with customers and benchmarking on best practices. By partnering with responsive stakeholders, and with a vested interest in finding more solutions and results in this space, an organization can have a greater impact, she adds.

TARGETING THE BEST OPPORTUNITIES

From a provider standpoint, Methodist Le Bonheur’s DEI efforts improved once leaders realized that offense was better than defense. The organization spent many years, Fogarty explains, fending off claims that it was not doing enough in this area. By approaching it offensively and understanding where there were opportunities, they recognized they could get better results.

The health system found its greatest success with diverse suppliers in the areas of construction, renovation and expansion. While construction needs vary year-to-year, there are often more opportunities with these services. Fogarty says there are many capable minority- or women-owned general contractors and subcontractors. However, these businesses often did not have hospital or clinically-related experience, which was a barrier. To resolve this, Methodist Le Bonheur staff worked with its general contractors to provide educational sessions on bidding, employee management and



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project management in the healthcare realm. The 18-week sessions were offered twice a year and had great participation from the targeted populations.

Having this education better positioned these minority- and women-owned businesses to serve Methodist Le Bonheur's needs and allowed the healthcare facility to fully engage them as general contractors responsible for hiring subcontractors, versus staying in their previous roles as subcontractors.

Organizations can also lean on partners like GPOs and minority business councils to help with vetting and screening potential suppliers. Fogarty shares that his organization used to try bringing in more diverse suppliers, but that overwhelmed the health system. "We had many requests we could not fulfill or provide meaningful opportunities to, which was frustrating to the businesses," he says. The GPO and business councils serve as filters to identify and vet potential diverse suppliers for them. "Now, we're more focused and controlled around what we need and how we go about it, while looking intentionally to minority- and women-owned businesses to fulfill our needs. It's a core thought, not an afterthought."

Vickers agrees with this approach. The more an organization can connect the diverse supplier discovery process to the business needs, the more successful the company will be in making the right connections. Going to a conference and collecting business cards is not helpful if there aren't good opportunities to match to them. The suppliers may also need development, such as coaching or mentoring, and there are creative ways to provide that, just as Methodist Le Bonheur has done.

Developing healthy CSR and DEI efforts within the supply chain should be systemwide. While procurement may want to lead the efforts, there should be representation across the

organization, to help craft strategies and drive decisions on which suppliers to use. The more visible the efforts are internally, the better the response will be. "Do the education and awareness, and you'll pick up champions along the way," adds Vickers. **HT**

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A SMARTER WAY

The potential for smart hospitals to improve patient care & ease burdens for clinicians

IT'S RARE TO FIND A HOSPITAL STAFF MEMBER WHO IS NOT STRAPPED FOR TIME. There are always patients to see, charts to complete, family questions to answer, orders to review and medications to dispense. Add the focus on ensuring quality care and the current labor challenges throughout the healthcare industry, and you have healthcare professionals who are maxed out.

But smart technology is rising to help meet these challenges. More hospitals are evolving to incorporate data and smart systems, allowing providers to improve patient care and experience, while lowering costs and reducing reliance on manual efforts. (McKinsey found that using digital technologies in healthcare delivery can decrease annual national healthcare expenses by more than 10%.)

As the COVID pandemic further revealed the need for smart solutions, digital health startups raised \$29.1 billion in 2021—more than twice what was raised the year before.

The move to smarter hospitals is seemingly inevitable. But what will it take to get there? HCA Healthcare is showing this path to the future with its initiatives in smart hospital innovation.

LEVERAGING TECHNOLOGY FOR BETTER CARE

In July 2021, HCA Healthcare launched a new department within its Clinical Services Group (CSG) called Care Transformation and Innovation (CT&I) to accelerate the integration of technology into patient care. Its vision involves clinicians, data and machine learning (ML) to explore innovations that will address problems in future healthcare delivery. CT&I brings together clinical staff, data science, engineering, technology, operations, change management and finance personnel to “be boldly innovative and design the future of patient-centered care.”

CT&I at HCA Healthcare is led by **Mike Schlosser**, M.D., MBA, SVP of Care



Transformation and Innovation. Below he shares some of his organization's efforts to bring smart technology into practice.

Clinical initiatives: CT&I found that the labor and delivery space was a good starting point, offering ways to improve outcomes. This was an opportunity to continue innovating in maternal and fetal well-being, following a successful clinical project, 39 Weeks (see more about HCA Healthcare's legacy of labor and delivery work on page 42). In another initiative, SPOT (sepsis prediction and optimization



of therapy), clinical staff teamed up with data scientists, researchers and process improvement experts to develop a predictive algorithm to more quickly detect sepsis.

Staff scheduling: As a pilot project, HCA Healthcare focused on staff scheduling. The Staff Scheduler program uses an ML demand forecast algorithm to predict staffing needs, measures the complexity of different procedures, and then optimizes staffing according to nurses' proficiencies and schedule preferences. The goal is to have the right staff

members in the right places, at the right time, to deliver the best care possible for patients. "Since we began to pilot Staff Scheduler, we're already seeing significant time savings, improvements in nurse satisfaction and, importantly, optimized staffing to meet patient demand and needs," Dr. Schlosser shares.

