THE SOURCE®

DISCOVER THE HEALTHTRUST DIFFERENCE

Q3 2023 | V 17 NO. 3 | HEALTHTRUST

THE AI TRANSFORMATION

Artificial intelligence will change the delivery of medicine

BONUS PULLOUT SECTION

OPTIMIZE YOUR PERFORMANCE

A 360° view of HealthTrust's capabilities.

See the insert after page 34.

THE SHIFT IS REAL

Scenario mapping is one way to respond & adapt to the shift in care to outpatient settings

VITAL AWARENESS

Mitigating emergencies & threats with technology

HEALTHTRUST Performance Group™

Biodesign® Rectopexy Graft

A biologic graft specifically indicated for rectal prolapse repair[1]

0.7%
GRAFT-RELATED COMPLICATIONS
with Biodesign Rectopexy Graft[2]

100%
complete or partial
SYMPTOM RESOLUTION
reported by patients[3]

4.8%
RECURRENCE RATE
with Biodesign Rectopexy Graft[2]

14
YEARS OF EXPERIENCE
with Biodesign grafts in ventral rectopexy[3]

1. Intended Use: The Biodesign Rectopexy Graft is intended to reinforce soft tissue where weakness exists in the gastroenterological anatomy including transabdominal repair of colon and rectal prolapse. The device is supplied sterile and is intended for one time use.
2. Internal Cook Biotech Incorporated document: RP2023-00012. In a clinical study involving 146 patients, seven recurrences were reported, and one patient complained of coccygeal pain where the graft was sutured to the sacral ligament.
3. Ogilvie JW, Stevenson ARL, Powar M. Case-matched series of a non-cross-linked biologic versus non-absorbable mesh in laparoscopic ventral rectopexy. *Int J Colorectal Dis*. 2014;29(12):1477–1483.

HealthTrust Contract #50089

Biodesign®
RECTOPEXY GRAFT

LEARN MORE.
Learn about the Biodesign Rectopexy Graft, the data supporting it, and where to buy it.

BIODESIGN® RECTOPEXY GRAFT

INTENDED USE

The Biodesign® Rectopexy Graft is intended to reinforce soft tissue where weakness exists in the gastroenterological anatomy including transabdominal repair of colon and rectal prolapse. The device is supplied sterile and is intended for one time use.

Rx ONLY This symbol means the following:

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

RECTOPEXY GRAFT This symbol means the following: Rectopexy Graft

CONTRAINDICATIONS: This device is derived from a porcine source and should not be used in patients with known sensitivity to porcine material.

PRECAUTIONS: • This device is designed for single use only. Attempts to reprocess, resterilize, and/or reuse may lead to device failure and/or transmission of disease. • **Do not resterilize.** Discard all open and unused portions of the graft. • Device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken. • Discard the graft if mishandling has caused possible damage or contamination, or if the graft is past its expiration date. • Ensure that the graft is rehydrated prior to suturing, stapling or tacking. • Device performance has not been evaluated with suture spacing greater than 2mm. • Place the graft in maximum possible contact with healthy, well-vascularized tissue to encourage cell ingrowth and tissue remodeling. • Suturing, stapling, or tacking more than one graft together may decrease graft performance. • No studies have been conducted to evaluate the reproductive impact of the clinical use of the graft. • Extended rehydration or excessive handling could lead to partial delamination of superficial layers of the graft. • Care should be taken to avoid damage to the graft during delivery to the surgical site. • Care should be taken to avoid implanting the device in an infected surgical field.

POTENTIAL COMPLICATIONS: Complications that can occur with the use of any prosthesis may include, but are not limited to: inflammation, induration, allergic reaction, migration, bowel or vaginal erosion, seroma formation, infection, fever, abscess, recurrent prolapse, nerve damage, constipation, impaction, vaginal or rectal wall perforation, bowel obstruction, periostitis, osteomyelitis, spondylodiscitis, urinary retention, de novo stress urinary incontinence, incisional herniation, adhesions, and pain. If any of the following conditions occur and cannot be resolved, device removal should be considered: • Infection • Acute or chronic inflammation (initial application of surgical graft materials may be associated with transient, mild, localized inflammation) • Allergic reaction

See package insert for full product information.

EPI_FP0099_01A_V2

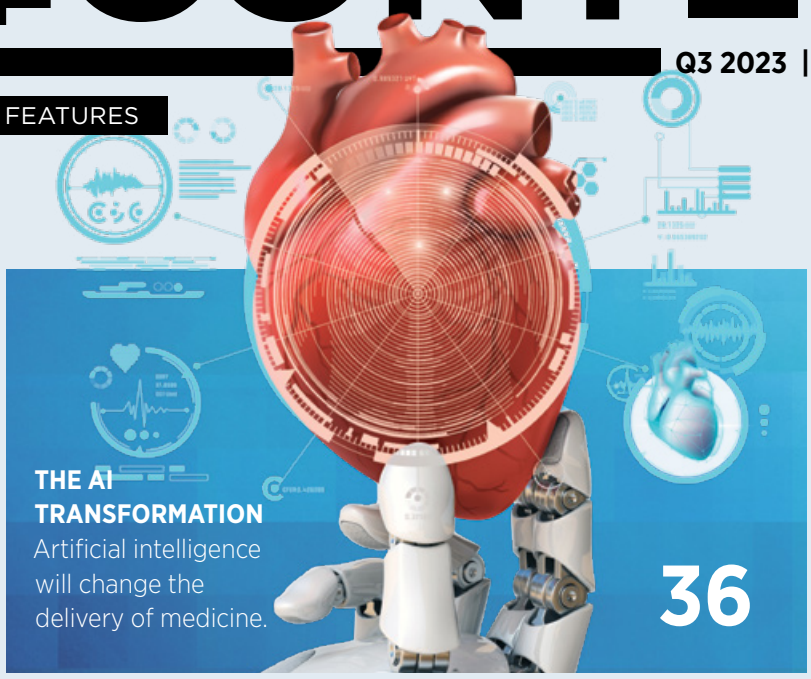
COOK® BIOTECH

cookbiotech.com

THE CONTENTS

Q3 2023 | V 17 NO. 3 | HEALTHTRUST

FEATURES



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

* 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.)

Magazine address changes: Contact **thesource@healthtrustpg.com**
Advertising, reprints or permissions: Contact **thesource@healthtrustpg.com**
Mail: *The Source*, c/o HealthTrust, 1100 Dr. Martin L. King Jr. Boulevard, Suite 1100, Nashville, TN 37203

HealthTrust Performance Group (HealthTrust) is a performance improvement organization for healthcare committed to strengthening provider performance and clinical excellence through an aligned membership model and advisory services that leverage operator experience, scale and innovation. Headquartered in Nashville, Tennessee, HealthTrust serves approximately 1,800 hospitals and health systems in the U.S. and the United Kingdom, and more than 65,000 non-acute locations, including ambulatory surgery centers, physician practices, long-term care and alternate care sites. HealthTrust has earned designation for the second year in a row as a 2023 Top Workplace in Middle Tennessee.

HSCA HEALTHCARE SUPPLY CHAIN ASSOCIATION Innovators In Evidence-Based Sourcing

HEALTHCARE GROUP PURCHASING INDUSTRY INITIATIVE

39th Annual HealthcareAD AWARDS Gold Winner

HLT-041

DEPARTMENTS

PUBLISHER
Ed Jones
President/CEO

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

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

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

EDITORIAL & CREATIVE SERVICES
Cara Finnegan
Editor, GLC

Jason Henninger
Editor, GLC

Paula Rosenberg Frey, BSN, MS
Contributing Editor, GLC

Enrique "Rick" Cruz
Art Director, GLC

THE SOURCE (ISSN 1932-7862) is published quarterly by HealthTrust, 1100 Dr. Martin L. King Jr. Boulevard, Suite 1100, Nashville, TN 37203

POSTMASTER: Send magazine-related address changes to HealthTrust at the address listed above or by emailing: **thesource@healthtrustpg.com**

Products Your Clinicians are Asking For!

Visit us at Booth #829 at the 2023 HealthTrust University Conference

MYCO Medical products provide a high level of safety, economic value, and supply chain stability.

#80947 & #86104

N95s & FACE MASKS
MR SAFE FACE MASKS

#6021

BLOOD COLLECTION &
BLOOD TRANSFER DEVICES

#996 & #998

BLADES & SCALPELS

#18866 & #6905

NEEDLES & SYRINGES

Scan to learn more or receive complimentary evaluation samples.

www.mycomedical.info/HTU23

Celebrating 30 ANNIVERSARY

ASK ABOUT OUR NEW SUPPLY ASSURANCE PROGRAM!