Automation: HCA Healthcare is also working to automate manual efforts to save staff time and focus on patient care, the real reason care team members were inspired to go into

1. Alex Stinard, M.D., meets with a patient while testing smart eyewear. **2.** The CT&I team pushes the orange “go live” button for the automated Staff Scheduler. **3.** Dr. Schlosser reviews CT&I’s first automated staff schedule.



healthcare. One of the major pain points for the healthcare system’s care team members is the amount of time required at the keyboard. The organization is looking into solutions where they can connect systems to automatically transfer information, reducing the need for staff to enter data into the electronic health record and just approve and/or edit the information.

Smart eyewear: HCA Healthcare’s UCF Lake Nona Hospital in Orlando, Florida, is conducting an advanced technology pilot, which involves physicians donning technology-embedded eyeglasses. With a patient’s consent, the voice-recognition technology records their interaction with a physician to automate charting. The conversation is transcribed from the recording, and the physician reviews, edits and approves it, improving efficiencies in charting from scratch. “While this innovation is still developing in collaboration with Emergency Department physician leadership, there will always be a human element in the documentation process. It’s an area we’re working on to leverage technology to make our clinicians’ lives easier and patient experiences better,” Dr. Schlosser explains.

Google Cloud partnership: HCA Healthcare partnered with Google Cloud to gain actionable insights and improve workflows. “With privacy and security as a guiding principle, our data platform is aimed at empowering physicians, nurses and others with workflow tools, analysis and alerts on their mobile devices to help them respond quickly to changes in a patient’s condition,” Dr. Schlosser says. “My ultimate goal is to provide a technology-driven clinical experience that makes our hospitals a destination for care, affording team members the ability to operate at the top of their license and be the destination for patients who want the highest quality care.”

ADDITIONAL ADVANCES

Some hospitals are adopting radiofrequency identification (RFID) bar codes to track supplies and equipment. RFID codes can be scanned in a supply room or operating room to help automate the supply replenishment process and track supply and usage status in real time. Some hospitals use robots to deliver supplies or remove trash and recycling, freeing up precious human labor to do more impactful

“My ultimate goal is to provide a technology-driven clinical experience that makes our hospitals a destination for care, affording team members the ability to operate at the top of their license & be the destination for patients who want the highest quality care.”

– Mike Schlosser, M.D., MBA

work. Artificial intelligence (AI)-enabled radiology software can triage imaging studies to alert staff to a higher priority case, and indicate potential diagnoses to highlight concerns. When suggesting a diagnosis or identifying anomalies, the software can have rates for accuracy equal to that of physician diagnostic rates. While certainly improving patient care, it also optimizes a radiologist’s workflow.

Bed alarms are an important fall-prevention technology. They are set off if a patient starts moving in bed, immediately alerting hospital staff. Virtual sitters are a relatively new form of technology that allow healthcare professionals to remotely monitor patients who are a fall risk. The technology uses infrared sensors to detect a patient’s movement. This form of remote patient monitoring requires just one nurse to monitor a group of patients via video, enabling better oversight of patient needs. If a patient falls, that nurse can more quickly summon a bedside aide or nurse to assist.

The nurse doing the video monitoring can also answer questions that don’t require a floor nurse to make a special trip into the room, diverting time from other care. In-room monitors can also be used to allow family members to participate in medical discussions remotely and be part of the care. These video systems are often used to provide hospital-approved education to reinforce in-person teaching about health conditions, treatments, medications and post-discharge care.



2



3

SMART HOSPITALS' IMPACT ON PAYOR MODELS

The U.S. healthcare system has been shifting to a value-based care model for years. Many payors, private and public, use some form of value-based care in payment models. These include incentive payments for quality of care and penalties for issues like unplanned readmissions. Tracking and analyzing data can help hospital leaders understand what might be affecting quality. It can also help them determine what types of smart technology will support patient care and, in turn, improve quality.

Sharing data in a HIPAA- and legally compliant way with a hospital's network is also more manageable in a

smart hospital environment. As healthcare organizations continue consolidating, whether it be hospitals, clinics, labs or a combination, greater opportunities exist to use the accessible data to improve care for an individual patient. It can help providers avoid duplicating tests, better understand the patient's current and past health issues and treatments, and offer more information that assists in connecting the dots when making a diagnosis.

The data can also be used on a population health level, to understand factors contributing to various diseases and treatments. This allows a hospital to support its

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HCA HEALTHCARE'S LEGACY OF INNOVATION: LABOR & DELIVERY

- ▶ In the early 2000s, the March of Dimes approached HCA Healthcare to research the connection between elective delivery before 39 weeks and the need for Neonatal Intensive Care Unit (NICU) services. HCA Healthcare's assessment of data from 27 hospitals and 18,000 deliveries over three months affirmed the increased rate of NICU usage for deliveries at less than 39 weeks. This led to a worldwide standard: No elective deliveries before 39 weeks.
- ▶ Through extensive research of HCA Healthcare's databases of nearly 100,000 inductions when oxytocin was administered in its facilities, the company was able to standardize how oxytocin is administered and decrease the likelihood of Caesarean section, NICU admission and postpartum hemorrhage.
- ▶ HCA Healthcare's Henrico Doctors' Hospital and CT&I are collaborating with GE Healthcare in deploying its Mural Solution for Labor and Delivery technology. This enables real-time data mining from any medical technology (e.g., blood pressure machine, fetal heart pump, IV pump), that's connected to a hospital's network. All maternity patients are connected to this technology and their blood pressure is continually monitored. Already, CT&I and Henrico are seeing the technology's positive impact on patient safety by reducing the median time to get blood pressure medication to hypertensive patients.

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Continued from page 41

community with outreach and preventive care for specific issues. It can also support individual patients in their health journeys, using the population health analytics to discern which patients may respond to a specific treatment, or how to assist a patient leaving the hospital in lining up the appropriate aftercare.

Smart hospitals will also be able to reduce errors. Diagnostic errors contribute to an estimated 10% of patient deaths. Software already exists that incorporates AI, alerting clinicians to potential diagnoses like a stroke or tumor that even a well-trained human eye might miss. It's similar to a lab report showing an out-of-reference range. It calls attention to the abnormality, potentially triaging it so the clinician sees it sooner.

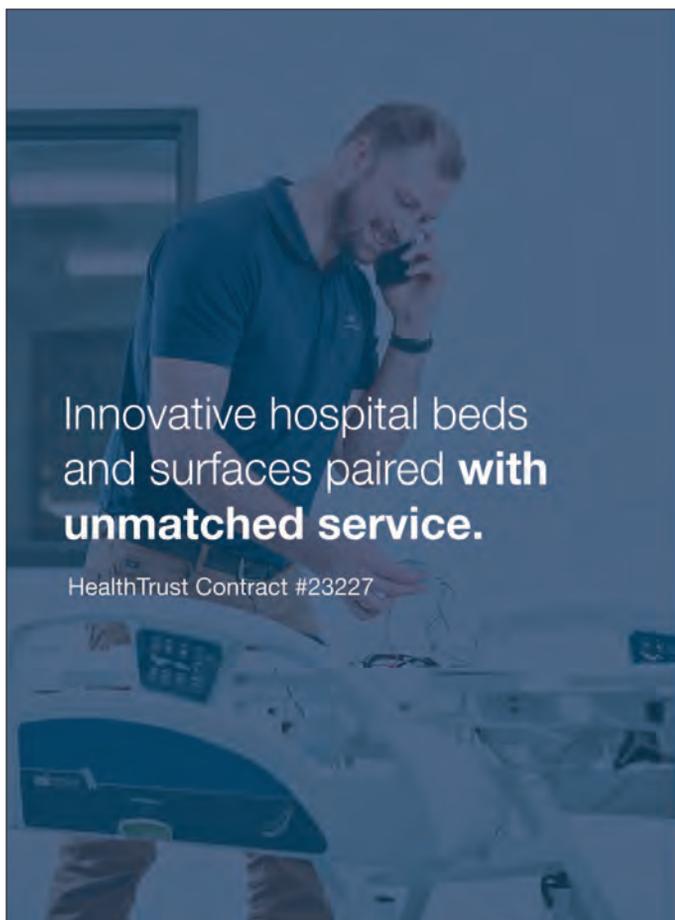
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Dr. Schlosser reveals the sign for CT&I's first innovation hub.

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“A preference card is like the ingredient list for surgical procedures,” says **Drew Preslar**, AVP of Advisory Services, HealthTrust. The card lists all that's needed



to prepare the OR for a specific procedure performed by a particular surgeon. This includes all supplies, drugs, patient positioning and room set-up. Prior to the operation, a team member uses the preference cards to pull the correct supplies and puts them on a cart so that everything is ready to go for the procedure.

WHY AUDIT PREFERENCE CARDS?

Over time, preferences change. Physicians come and go, contracts and products are updated, and surgical techniques evolve. “If you're not keeping up with the changes to these lists, the surgical team could be missing products or have extra supplies,” explains Preslar. “This leads to a few things. If there are supplies on the preference card that you're not using, they will go into the OR, and then after the procedure, the products are thrown away without being used,

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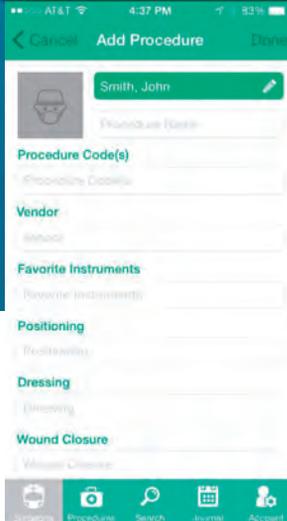
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Standardizing preference cards to a mobile format such as the one pictured here increases readability & can reduce the chance for waste.