MYCO MEDICAL
TheSharpChoice®

HealthTrust Contracts
#80947, 86104 N95 Surgical Respirators & Masks
#6021 Blood Collection Products
#996, 998 Blades, Scalpels and Sharps Safety
#18866, 6905 Needles and Syringes

NMSDC
National Minority Supplier Development Council
NMSDC Certified Diversity Supplier

CEO perspective

Playing to win

In brainstorming ideas for possible themes to embody the essence of this year's HealthTrust University Conference (HTU) in Las Vegas, we selected **Playing to Win—Aligned for Success, Optimizing Outcomes**. Research revealed that the first element of this theme is also the name of a business framework developed by Roger Martin and shared in his 2013 similarly titled bestselling business book, *Playing to Win*.

Martin defines strategy as "a cascade of tightly integrated choices that uniquely positions a player in its market to create sustainable advantage and superior value relative to the competition." The parallel here coincides nicely with HealthTrust's sustainable advantage, reinforced through a broad array of solutions that we implement daily as operators of one of the nation's leading healthcare systems.

PROVIDER NEEDS ARE OUR BUSINESS

We understand the everyday business needs of providers because we too are on the front lines and behind the scenes in both acute and non-acute healthcare settings across the continuum of care—from hospitals, ASCs, physician offices and freestanding ERs to urgent care clinics, imaging centers, outpatient labs, and multispecialty and long-term acute care settings.

Many of the subject matter experts who work at HealthTrust have also served as clinicians, administrators and operators for some of the nation's leading healthcare systems. I'm honored they are working for us in partnering with members and managing innovative solutions designed to meet providers' biggest challenges.

KEY PERFORMANCE CATEGORIES

If your organization is looking to optimize outcomes, now is an ideal time to align around our performance improvement capabilities. We have teams to help with Supply Spend, Pharmacy Benefits Management & HR Solutions, Clinical Performance, Labor, Commercial Products, Purchased Services and Facilities & Energy.

MAKING MISSIONS POSSIBLE

If you are attending HTU in Las Vegas, stop by the HealthTrust Village in the exhibit hall, and talk with our experts about how we can partner to embolden your play-to-win strategy.

For those of you not attending HTU, please contact your HealthTrust Account Manager to have that conversation. Wherever you serve your community, we're privileged to serve you and determined to get results for your organization. Know that HealthTrust is on a mission—yours!

Thank you for your trust in us. **HT**

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

TOP WORK PLACES 2023

HEALTHTRUST AS AN EMPLOYER OF CHOICE

Colleagues were surveyed, and for the second year in a row, HealthTrust was recognized by *The Tennessean* as part of its Top Workplaces list. A strong sense of people, purpose and culture contribute to HealthTrust being a great place to work. Our colleagues exemplify a strong sense of purpose because of HealthTrust's mission and the privilege to serve and support caregivers who are focused daily on improving and saving lives within their communities.

DON'T *do business* WITHOUT IT™

POWERFUL SOLUTIONS FOR HEALTHIER PAYMENTS

We are a proud HTU 2023 Sponsor! Visit us at booth #608

For many businesses, staying competitive means being able to adapt to an ever-evolving payments landscape. With American Express® Corporate Card Program and Supplier Payments solutions, you can control how and when you pay while also earning valuable financial incentives* for your business.† Terms apply.

*Financial incentive calculations vary. Contact your HealthTrust representative for more information.

What payments solutions could work for you?

Corporate Card
Manage employee spending, increase efficiency, and eliminate personal reimbursement processes.

vPayment
Reduce payment errors, minimize inefficiencies, and enhance security through single-use virtual account numbers.††

American Express® Corporate Purchasing Card
Reduce paper processing and check writing, and streamline reconciliation.

Buyer Initiated Payments (BIP)
Help improve cash flow and reduce process time and costs by extending (Days Payable Outstanding) by 14 days after the end of your billing statement cycle.†††

Contact your HealthTrust representative to learn more or visit our booth at HTU 2023!

HealthTrust Contract #769

Terms and Conditions
† For eligibility requirements and more information, please contact a HealthTrust representative.
†† vPayment can help reduce the risk of fraud with transaction-level controls which allow your company to set a specific date range and pre-authorization amount for payments.
††† The number of days by which your DPO is extended will vary depending on: (i) when during your American Express Card billing cycle you charge a transaction to a supplier; (ii) the date the transaction is posted to your account; and (iii) the date you pay the amount due on your American Express billing statement.

CMO perspective

Thoughtful optimism

It's likely that the media outlet you count on for news and information includes multiple articles on the impact of artificial intelligence (AI) on numerous industries as well as how it could change our personal and professional lives. The applications of AI in healthcare are just beginning to emerge—from chatbots used for patient communication and scanning radiological images for early disease detection, to technology that creates personalized treatments, just to name a few.

Beginning on page 36, four HealthTrust Physician Advisors—**Shay Bess**, M.D.; **Jeffrey Carter**, M.D.; **Genevieve Everett-Sigwalt**, M.D.; and **Michael Hicks**, M.D.—weigh in with their perspectives on this emerging technology. If you are attending the HealthTrust University Conference, be sure to register for the July 18 program featuring three of those physicians, titled *Artificial Intelligence in Healthcare: An Interdisciplinary Look at the Use of Devices*.

In her profession as an electrophysiologist, Dr. Everett-Sigwalt has seen tremendous growth in the number of patients utilizing consumer wearable medical devices to measure heart rate and rhythm along with the increasing sophistication of the AI that is paired with those devices. Because the accuracy of the technology is significantly better and the information is increasingly more usable, it can potentially eliminate some forms of testing, or speed to diagnosis decisions and treatment, based upon what data or "event" the tech device has already captured.

AI's FUTURE IS BEING WRITTEN

There is certainly much more to come on the yet-to-be-charted waters of this new technology. And, as with many new tools, there are pitfalls and reasons to be cautious. We are all witness to additional headlines that contain stories of where AI has gone wrong or how it has been misused by those looking to make a quick buck or perpetuate some other falsehood. It will be interesting to watch as AI evolves and the history is written on its many positive and possibly life-saving uses. All four of the Physician Advisors interviewed are in agreement that the future of AI in healthcare is full of possibilities. It has the potential to increase efficiency, reduce costs and improve both outcomes and the patient experience. It could also change the way medicine and care are delivered hereafter.

AI & HEALTHTRUST

The Medical Device Management (MDM) team at HealthTrust continuously monitors the market for new technology and trends, and artificial intelligence is one of those emerging entities. **Chris Stewart**, VP of Medical Device Management at HealthTrust, shares his perspective on page 44. When it comes to the application of AI through medical devices, the MDM team can assist members with an analysis of acquisition cost, service and expected value.

Members of HealthTrust's Strategic Sourcing team are collaborating with IT resources to determine how best to work with suppliers in regard to the unintended adverse effects of new technology, such as AI. Contracts have to include risk mitigation language to ensure that AI and other components of medical devices that contain data are protected from hacking and related forms of misuse. We will have more on this topic in the Q4 edition of *The Source*. In the meantime, stay well. **HT**

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

EMAIL thesource@healthtrustpg.com to request assistance from the Medical Device Management team or to share how you are using artificial intelligence in your clinical or surgical practice.

Confidence. It's in the Bag

WG CriticalCare
A PHARMASPHERE COMPANY

HEALTHTRUST CONTRACT
7062

NOW AVAILABLE!