Continued from page 44

or they are returned to stock, which can cause inventory inaccuracies. If there are delays in getting a product on the shelf or they are put back in the wrong spot, it can lead to over ordering. The excess inventory can then lead to having expired items.”

If the preference card isn’t up to date and the team ends up missing needed supplies during a case, then someone must leave the OR to go get the supplies, costing time and unnecessary exposure to the surgical environment. Inaccurate preference cards also affect documentation charges, since many hospitals utilize preference cards as the starting point for charging, and significant variation from these items could result in missed charges.

Updating and standardizing these cards not only results in less chance for waste, but it’s also an opportunity to evaluate which products are currently ideal for any given procedure—both from a patient outcome and a cost perspective. It can also improve efficiency and staff and physician satisfaction.

HOW ADVISORY SERVICES CAN HELP

The Advisory Services team at HealthTrust helps you compare cost per case by physician. “For example, one surgeon may do a procedure and supplies cost \$300, and another surgeon does the same procedure, but the average cost is \$600,” says Preslar. A key question to ask is, “What is the impact to outcomes and length of stay with the additional supply cost?” The review enables you to consider what products the physicians are using and have data-driven conversations to make the best decisions for outcomes, quality and cost. This approach can be applied with physicians across multiple hospitals.

HOW THE PROCESS WORKS

The Advisory Services team’s process starts by identifying the procedures a member facility wants to review. “There are some common, more expensive procedures that are done in high volume across healthcare facilities,” explains Preslar. “These are the ones we prioritize.” Some of the typical procedures the team reviews include laparoscopic cholecystectomy (gallbladder removal), laparoscopic appendectomy (appendix removal) and knee arthroplasty (knee replacement).

The Advisory Services team then gathers at least six months of data. This includes reviewing what’s currently on

the preference cards and case data sorted by physician and by procedure, to compare what was documented to the cards.

After the analysis, the findings and recommendations are shared with the facility, so service line leaders and physicians can determine which items to add, remove or change. Then the updates can be made to the preference cards to begin realizing the efficiency gains.

It can be challenging for surgeons to change the items they use during surgery. However, providing data and examples of peers who are doing it at a lower cost helps move the needle.

“We have found in our work that frequently, almost a third of the items on preference cards need to be modified or removed,” adds Preslar. “That means there are lots of opportunities for improvement.”

MAKING THE CASE FOR WELLSPAN HEALTH

WellSpan Health in Lancaster, Pennsylvania, recently partnered with HealthTrust’s Advisory Services team on an OR preference card audit.

“This process has been really good and will be extremely enlightening for our clinical teams,” says **Melissa Boyles**, Senior Director of Supply Chain Logistics and Distribution at WellSpan. She says that some OR team members don’t have awareness of the significant amount of supply chain work that goes into preparing surgical carts. “What it highlights is the opportunity to decrease our touches on surgical supplies. We know from the data analysis that certain supplies are getting stocked on carts 100% of the time, yet are only actually getting used 3% of the time,” she explains. The audit has provided line of sight and forces the team to have a dialogue about creating better efficiencies and reducing waste.



HealthTrust members can take advantage of this program and receive a free audit of up to three procedures. **HT**

TO START an OR preference card audit, contact your HealthTrust Account Manager, or email the Advisory Services team at solutions@healthtrustpg.com

In Planning for Brain Metastases Treatment, Imaging may be the Missing Link in Cost Containment¹

When faced with a patient presenting with metastatic brain cancer, determining whether to use up-front stereotactic radiosurgery (SRS) vs. first treating with whole brain radiotherapy (WBRT) is a significant clinical decision.

WBRT: The whole story on cognitive impairment

While whole brain radiotherapy (WBRT) has been the main treatment option for many years, experts agree that it often results in cognitive deterioration and a negative impact on quality of life. This mental decline has a devastating impact on patients and their families and adds ongoing costs for the healthcare systems managing these symptoms.

Using WBRT instead of SRS in some patients is estimated to decrease the total costs of brain metastasis management, though with increased toxicity.

SRS: Fewer side effects but greater risk of missed tumors

The cost of upfront SRS is the greatest contributor to cost of brain metastasis management.¹ SRS is often more expensive than WBRT. What's more, multiple applications of SRS can increase the cost of treatment greatly.

Stereotactic radiosurgery (SRS) has far fewer side effects, but upfront use of SRS is expensive and can carry the risk of missed tumors, requiring repeat procedures such as salvage SRS.¹

Number of lesions and lesion size are key factors to be considered when determining the treatment plan for these patients. It follows that increased diagnostic information and accuracy could be beneficial in directing the proper therapy and improving overall long-term patient outcomes and containing costs. Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly, and high cost/high stakes procedures such as SRS need precise surgical planning.

What does optimal visualization mean for outcomes and cost?

For surgical planning with SRS, radiologists need the best visualization achievable to accurately count the number and size of the lesions. These metrics are the key predictors of the need for SRS,¹ WBRT, or a combination of both.

By selecting the ideal contrast agent and equipment protocols, neuroradiologists can identify the proximate numbers of metastases for upfront treatment and reduced salvage treatment occurrences.

The role of radiology

As medical care for oncology patients continues to evolve, it will be increasingly important to assess the cost of various interventions given the often-limited life expectancy of cancer patients, the rising costs of cancer therapy, and the increasing prevalence of cancer in an aging population.

Through seeing all the tumors and tumor borders as clearly as technology allows, radiology can play a part in ensuring that proper treatment can begin quickly,

while containing costs through optimized patient care. Efforts to carefully manage treatment approaches require improvements in protocol design, contrast administration in imaging, and utilizing multimodal imaging approaches.

In this era of precision medicine, radiology departments' contribution to this improved standard of care will have significant short and long-term implications by reducing cost of care, providing a more proximate diagnosis, and ensuring optimal patient outcomes. ■



Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly.

Reference: 1. Shenker, R. F., McTyre, E. R., Taksler, D et al. Analysis of the drivers of cost of management when patients with brain metastases are treated with upfront radiosurgery. *Clin Neurol Neurosurg.* 2019 Jan;176:10-14.



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MAKING A DIFFERENCE

LA Downtown Medical Center reinvents itself as a force for community change

A COMMUNITY SAFETY-NET HOSPITAL, ONCE EMBROILED IN SCANDAL AND LEGAL TROUBLES, HAS BECOME A SUCCESS STORY OF IMPACTFUL COMMUNITY CHANGE. With new owners and a new name, LA Downtown Medical Center (LADMC), has shown that investing in people and operating with a mission to help the greater good can result in an impressive transformation.

OVERCOMING A COMPLICATED PAST

The former City of Angels Medical Center, renamed Silver Lake Medical Center in 2009 following the federal

prosecution of its former owners, was purchased during bankruptcy proceedings in early 2019 by Bill Nelson and Vicki Palana Rollins, co-owners of several healthcare facilities in Southern California.

Renaming the hospital LADMC, Nelson and Rollins focused on transforming the facility's buildings, operations, staff morale and reputation—even as it faced the challenges brought on by the coronavirus pandemic. As a result of these efforts, it has received a 5-star rating from the Centers for Medicare & Medicaid Services (CMS) three years in a row.

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INVESTING IN THE COMMUNITY

LADMC has gone above and beyond for its community and staff, says **Nick Burgess**, VP of Strategic Accounts and Vendor Management of Community Hospital Corporation (CHC). CHC, a not-for-profit organization that improves community hospitals, works with LADMC on a number of initiatives. As a top priority, LADMC has made a commitment to supporting the growth of the nursing field and addressing homelessness and mental health in its urban community.



To address the shortage of nursing staff in its community, LADMC began offering scholarships to nursing students. “Vicki is a nurse by background, so the mission of creating more opportunities for healthcare workers from the community is near and dear to our heart,” says **Mark Valentino**, CEO of LADMC.



In 2021, LADMC raised and contributed \$300,000 in nursing scholarships and grants for more than 70 students and aspiring healthcare workers seeking additional licenses and degrees.



FOCUSING ON BEHAVIORAL HEALTH & HOUSING

While LADMC supports all nursing disciplines, it focuses specifically on behavioral health nurses. Of its 262 patient beds, 147 are for acute psychiatric patients. “As a safety-net hospital in urban Los Angeles specializing in psychiatric care, we see the carnage firsthand from the pandemic and from homelessness in general, in addition to our overall general acute care mission,” Valentino says.

In 2021, the hospital contributed \$100,000 toward placing homeless and/or behavioral health patients in short-term housing. In the last four months of the year alone, it placed nearly 100 patients into short-term housing when they were discharged from the hospital.

“Many patients with behavioral health issues either live on the streets or will return somewhere they are no longer welcome given their behavioral issues,” Valentino explains. When these stabilized patients are discharged, if they return to the streets or into another unstable environment, they often end up back in the hospital. “It is a vicious circle,” he says, “so LADMC having the ability to provide housing can help these individuals continue their process of recovery. Some of the patients that come through our doors have nowhere else to go. We feel an obligation to do whatever we can to help, even after the day of discharge.”

LADMC also contributed more than \$200,000 through community health fairs.

Besides providing free healthcare exams to community members attending these fairs, it gave away groceries and toys.

To continue the hospital’s work on the initiatives of combating mental health problems in its community and bolstering and supporting healthcare workers, the organization created the LADMC Foundation to raise funds.