NOREPINEPHRINE
BITARTRATE IN 0.9% SODIUM CHLORIDE INJECTION

IN FDA-APPROVED, READY-TO-USE BAGS WITH **OXYGEN INDICATOR** *AND* **OXYGEN ABSORBER**

24- MONTH SHELF LIFE AT ROOM TEMPERATURE STORAGE

- Product is stable for 7 days at room temperature once removed from the overwrap
- Bar-coded at the individual unit of use
- DEHP, PVC and Natural latex free[1]
- Preservative Free[1]
- Fits in most automated dispensing cabinets

EXPOSURE TO OXYGEN AND LIGHT CAUSE NOREPINEPHRINE TO DEGRADE[1]

- Multiple studies conducted over the past 70 years demonstrate unprotected Norepinephrine degrades (at room temperature)[1]
- Protection from oxygen and light preserves potency
- Oxygen absorber preserves potency and stability
- An oxygen indicator shows whether product should be used or discarded

OXYGEN INDICATOR

- Shows whether product has been exposed to oxygen and if it should be used or discarded
- Indicator can be seen through cellophane window on the back of the overwrap

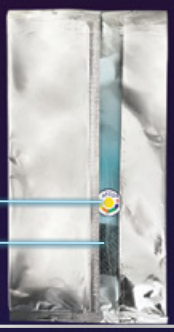
If there has been no exposure to oxygen, the color of the indicator will be yellow or orange

If the indicator is green or blue, the product should be discarded

OXYGEN ABSORBER

- Placed inside the overwrap at point of manufacture
- Absorbs oxygen to help prevent product degradation

OVERWRAP WITH CELLOPHANE WINDOW



NDC # 44567-	Bar Code	Total Amount	Fill Volume	Container Type	Concentration	Pack	WHOLESALER ITEM NUMBERS			
							Amerisource Bergen	Cardinal	McKesson	Morris & Dickson
640-10	3 44567 64010 2	4 mg/ 250 mL	250 mL	250 mL Premix Bag	16 mcg/mL	10	10277425	5828538	2682797	256503
641-10	3 44567 64110 9	8 mg/ 250 mL	250 mL	250 mL Premix Bag	32 mcg/mL	10	10277467	5828546	2682789	256511
642-10	3 44567 64210 6	16 mg/ 250 mL	250 mL	250 mL Premix Bag	64 mcg/mL	10	10277407	5828553	2682805	256529

U.S. Patent Number 10,888,534
References: 1. On file WG Critical Care, LLC
SA203.00

wgccrx.com

2023 HEALTHTRUST UNIVERSITY CONFERENCE

PLAYING TO WIN

ALIGNED FOR SUCCESS | OPTIMIZING OUTCOMES

HealthTrust is pleased to acknowledge the generous contributions from the following suppliers to the 2023 HealthTrust University Conference.

Thank you for your commitment to our members.

HTU 23

ORGANON

TRONEX®

QuidelOrtho™

UVDI™

Roche

UNITED IMAGING

regard
a HealthTrust brand

xerox™

SIEMENS Healthineers

SPEND MEND

TELABIO®

THANK YOU

Putting patients first

Achieving better patient outcomes with blood management

Recently, ***Kara Fortune****, Director of Pharmacy Solutions and Member Support, and* ***Becky O'Neal****, Director of Lab Solutions, joined* ***Drew Preslar****, AVP of Advisory Services, on HealthTrust's Candid Conversations podcast to discuss the benefits and challenges of patient blood management programs. A summary of the discussion follows.*

At its core, a patient blood management program promotes the optimal use of blood products throughout the hospital, using evidence-based guidelines. "It maximizes the safety of a necessary blood transfusion and minimizes the need for transfusions through targeted interventions," says O'Neal. These interventions include:

- Anemia management to correct an iron or B12 deficiency before surgery to reduce the need for a transfusion
- Using a cell saver to recycle a patient's own blood during surgery

Though the terms "blood utilization" and "blood management" are sometimes used interchangeably, blood utilization is just one part of an overall blood management program. Blood utilization is also a requirement of accrediting agencies such as The Joint Commission as well as the Centers for Medicare & Medicaid Services.

"Every organization should have a blood utilization program, but not everyone has a patient blood management program that incorporates blood conservation, anemia management and optimizing coagulation with a patient-centered approach," says O'Neal.

A successful patient blood management program puts the patient at its center and promotes empowerment by considering a patient's needs and concerns when deciding to proceed with a transfusion. "When it's not a trauma, and the patient can be involved in the discussion and choose whether or not to get a blood transfusion, we want them making informed decisions with the help of their physicians and caretakers," explains O'Neal.

REDUCING BLOOD TRANSFUSIONS

By eliminating unnecessary blood transfusions, blood management programs improve patient outcomes and safety while also reducing costs for both patients and hospitals.

A blood management program reduces the risks associated with blood transfusions by proactively managing patients' health and need for transfusions. "For example, work needs to be done on the front-end weeks prior to an elective surgery to ensure that a patient doesn't have anemia. You can give certain pharmaceuticals to increase their red blood cell count and get their hemoglobin at the correct threshold for that procedure. This decreases the need for a blood transfusion," explains Fortune.

Hospitals that implement a blood management program can expect to reduce the number of red cell unit transfusions by 20% to 30%, which translates to an equivalent cost savings, says O'Neal. "That's total cost—not just the cost of the unit of blood itself. There's the administration cost, the testing cost for the lab to get that unit ready for the patient, and the cost to store the blood with 24/7 monitoring in a temperature-controlled environment. So, there are a lot of expenses associated with transfusions, and when you can reduce those, it's an overall cost reduction for the facility."

A MULTIDISCIPLINARY APPROACH

A successful blood management program brings together key stakeholders: clinicians and nursing staff from a variety of specialties, transfusion specialists, laboratory staff, the IT department, the quality department and pharmacy.

"When you consider treating a patient holistically, in healthcare that normally involves a multidisciplinary

iStock.com/Sopone Nawoot

approach where you have all of the subject matter experts on the team to treat the whole patient, not just one component of the patient. This approach results in better patient outcomes," explains Fortune.

As Director of Pharmacy Solutions and Member Support at HealthTrust, Fortune understands the expertise that pharmacists can bring to this multidisciplinary team. "Pharmacists are no longer thought of as the druggist in the basement counting the pills," she says. "We have clinical functions that over time have grown because our value has been proven from a patient outcomes perspective."

The use of pharmaceuticals to decrease the risk of transfusions is a vital component of a successful patient blood management program. Bringing pharmacy onto the blood management team provides the necessary medication expertise and ensures those drugs are available to minimize the need for transfusions.

GETTING STARTED

As beneficial as a patient blood management program is, Fortune and O'Neal recognize that starting one can be challenging. "Unfortunately, in the healthcare environment today, everyone is grasping at any cost savings. You have to understand the ROI and put together a clear business case," adds Fortune.

Start by building awareness and explaining the benefits of a blood management program, and identify leaders who will lend support. "Within a hospital, everyone knows a couple of physicians who are the go-to people because they're passionate about safety and quality and are really good to work with. Those are the people you need to seek out early," suggests O'Neal.

Evidence-based national guidelines and benchmarking to show how other hospitals are succeeding with a patient blood management program can help get buy-in from your leadership. Leadership support is important to access the funding and staffing resources your program will need.

Continued on page 12

Continued from page 11

O'Neal suggests starting small—perhaps with inpatient red cell unit transfusions—and building from there. "Once you show progress and savings from that, a part of those savings can be earmarked to be reinvested in the program. Maybe you branch out to an anemia clinic, or you're able to purchase a piece of equipment for the OR. You can start small and keep adding to your program as you reinvest those savings."

It doesn't need to be overwhelming to develop a patient blood management program. HealthTrust offers members a free self-assessment tool that measures the maturity of a patient blood management program and helps to identify gaps.

"We're able to meet clients wherever they are. From those not having a robust program to members who feel they need help optimizing an existing program—we have the subject matter experts on our team to take your program to a best-practice level," Fortune adds. **HT**

TUNE IN FOR CANDID CONVERSATIONS

HealthTrust's Candid Conversations podcast was one way we worked to keep members informed during the peak of the pandemic. Since then, the podcast has continued to share valuable information and insights with members on a number of today's hot topics.

Candid Conversations is available on Apple Podcasts, Spotify and online at: **healthtrustpg.com/thesource/candid-conversations**

For more on blood supply, see page 21.

ENGAGE HEALTHTRUST TO REVIEW YOUR BLOOD MANAGEMENT PROGRAM from both a laboratory & pharmacy perspective. Contact your HealthTrust Account Manager or email thesource@healthtrustpg.com to start the conversation.

HealthTrust Contract #22449

Fully Powered for Healthcare

Durable® Power Series » ZG Recliner

Designed from the ground up for 24/7 healthcare environments, with fully power-operated recline via the intuitive wand controller. Preset with easy access buttons for the most common positions and individual controls for each axis of movement allow users to fine tune the foot rest, back, and seat angle for maximum comfort.