“LADMC has taken it upon itself to really try to make a difference in an area where it could be easier just to do nothing,” says Burgess. “Here’s a small community facility that’s taking a stand and trying to positively impact the mental health crisis.” **HT**



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A NEW WAY TO GO 'LOW-CARB'

One member hospital is using fuel cell technology to reach its carbon-reduction goals

TRINITY HEALTH—ONE OF THE COUNTRY'S LARGEST NONPROFIT CATHOLIC HEALTHCARE SYSTEMS—is turning to fuel cell technology for reliable and low-carbon onsite electrical generation. The effort is financially beneficial, but the payback is twofold.

“Part of our mission at Trinity Health is stewardship, which includes carbon reduction, so in addition to the economic benefits, there’s also a mission-driven sustainability effort,” says **Don Nasko**, Director of Facility Infrastructure and Energy at Trinity Health.



FUEL CELLS EXPLAINED

Fuel cells, which use the chemical energy of hydrogen, natural gas or other fuels to generate electricity, are highly efficient and require less fuel to generate a unit of electricity

than traditional electricity-production methods. The result is reduced fuel costs and lower carbon emissions.

“They aren’t as pure as a solar array, which doesn’t create carbon emissions in its operation. But if you have an option to go with a fuel cell, it offers good savings and carbon reduction,” explains Nasko.

Nasko is excited about the possibility of maximizing the environmental impact throughout the health system by using fuel cells in locations where sustainable options for generating electricity are limited. “In the states with a lot of fossil fuel plants, we can put in fuel cell technology and produce the same amount of power with less carbon by using the non-combustion technology of the fuel cell,” he says.

RELIABILITY & RESILIENCY

Generating electricity onsite using fuel cells also adds redundancy to the system and improves facilities’ resiliency. “Fuel cells are extremely reliable,” says **Bill Miller**, Director of Strategic Account Integration, HealthTrust Advisory Services—Energy.



Continued on page 54



Saint Mary's Hospital in Waterbury will adopt a 1.5 megawatt unit.



Mount Sinai Rehabilitation Hospital in Hartford will adopt a 400 kilowatt-hour unit.

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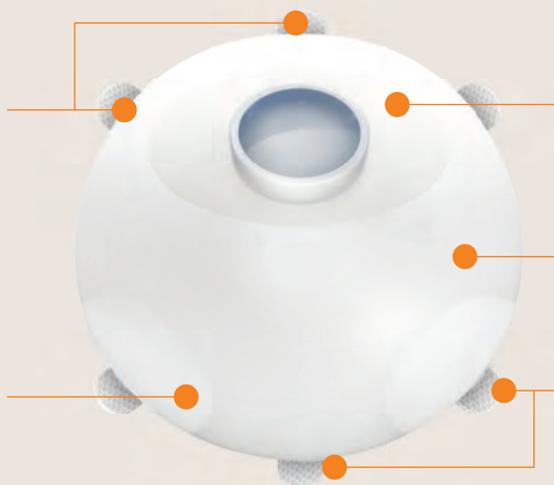
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IMPORTANT SAFETY INFORMATION

Sientra breast tissue expanders are indicated for breast reconstruction. They are temporary expanders and are not intended for long-term or permanent implantation. Sientra breast tissue expanders are contraindicated in patients with active infection or existing carcinoma at the intended expansion site. Tissue Expanders with integral magnetic ports should not be used in patients who already have implanted devices subject to magnetic field interference or in patients where an MRI may be needed. Prior to use, plastic surgeons should review the Instructions for Use and detailed information regarding the risks and benefits of Sientra breast tissue expanders, located at [sientra.com/for-us-surgeons](https://www.sientra.com/for-us-surgeons).

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MDC-0842 R1

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“With fuel cells, you don’t have to worry about a transmission line going down.”

A hospital’s need for a reliable and secure power source isn’t new, but the transition to clean electrified technologies is impacting power grids across the U.S., shares Nasko, which reinforces the need for stability. “We’ve noticed there have been times across the Trinity system where power quality comes into play,” he says. “A lot of our equipment needs three phases, but in order for the electric companies to keep the lights on, especially when they’re under duress, you can only get a single phase, which can burn critical components out.”

DETERMINING VIABILITY

In deregulated markets like Connecticut, HealthTrust can procure third-party electricity for members, as it has for Trinity for over 10 years. When Trinity started investigating the possibility of fuel cells, it worked with HealthTrust to determine if and where the technology would be a viable option, taking into consideration power rates, financial incentives and site logistics.

“Based upon the cost savings we were showing in these locations, it made perfect sense to do onsite generation with fuel cells. And, it contributes nicely to the sustainability goals of Trinity.”

– Bill Miller

“We looked at where we had high electrical power rates and the specific demand rates. Then we looked at where we have incentives from local utilities, the state and even the federal government,” Nasko explains. It then comes down to the geography of the site—looking at where we had an ‘easy’ install or where we had capacity from a construction project management standpoint.”