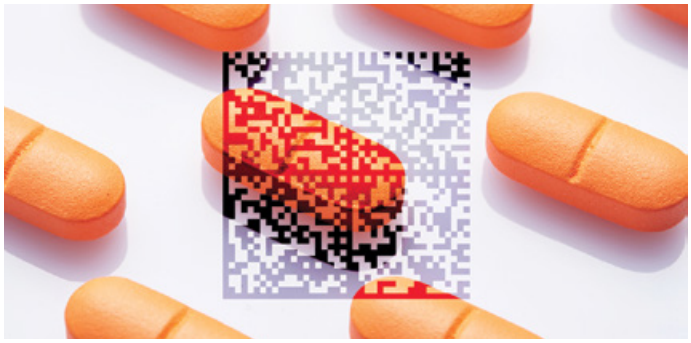
see it in action

getknu.com

LA-Z-BOY® HEALTHCARE | KNÚ®

All about the Drug Supply Chain Security Act

Phase two is underway & bringing changes with it



Medications make their way from the manufacturer to the distributor to the dispenser (generally a pharmacy), and from there they go to the patient's bedside or home. The Food and Drug Administration (FDA) wants to ensure that only legitimate drugs get to the patient, without tampering, and are serialized at the package level. The FDA wants them electronically tracked by Nov. 27, 2023.

Welcome to the Drug Supply Chain Security Act (DSCSA). Authorized in 2013, the act is entering phase two, with this current phase mandating that trading partners (e.g., manufacturers, repackagers, wholesalers and dispensers) use interoperable exchange data standards when sharing tracking information. Paper-based product-tracing methods will no longer be acceptable. The FDA is also mandating more granular serialization and lot numbers for medications at the package level, and interoperable verification of these products.

Complying with the legislation means a potential overhaul in how all trading partners, including health system pharmacies, monitor these prescription products, and will most likely also require implementing new work flows and software.

DSCSA BACKGROUND

DSCSA legislation "is meant to ensure that the product, from the point of manufacturing to the point where it's dispensed, is legitimate. It is meant to address those potential gaps that could allow for the introduction of counterfeit products into the supply chain," says **Carlon King**, RPh, MBA, Senior Director of Pharmacy Operations for Community Health Systems, headquartered in Franklin, Tennessee.

Currently, any time a product is transferred from one party to the next, the transaction information, transaction history and transaction statement (or T3 data) is generated. It allows the dispenser to trace the product to the manufacturer, says King, but this is a paper process. The government requires the dispenser to keep those statements on file for six years and to make them available in 48 hours if a regulatory agency requests them.

The DSCSA implementation has been rolled out over the past decade. "Each stakeholder has had different layers to comply with throughout the course of the implementation," says **Chris French**, PharmD, MBA, Senior Director of Pharmacy Operations for HealthTrust. "The final piece is the harder one—the electronic interoperable transfer of data." The data standard used to transfer the information is the Electronic Product Code Information Services (EPCIS). "The level of product verification in the legislation is new for hospitals to manage," explains King. They will now need to verify the data received from the interoperable electronic exchange of information at the dispenser level.

IMPLEMENTING A SOLUTION

A recent HealthTrust provider survey showed that around 30% to 40% of member hospitals do not yet have an electronic solution to manage this process, and the November deadline for implementation is fast approaching.

"But not to worry," French adds. "There are several large technology suppliers that can help. HealthTrust has had an electronic solution on contract since 2019: RxTransparent by Inmar Intelligence. The solution is available to all HealthTrust members with exclusive contracting tiers.

Dispensers should consider several things when implementing a solution, assuming they already have a vendor identified or in place. First, they need to obtain a global notification number (GLN). Each facility or dispenser will need this 13-character identification. GLNs are overseen by the third-party nonprofit group, Global Standard 1 (GS1).

Along with HealthTrust, the DSCSA pharmacy compliance software solution provider, distributor partners and GS1 can help determine which sites need GLNs and verify existing numbers. The compliance solution provider can assist in

training the staff on the tool and working with the facility to develop and implement new process workflows.

WHAT THE PROCESS LOOKS LIKE FOR HEALTH SYSTEMS

The dispenser or health system will need to create a standard operating procedure (SOP) for best practices and auditing to verify the products received in order to show the organization is following the plan. DSCSA is not prescriptive for how to manage the process, but a process must be in place and followed, says French. The plan will help the organization audit the data to ensure the products physically received match the data in their system. These verification efforts include managing exception reporting. Exceptions might be for missing drugs or if an unexpected tote with products arrives. "That's why it's an interoperable system," French explains. The dispenser must be able to communicate with the distributor, the FDA and the manufacturer if situations such as this arise.

Facilities can be audited during state inspections for licensing. "Not complying with the regulations will likely result in some form of penalty, but how this will be managed at the state-level is unknown at this time," says French. Health system leaders should ensure they are only working with manufacturers and distributors compliant with the DSCSA regulations.

While this phase of implementation was delayed during the pandemic, further delays are not expected. The scope of this final phase is daunting. "It sounds simple—moving from paper to electronic—but there are a lot of pieces required to make this work effectively," adds King. He encourages health systems to break down the steps when tackling this phase of the legislation. **HT**

QUESTIONS ABOUT THE SWITCH? Contact your HealthTrust Account Manager, or email thesource@healthtrustpg.com to request assistance.

Aligning for SUCCESS

A solid distribution partner is critical to the health of your supply chain

HAVING A REPUTABLE AND TRUSTED DISTRIBUTION PARTNERSHIP has been at the forefront of healthcare supply chain since the onset of the COVID-19 pandemic. "Over the course of the last three years, providers have been met with everyday challenges relating to product shortages, back orders, allocations and shipments being continually delayed," says **Mark Nixon**, Senior Director of Strategic Sourcing and Distribution for HealthTrust. "When choosing a distributor, providers need assurance that a solid relationship is in place to provide continued patient care."

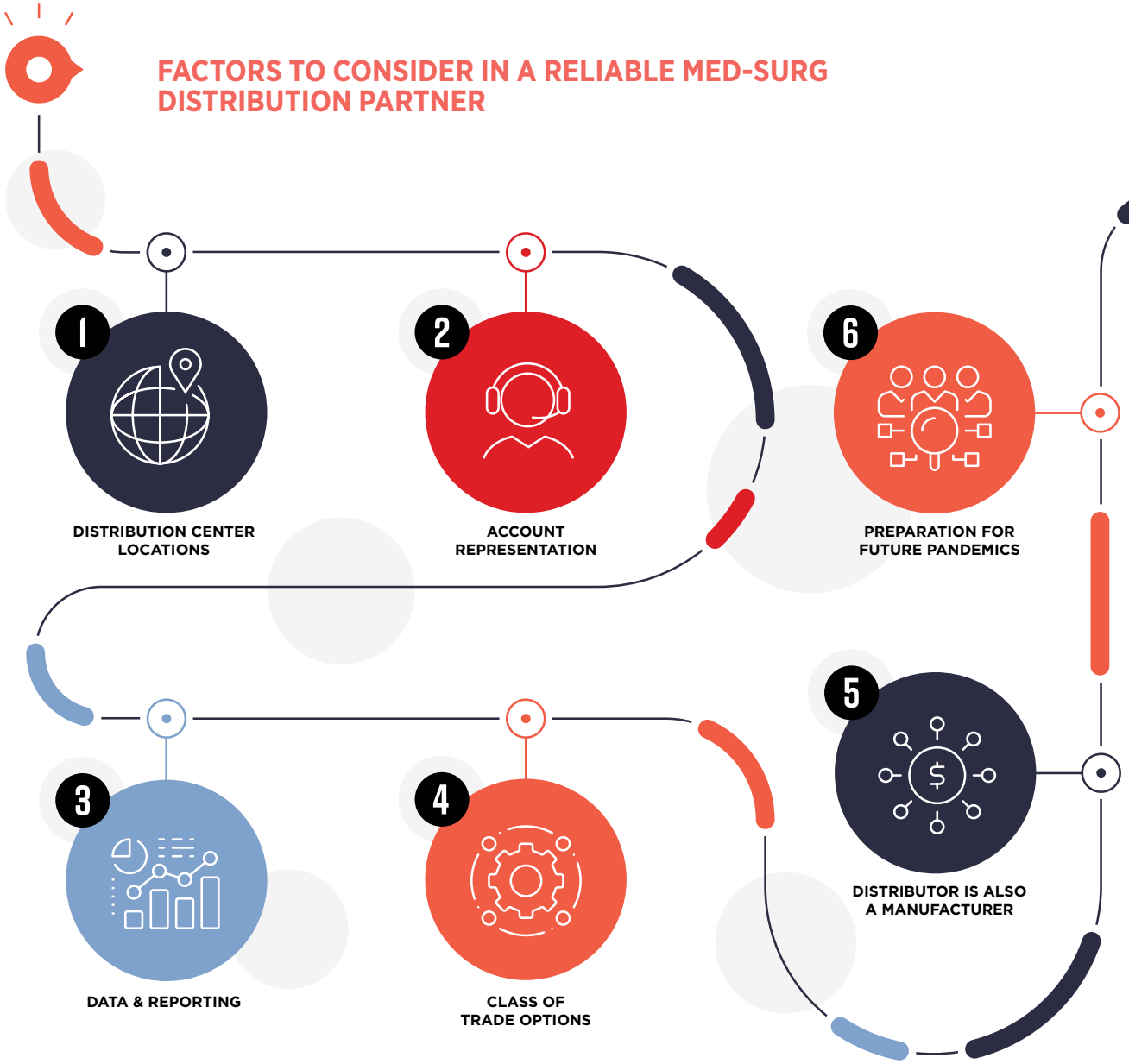
iStock.com/Userba01fd64_201

Distributors are multifaceted and can offer an array of products and services to meet the needs of their healthcare customers—whether they are a large IDN with many locations or a single, small facility.