Trinity is in the initial phase of adopting fuel cells, with the first projects in Connecticut: a 1.5 megawatt unit

Continued on page 56

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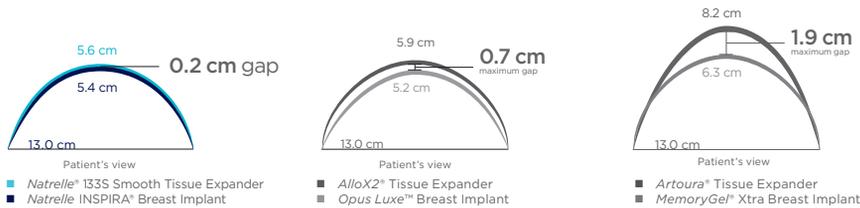
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¹Allergan Aesthetics study methodology: Tissue expanders were matched to round breast implants. A precise match was defined as a breast implant that falls within a range of 0.5 cm smaller to 1.0 cm larger in base width and 1.5 cm smaller to 2.0 cm larger in projection of a tissue expander. The percentage of precise matches was calculated for each style of tissue expander.

[†]For further information about the study conducted by Allergan Aesthetics, please contact Allergan Medical Information by phone at 1-800-678-1605, option 22, or email at lr@medcom.allergan.com.



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[†]Based on surgeon survey data, March 2022 (N = 528).

[§]For further information about the March 2022 and beyond surgeon survey data issued by Allergan Aesthetics, please contact Allergan Medical Information by phone at 1-800-678-1605, option 22, or email at lr@medcom.allergan.com.

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Natrelle® Breast Implants IMPORTANT SAFETY INFORMATION

WARNINGS

Breast implants are not lifetime devices. The longer patients have them, the greater the chance they will develop complications, which may require more surgery. Breast implants have been associated with a cancer of the immune system called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). Some patients have died from BIA-ALCL. Patients have also reported a variety of systemic symptoms, such as joint pain, muscle aches, confusion, chronic fatigue, autoimmune diseases, and others. Some patients report complete resolution of symptoms when the implants are removed without replacement.

INDICATIONS

Natrelle® Breast Implants are indicated for breast augmentation in women at least 22 years old for silicone-filled implants, women at least 18 years old for saline-filled implants, and for breast reconstruction to replace breast tissue that has been removed due to cancer or trauma or that has failed to develop properly due to a severe breast abnormality. This indication also includes revision surgery for primary breast augmentation and breast reconstruction.

IMPORTANT SAFETY INFORMATION

Breast implant surgery should NOT be performed in women with an active infection, untreated breast cancer or precancer, or who are pregnant or nursing. Tell your doctor about any conditions you have, any medications you are taking, and any planned cancer treatments.

Avoid damage during surgery: Care should be taken to avoid the use of excessive force and to minimize handling of the implant. Follow recommended fill volumes for saline implants to decrease possibility of shell wrinkling and crease-fold failure.

Safety and effectiveness have not been established in patients with autoimmune diseases, a compromised immune system, planned chemotherapy or radiation following breast implant placement, conditions or medications that interfere with wound healing and blood clotting, reduced blood supply to breast tissue, or clinical diagnosis of depression or other mental health disorders.

Possible adverse events include implant rupture with silicone-filled implants, implant deflation with saline-filled implants, capsular contracture, reoperation, implant removal, pain, changes in nipple and breast sensation, infection, scarring, asymmetry, wrinkling, implant displacement/migration, implant palpability/visibility, breastfeeding complications, hematoma/seroma, implant extrusion, necrosis, delayed wound healing, infection, breast tissue atrophy/chest wall deformity, calcium deposits, and lymphadenopathy.

For more information, please see the full Directions for Use at www.allergan.com/products. To report a problem with *Natrelle*® Breast Implants, please call Allergan® at 1-800-624-4261.

The sale and distribution of this device is restricted to users and/or user facilities that provide information to patients about the risks and benefits of this device in the form and manner specified in the approved labeling provided by Allergan.

Natrelle® 133S Smooth Tissue Expanders With MAGNA-SITE® Injection Sites IMPORTANT SAFETY INFORMATION

INDICATIONS

Natrelle® 133S Smooth Tissue Expanders are indicated for:

- Breast reconstruction following mastectomy
- Treatment of underdeveloped breasts
- Treatment of soft tissue deformities

IMPORTANT SAFETY INFORMATION CONTRAINDICATIONS

Natrelle® 133S Smooth Tissue Expanders **should not** be used in patients:

- Who already have implanted devices that would be affected by a magnetic field (eg, pacemakers, drug infusion devices, and artificial sensing devices)
- Whose tissue at the expansion site is determined to be unsuitable
- Who have an active infection or a residual gross tumor at the expansion site
- Who are undergoing adjuvant radiation therapy
- Whose physiological condition (eg, sensitive over- or underlying anatomy, obesity, smoking, diabetes, autoimmune disease, hypertension, chronic lung or severe cardiovascular disease, or osteogenesis imperfecta) or use of certain drugs (including those that interfere with blood clotting or affect tissue viability) poses an unduly high risk of surgical and/or postoperative complications
- Who are psychologically unsuitable