"Especially after going through the disruption and shortages brought on by the pandemic, it's important that members understand what HealthTrust looks for in distributor partners to help mitigate the risks of future disruptions," explains Nixon. "HealthTrust seeks to find distribution relationships where the distributor has a broad understanding of the med-surg market and has established relationships with contracted suppliers. We contract with distributors who are capable of correctly maintaining supply chain pipelines in order to manage and maintain product stock levels required by the membership." As another supply safeguard, Nixon shares that if a supplier offers products through distribution, HealthTrust aims to have all contracted med-surg distributors offer the same exact products.

When reviewing and selecting a reliable and trustworthy med-surg distribution partner, Nixon suggests keeping in mind the following considerations:

FACTORS TO CONSIDER IN A RELIABLE MED-SURG DISTRIBUTION PARTNER



1

DISTRIBUTION CENTER LOCATIONS

National distributors have a broad footprint of locations across the United States and globally. To reduce the risk of delivery delays, providers should look for a distributor within a comfortable distance to their facilities. Having a conveniently located distribution center can help minimize transportation costs and, in return, may lower a provider's mark-up* on distributed products. Having a distributor who is in close proximity to a provider is useful when particular products are urgently needed. Additionally, in the event of inclement weather or a natural disaster, distributors may not be able to ship products from a specified location. Having a distributor that has multiple sites within a geographic area can help minimize delays.

(*The provider has a fixed mark-up that is charged by the distributor.)

2

ACCOUNT REPRESENTATION

An account representative ("rep") is the single point of contact designated to manage a relationship and help meet a provider's objectives. The representative should routinely analyze sales data, enabling them to make recommendations for standardization and to provide accurate statistics related to purchasing behavior. Pricing management, forecasting product use and monitoring distributor performance are a representative's essential responsibilities. The rep should be the provider's first point of contact for customer service issues or impactful disruptions. It is critical for the representative to maintain a healthy relationship between the provider and distributor to build trust between both organizations.

3

DATA & REPORTING

Having a distributor that can provide reporting through analytics tools and dashboards allows for better transparency of data. While reporting purchase order placement and costs is important, distributors should offer data around delivery dates, fill rates, price accuracy and the fulfillment of complete orders. The distributor should also offer insight into product alternatives or substitutions for those that are either not available or on back order. Data can also offer opportunities for SKU rationalization that can lead to product consolidation and standardization. Lastly, reporting around quality issues or metrics should be available with details containing damaged or defective products, errors in orders or pricing and the failure to meet any established delivery timeframes.

4

CLASS OF TRADE OPTIONS

Distribution shouldn't be a one-size-fits-all model. The shift in care has seen providers grow beyond traditional acute care facilities and surgery centers to expanded options and broader locations such as physician clinics, long-term acute care hospitals, home health, hospice, rehabilitation, urgent care and wound care centers. Distributors should tailor to a provider's needs through the requirements of their specific locations. Examples of requirements may include smaller order placement through bulk breaks or minimal delivery dates.

5

DISTRIBUTOR IS ALSO A MANUFACTURER

Many distributors manufacture their own products contracted under HealthTrust across a variety of healthcare categories. Having a distributor that is contracted with HealthTrust, that sells its own brand of products, is beneficial to accessibility and the reliable delivery of those commodities. The distributor shouldn't assess a mark-up on its own brand of products that are purchased by a provider. This scenario allows for cost savings on those purchases.

6

PREPARATION FOR FUTURE PANDEMICS

Distributors should have contingency plans in place should any future pandemic break out. This would include a larger selection of vetted manufacturers that are able to supply PPE (personal protective equipment). Providers need assurance that allocation procedures are available that would allow for conservation of products. Distributors should provide literature detailing an overview of PPE-related products as well as product specifications approved by various healthcare governing bodies such as NIOSH, FDA, CDC and OSHA. HealthTrust's national agreements detail supplier performance warranties, fill rate requirements and business continuity planning clauses.

Continued on page 20

Continued from page 19

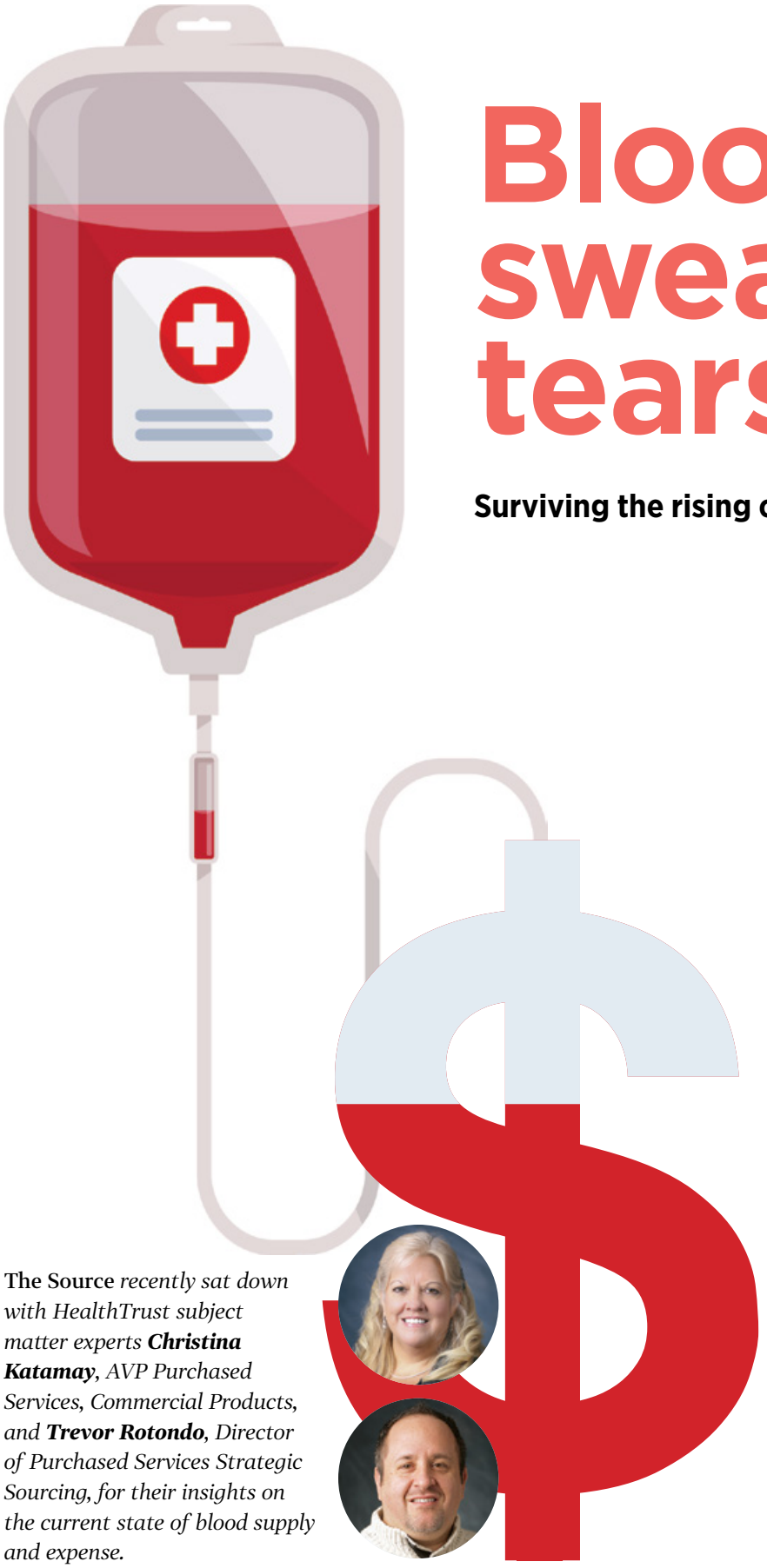
Distribution is much more than creating a purchase order and having products delivered to a facility. "As providers continue to navigate the post-pandemic environment, the health of the supply chain is contingent on effective risk mitigation," says Nixon. "Aligning with a distributor who is a strategic partner has become the new normal."

A strategic distribution partner is one who has evolved the relationship into a consultative role—everything from helping to manage product availability and suggesting changes by interpreting data to executing on deliverables that enable the clinicians who deliver patient care to have the quality products and services when and where they need them. **HT**

FOR MORE INFORMATION on distributors available to your healthcare facility, review the Commitment Agreements within the contract launch packages. Contact your HealthTrust Account Manager, or email thesource@healthtrustpg.com for assistance.

> "As providers continue to navigate the post-pandemic environment, the health of the supply chain is contingent on effective risk mitigation."
>
> – Mark Nixon

iStock.com/Userba01fd64_201



Blood, sweat & tears

Surviving the rising costs of blood supply

The Source *recently sat down with HealthTrust subject matter experts* ***Christina Katamay****, AVP Purchased Services, Commercial Products, and* ***Trevor Rotondo****, Director of Purchased Services Strategic Sourcing, for their insights on the current state of blood supply and expense.*

SEVERAL YEARS AGO, BLOOD EXPENSE WAS MANAGEABLE, with supply flowing and demand steadily decreasing. Operators implemented blood utilization programs reducing overuse, identifying the appropriate product for a specific procedure and limiting waste. Reductions in demand drove down pricing, and the market leveled as banks started drawing less blood.

In the ensuing years, donorship declined as baby boomers began aging out and Gen Z did not fill the gap. Blood is not a product that can be manufactured. Its supply is dependent upon donor sponsorship, and a lack of supply causes an increase in cost. When COVID-19 began, blood banks took a hit since donors who typically gave blood saw their offices, universities and schools closed, with many sites suspending blood drives. Even now, with many companies moving to work-from-home or hybrid environments, blood drives are still not producing the volumes they once did.

THE COST OF BLOOD & MANAGING SUPPLY EXPENSE

The cost of blood products is composed of three components: advertising for donors, hiring phlebotomists and the supply of disposable kits. Each of these areas has been greatly impacted since the onset of the pandemic with providers trying to overcome a 10% cost increase in blood supply expense.

iStock.com/eduardrobert

While labor and supplies are becoming more stable in cost, donorship remains the biggest variable. Hospitals that sponsor blood drives with their suppliers find an already stressed, reduced staff busy with patient care and unable to participate.

REDUCING COSTS

Cost reduction is about optimizing utilization by selecting the right product for the right procedure. Rotondo suggests that your chief medical officer (CMO) discuss a plan for utilization with your supplier's CMO as the first step. For example, O-neg usage will be high in a Level 1 trauma center. O-neg percentage over 10% may position suppliers to seek a premium.

A Food and Drug Administration ruling on the preparation of platelets in Q3 of 2021 increased costs, but pricing varies for five-day LVDS (large-volume delayed sampling), seven-day LVDS and PRT (pathogen reduction technology). While some suppliers are trying to move solely to PRT, its costs are higher. Providers have to determine if there is proven value in PRT versus ordering five-day LVDS. PRT may be preferable against the added costs of any pre-transfusion antigen screening and irradiation that may be needed. Perhaps, for example, whole blood is the right answer for trauma versus using several components.

WASTE REDUCTION

Katamay and Rotondo agree that reducing waste is also key to managing blood supply expense. Providers must continually reevaluate standing orders to account for fluctuations in forecasting. Standing orders help suppliers to better manage how much blood they need to draw in a given period, keeping costs and waste under control. Reducing ASAP and stat orders can also help to keep costs down. These incur a surcharge or an allotment baked into rates with surcharges for exceeding. Recognizing that many labs are limited in size and/or equipment, a twice-a-day delivery schedule may make more sense than stats.

INCREASE IN APHERESIS COLLECTION LEVELS

Another area where hospitals are seeing cost increases is therapeutic apheresis (TA)—a treatment for sickle cell, autoimmune disease, transplant rejection and other diseases. It is an extracorporeal treatment used to remove harmful, disease-forming proteins, chemicals or cells from a patient's blood and replace them with saline, plasma or cells from a healthy donor. The number of applications for TA continues to grow exponentially.

According to the Association for the Advancement of Blood & Biotherapies, "There could potentially be a threefold increase in apheresis collection levels in the U.S. from approximately 42,000 collected annually to 132,000 by 2025." The procedure is performed by a trained nurse with a particular set of skills and knowledge. With the nursing shortage, many hospitals are outsourcing this service to third-party vendors; often their current blood supplier. Due to this shortage, suppliers are raising their rates, which in turn impact a hospital's margins. Often, this service is included in the contract for routine blood supply and usually not negotiated or clearly outlined in the agreement.

With the projected growth across TA, members are asking for contracting support in standardizing terms and pricing. The HealthTrust team is committed to assisting its members in identifying ways to cut costs in this uptick market. By contracting favorable terms, utilizing the right products at the lowest cost and reducing waste, hospitals will be best equipped to survive the rising costs of blood supply. **HT**

PROVIDERS ON CONTRACT

Blood product & service providers with national HealthTrust contracts include:

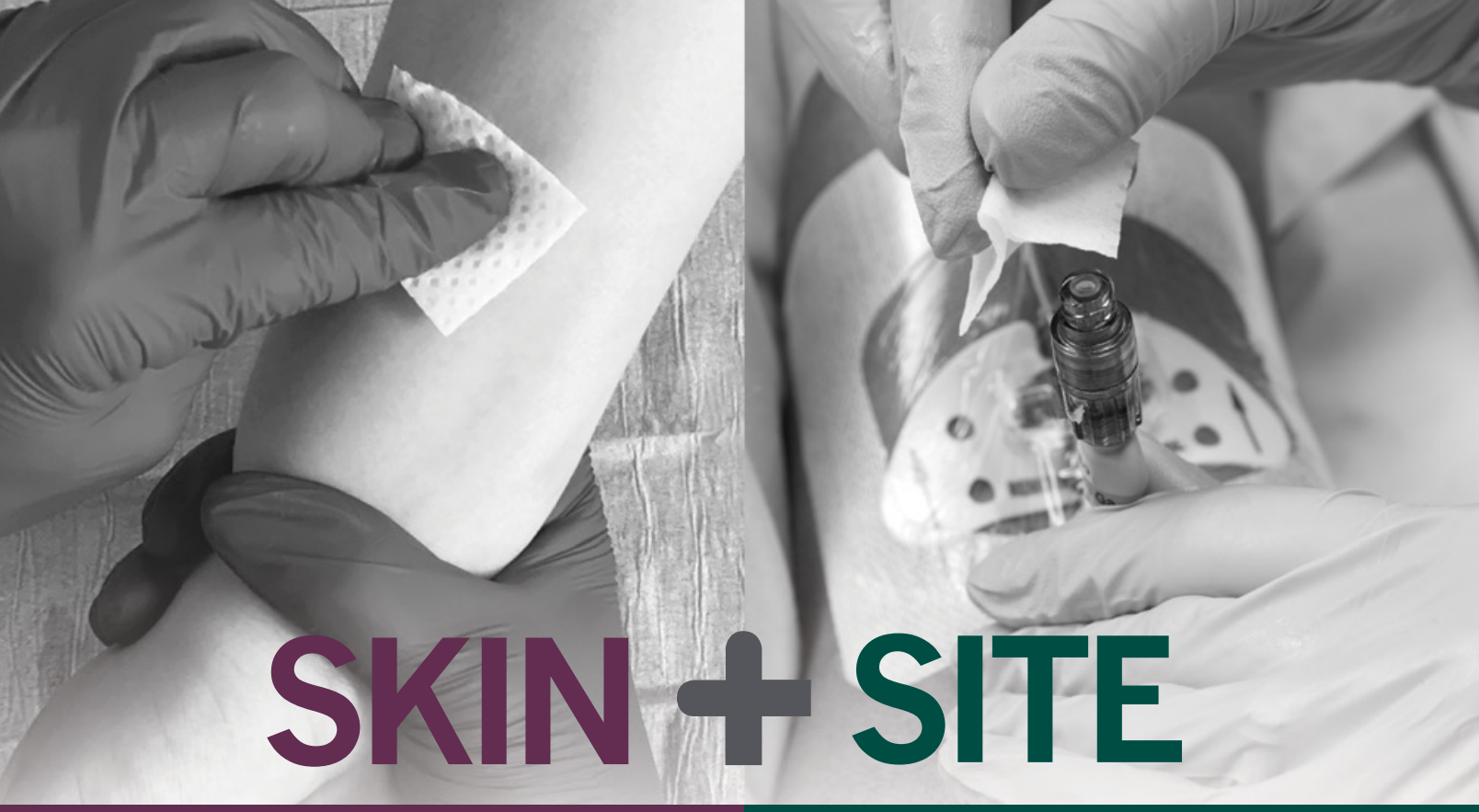
- American Red Cross (contract #18488)
- Blood Centers of America (contract #23491)
- Vitalant (contract #37377)

Key products & services:

- Red blood cells, platelets, plasma (liquid & frozen), cryoprecipitate (single & pooled), whole blood
- Immunohematology reference testing services
- Therapeutic apheresis (TA) — plasma exchange or cytapheresis

For more on blood management, see page 10.