WARNINGS

- **Do not use *Natrelle*® 133S Smooth Tissue Expanders** in patients who already have implanted devices that would be affected by a magnetic field (see *Contraindications*) because the MAGNA-SITE® integrated injection site contains a strong rare-earth, permanent magnet. Diagnostic testing with Magnetic Resonance Imaging (MRI) is contraindicated in patients with *Natrelle*® 133S Smooth Tissue Expanders in place
- **Do not** alter the tissue expander or use adulterated fill. Fill only with sterile saline for injection as described in INSTRUCTIONS FOR USE. **Do not** expose to contaminants
- **Do not** expand if the pressure will compromise wound healing or vasculature of overlying tissue, or beyond patient or tissue tolerance. Stop filling immediately if tissue damage, wound dehiscence, abnormal skin pallor, erythema, edema, pain, or tenderness are observed
- **Do not reuse explanted products**
- Active infection anywhere may increase risk of periprosthetic infection. **Do not expose the tissue expander or injection needles to contaminants.** Postoperative infections should be treated aggressively
- Adverse reactions may require premature explantation
- When using suturing tabs be careful to avoid piercing the shell. Use a new one if damage occurs
- ***Natrelle*® 133S Smooth Tissue Expanders are temporary devices and are not to be used for permanent implantation or beyond 6 months.** Tissue expansion in breast reconstruction typically requires 4 to 6 months

PRECAUTIONS

Active infections may need to be treated and resolved before surgery. Follow proper surgical procedures and carefully evaluate patient suitability using standard practice and individual experience. Avoid damage to the tissue expander and use a **sterile backup** in case of damage. Pay careful attention to tissue tolerance and hemostasis during surgery. Expansion should proceed moderately and never beyond patient or tissue tolerance. Avoid contamination in any postoperative procedure.

ADVERSE REACTIONS

Possible adverse reactions include deflation, tissue damage, infection, extrusion, hematoma/seroma, capsular contracture, premature explantation, displacement, effects on bone, pain, sensation, distortion, inadequate tissue flap, and inflammatory reaction.

For more information, please see the full Directions for Use at www.allergan.com/products.

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Natrelle® 133S Smooth Tissue Expanders are restricted to sale by or on the order of a licensed physician.

References: 1. Data on file, Allergan, January 6, 2017; Study Report MD16076-DV. 2. Data on file, Allergan, March 2022; Allergan Aesthetics Monthly Tracker.

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at Saint Mary's Hospital in Waterbury and a 400 kilowatt-hour unit at Mount Sinai Rehabilitation Hospital in Hartford.

"Based upon the cost savings we were showing in these locations, it made perfect sense to do onsite generation with fuel cells. And, it contributes nicely to the sustainability goals of Trinity," adds Miller.

TECHNOLOGY & COST CONSIDERATIONS

For hospitals considering fuel cells, Nasko recommends starting by measuring and gathering data. "Often, utility costs get lost in the noise of the overall operating system of a hospital. But a measuring system will allow you to understand your baseline and outliers. Then, do a gap analysis to develop strategies for energy utility reduction and climate change activities," he explains.

While fuel cells typically have low maintenance requirements, like all technology, they have an estimated life cycle. "Current technology is getting better, but typically they're productive for about five years before you have to start replacing components," says Nasko. Modular systems,

which allow you to replace components as needed rather than the whole system, can help minimize maintenance costs and headaches.

Nasko is hopeful that the costs of the technology will decrease as it becomes more widespread, but in the meantime, he recommends researching financial incentives in your area. Miller advises that a fuel cell is a long-term investment. "It's not a one- or two-year solution," he says. "You're looking at a 15-year commitment, at least."

HealthTrust can help members assess whether fuel cell technology is a viable and advantageous option, including calculating potential greenhouse gas reductions and assisting with applications for financial incentives. Once on board, customers receive monthly updates on the operational results of the fuel cells. **HT**

FIND OUT if fuel cell technology can benefit your organization. Email Bill Miller at bill.miller@healthtrustpg.com

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Practice Greenhealth's (PGH) annual Environmental Excellence Awards honor outstanding sustainability achievements in the healthcare sector. Congratulations to the following HealthTrust member health systems and facilities that received 2022 recognition:

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- HCA Healthcare**
- Wellspan Health**

Hackensack Meridian Health – Four of this IDN's facilities received Practice Greenhealth's highest honor for hospitals when they were named to the Top 25 list for Environmental

Excellence. Selected from the pool of Partner for Change applicants, PGH indicates that these hospitals are leading the industry in all-around sustainability performance, demonstrating comprehensive programs and illustrating how sustainability is entrenched in their organizational culture.

See all PGH Environmental Excellence Award winners here: practicegreenhealth.org/membership/awards/2022-practice-greenhealth-awards-winners HT

TO SEE THE LIST OF AWARDS won by each of the HealthTrust member organizations listed here, visit healthtrustpg.com/thesource/PracticeGreenhealth



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