ACCESS THE OPTIONAL CONTRACTS for blood product and service providers through the Member Portal. Contact your HealthTrust Account Manager or email thesource@healthtrustpg.com for more information or assistance.



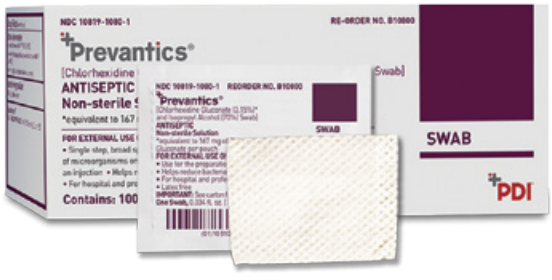
SKIN + SITE

Prevent with Prevantics® Antiseptics.

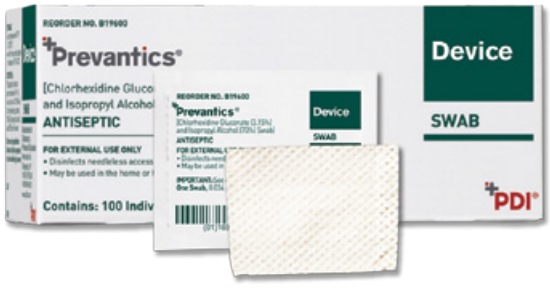
Our swabs feature a **pre-saturated, familiar prep pad** design with a quick **15-second scrub time and 30 second dry time**[1] to help reduce preventable infection rates.

Prevent with Prevantics® Device Swab.

Our device swab's 3.15% Chlorhexidine Gluconate and 70% Isopropyl Alcohol formula, with **mechanical friction** disinfection, and **fast 5-second scrub and 5-second dry time**[2], work together to **help lower CLABSI* rates.**



Learn more



HealthTrust Contract #2048

*Central line-associated bloodstream infections.
[1]PDI Study Microbac 735-132 July 3, 2014.
[2]PDI Study BSLI 140304-250 July 23, 2014.

UPDATE 0423 PDI10218025

PDI®
BE THE DIFFERENCE

VALUE ANALYSIS Part 3 in a series

Putting DATA to work

Successful value analysis implementation relies on research

IN PART THREE OF THE YEARLONG EXPLORATION OF HEALTHTRUST'S VALUE ANALYSIS SURVIVAL GUIDE, we learn to evaluate potential value analysis (VA) initiatives and how to shepherd them into a successful implementation.

Data and clinical evidence are the fuel that drives the value analysis process, say HealthTrust's AVP, Clinical Resource Management, **Domini Pelkey**, BSN, MBA, RN, and **Holly Moore,** MSN, CCRN-K,

iStock.com/Dragos Condrea

Director, HealthTrust Clinical Services. "You have to have solid data that shows return on investment in order to even get people to the table to discuss whether or not they want to attempt a conversion," shares Moore, "because it takes a lot of effort on the part of multiple stakeholders."

When an opportunity develops, the Value Analysis team launches into research mode, explains Pelkey. What is the product? What information is available, and is there clinical evidence? What is currently in use? Who are the stakeholders involved?

There are three areas that Moore and Pelkey suggest Value Analysis teams consider:

1. CLINICAL EVIDENCE

When evaluating a product or device, the most important thing to define is how this product impacts patient care. Also ask if it improves outcomes, and define the problem you are trying to solve with the new product. Does the product enhance efficiencies or improve a process? Finally, look at the financial impact and whether there are cost savings or an increase.

Reviewing clinical evidence means checking the available studies about a product or device to help determine the product's impact on patient care and quality outcomes.

When looking at studies, be aware of who funded the research to account for any potential biases that may have influenced the processes or the outcomes. Objective, non-industry-funded studies are ideal. Other sources to seek out are summaries from the Food and Drug Administration, peer reviews and studies that show efficacy and safety in large sample sizes.

A clinical evidence review should also include talking to your physicians and clinicians who may know about the product in question or its equivalents. Data isn't limited to an Excel file—go to those who use the product firsthand or have exchanged information with their peers. It also includes getting verbal feedback from the physicians and clinicians and anyone else who is involved with that potential product initiative. These stakeholders can provide significant insights into standard of care and quality perspectives,

as well as being able to interpret nuances that the nonclinical members of your team may not grasp.

2. FINANCIALS

Comparing your current costs to the potential costs of the new product is the tip of the iceberg when reviewing the financial aspects of considering a new product or device. You have to scrutinize everything and think things through. For example, a new technology requested by a physician may be more costly than what is currently in use. However, the new technology may include a positive change for reimbursement and increase revenue while improving patient outcomes.

Alternatively, reimbursement may be eroded by a new technology or medical device. It is important to thoroughly review all financial scenarios, including reimbursement, when considering the adoption of a new product.

3. BENCHMARKING

To enhance the clinical and financial reviews, benchmarking is a useful tool. It peels back another level of opportunity to ask, "How is this facility achieving this?" Do a deep dive to understand the current mix of products. Comparing clinical data, cost per case and other metrics gives a richer understanding of how results are accomplished.

Once a thorough review is done, share with your stakeholders what you've discovered and the insights you've gleaned from the research. Present the information in a manner that is easily digestible by all stakeholders, keeping in mind their busy schedules. Putting this material together is more easily accomplished if you've been documenting throughout the process.

Expect hearty discussion, and be willing to listen. After everyone has weighed in and a decision is made to go ahead, then the focus of the Value Analysis team shifts to conducting an efficient and effective implementation.

Arguably, one of the most important aspects of any initiative implementation is communication. Pelkey shares, "Communication is key throughout the entire value analysis process but is imperative when it comes to executing an implementation."

Continued on page 28

Give patients the comfort they deserve during minor procedures and injections.

Gebauer's Pain Ease® topical anesthetic skin refrigerant (vapocoolant) can be used in a number of procedures to help improve patient comfort. Pain Ease is FDA-cleared to temporarily control the pain associated with needle procedures and minor surgical procedures, and it begins to work in just 4-10 seconds!

CONTROL PAIN FOR A VARIETY OF PROCEDURES, INCLUDING:

Cold Spray for Injections

- IV starts
- Immunizations
- Blood draws

Minor Surgical Procedures:

- Suturing or removing sutures
- Lancing boils
- Skin tag removal
- Incision and drainage of small abscesses
- Foreign body removal

Gebauer's PainEase®

The INSTANT topical anesthetic skin refrigerant

3 STEP USAGE FOR PAIN EASE

PREP

- Have all the necessary equipment ready
- Prepare the skin per your protocol
- Prepare the patient for the cold effect

SPRAY

- Hold the can 3 to 7 inches from treatment site, about a can's length away
- Spray steadily 4 to 10 seconds or until the skin begins turning white, whichever comes first
- Do not spray longer than 10 seconds

PERFORM

- Perform the procedure
- The anesthetic effect lasts about one minute
- Reapply if necessary

Refer to application instructions for full details

IMPORTANT RISK AND SAFETY INFORMATION:

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

HealthTrust Contract #83476, Category: Anesthetic Supplies

Gebauer Company

4444 East 153rd Street • Cleveland, OH 44128 • 1-800-321-9348 • www.Gebauer.com • 1983.2

Continued from page 26

If you don't communicate appropriately, an implementation can quickly go off the rails. To avoid such a scenario, Moore and Pelkey offer the following five steps to a successful implementation:

❶ **Identify and engage your key stakeholders from the beginning.** Stakeholders include those at the leadership level and the decision-makers, but most importantly, all the people who will be impacted by the implementation—from physicians, clinicians, administrators and support staff to those who will be ordering and managing the product. These are the people who must be kept in the loop throughout the active implementation process as well as after.

❷ **Determine who will be your point person.** This person will actively manage the implementation and be the point of contact for both stakeholders and the product vendor. Make sure everyone involved in the implementation knows how to reach this person.

❸ **Keep the channels of communication open.** During the implementation and after, the point person should be on the ground on a regular basis. It's best to meet in person for live interaction versus having to email, text or locate what phone number to call. Building those relationships is key, not only for that implementation, but also so those impacted know who is going to address any challenges or problems. Then when you come to them with additional opportunities, they are assured that you will maintain the relationship with that same level of customer service and continue to support them with each and every initiative.

❹ **Provide vendor support.** The vendor/supplier needs to provide and coordinate education for those directly impacted by the implementation so everyone feels comfortable and confident about how to use the new product. The vendor also should designate a point of contact if more granular questions or concerns arise.

❺ **Track, measure and follow up.** It's important for all stakeholders who were involved in the initiative to know the outcome. Everyone needs to see if the implementation is working as expected and if it can be maintained. Collect direct feedback from the end users and pull data from financials and other metrics. Sharing that information with the decision-makers as well as the physicians lets them know that you are there to strive for and support a sustainable and high-quality healthcare environment. **HT**

PUT VALUE ANALYSIS TO WORK for your organization. Contact your Account Manager, or email thesource@healthtrustpg.com to start the conversation. Also, register for the Value Analysis track at this summer's HealthTrust University Conference.

iStock.com/Nadezhda Fedrunova

ZILVER VENA® INGUINAL LIGAMENT DATA SUMMARY

Confidence to treat **across** the inguinal ligament (IL)

HealthTrust Contract #3283

Visit us at HTU Conference July 17-19 Las Vegas

SUSTAINED HIGH RATE OF PATENCY BY ULTRASOUND THROUGH 3 YEARS[1*]

93.9% ± 2.1%
Above IL DUS (duplex ultrasound scanning) patency at 3 years[2]

82.5% ± 5.1%
Below IL DUS (duplex ultrasound scanning) patency at 3 years[2]

0%
stent fracture through 3 years[3]

Zilver Vena®

VENOUS SELF-EXPANDING STENT

Zilver Vena® Venous Self-Expanding Stent

CAUTION: U.S. federal law restricts this device to sale by or on the order of a physician (or properly licensed practitioner).

INDICATIONS FOR USE: The Zilver Vena® Venous Stent is indicated for improving luminal diameter in the iliofemoral veins for the treatment of symptomatic iliofemoral venous outflow obstruction.

CONTRAINDICATIONS: The Zilver Vena Venous Self-Expanding Stent System is contraindicated for use in: • Patients who are judged to have a lesion that prevents complete inflation of a balloon dilatation catheter or proper placement of the stent or the stent delivery system. • Patients who cannot receive intraprocedural anti-coagulation therapy.

WARNINGS: Nitinol (nickel-titanium) may cause allergic reactions in some patients. • The device is designed for single use only. Attempts to reprocess, re-sterilize, and/or reuse may lead to device failure and/or transmission of disease. This may also increase the risk of contamination. • Sterile if package is unopened and undamaged. Do not use the product if there is doubt as to whether the product is sterile. Inspect the product to ensure no damage has occurred. • This device is a permanent implant. • Selection of inappropriate stent diameter and length based on lesion and vessel characteristics could lead to stent migration. It is important to select the appropriate stent size after a complete diagnostic evaluation. As described in the Stent Selection section, the diameter of the stent should be oversized 1-4 mm with respect to the estimated vessel diameter and the length of a stent(s) should cover the length of the lesion and secure adequate wall apposition in the adjacent normal vein (the stent should extend 5-10 mm into adjacent normal tissue). Stent migration may be more likely to occur in Non-thrombotic Iliac Vein Lesions (NIVL). For common iliac vein lesions, extension of the stent into the external iliac vein may enhance wall apposition. Stent migration or stent movement could also result from a deployment that does not result in a fully expanded stent. Post-deployment dilatation along the stent length may enhance wall apposition. Attention to the post stent deployment venogram and other imaging modalities as appropriate is important.

PRECAUTIONS: This product should only be used by physicians trained and experienced in diagnostic and interventional vascular techniques. Standard techniques for interventional vascular procedures should be employed. • Manipulation of the Zilver Vena Venous Stent requires high-resolution fluoroscopic control. • Do not use power injection systems with the delivery system. • Prior to the procedure, the patient's underlying condition should be assessed for compatibility with anticipated procedural and post-procedural antiplatelet/anticoagulation therapy. • Use in patients with a history of contrast sensitivity is not recommended unless the patient can be adequately premedicated. • Safety and effectiveness of the Zilver Vena Venous Stent for use in the arterial system has not been established. • When more than one stent is required, resulting in stent-to-stent contact, stent materials should be of similar composition to avoid the possibility of dissimilar metal corrosion. • The potential effects of phthalates on pregnant/nursing women or children have not been fully characterized and there may be concern for reproductive and developmental effects. **Stent Handling** • Do not attempt to remove the stent from the delivery system before use. • Do not expose any part of the delivery system to organic solvents (e.g., alcohol). • Use the stent system prior to the expiration date specified on the package. **Stent Placement** • Ensure that the safety lock is not inadvertently removed prior to stent release. • Do not rotate any part of the system during deployment. • Repositioning of the device once deployment has begun (i.e., the stent markers begin to flower) is not possible because the outer sheath cannot be re-advanced over the stent. • Repositioning of the delivery system to the intended deployment location can be carried out up until the stent markers begin to flower. • If excessive resistance is felt when beginning deployment, do not force deployment. Remove the delivery system without deploying the stent and replace with a new device. • Ensure the handle remains in a stabilized position while deploying the stent. Tension to remove the slack outside the patient's body should be applied; however, do not apply excessive tension on the system as stretching of the stent may occur. • Once stent deployment has begun, the stent must be fully deployed. **Stent/System Removal** • Do not advance outer sheath after stent has been deployed. Delivery system can be removed without the need to recapture tip. **Post Implant** • Antiplatelet/anticoagulant therapy should be administered during and after procedure according to institutional standard of care. • Use caution when re-crossing a stent to avoid stent damage or migration (i.e., the use of a balloon has the potential to get caught).

POTENTIAL ADVERSE EVENTS: Potential adverse events that may occur include, but are not limited to, the following: • Abdominal or back pain • Abrupt stent closure • Allergic reaction to anticoagulant and/or antithrombotic therapy or contrast medium • Allergic reaction to nitinol (nickel-titanium) • Amputation • Aneurysm • Arrhythmia • Arteriovenous fistula • Bleeding associated with anticoagulation • Death • Embolism • Fever • Hematoma/hemorrhage at access site • Hypersensitivity reactions • Hypertension • Hypotension, nausea or symptoms of a vasovagal response • Infection/abscess formation at access site • Intimal injury/dissection • Myocardial infarction (MI) • Pseudoaneurysm formation • Pulmonary embolism • Renal failure • Restenosis, occlusion, or thrombosis of the stented vein • Septicemia/bacteremia • Stent malapposition • Stent migration or embolization • Stent strut fracture • Stroke • Tissue necrosis • Vasospasm • Vessel perforation/rupture • Worsened pain

See Instructions for Use for full product information.

AB_IFU0091_REV3

1. Summary of safety and effectiveness data (SSED): Zilver Vena Venous Self-Expanding Stent. Food and Drug Administration Web site. https://www.accessdata.fda.gov/cdrh_docs/pdf20/P200023B.pdf. Accessed September 8, 2021.
2. Gagne P. VIVO clinical study 3 year results: cohort analysis of longer term outcomes in patients with stent extension below the inguinal ligament. Presented at: Charing Cross International Symposium; 26–28 April 2022; London, UK.
3. Gagne P. VIVO clinical study of the Zilver Vena venous stent in the treatment of symptomatic iliofemoral venous outflow obstruction. Presented at: VIVA; 4-7 October 2021; Las Vegas, NV.

* Patency by ultrasound was the presence of flow or no flow on ultrasound.

Some products or part numbers may not be available in all markets.
Contact your local Cook representative or Customer Support & Distribution for details.

EXPECT MORE

Scan to learn more about Cook's solutions for venous disease.

COOK® MEDICAL

octagam® 10%

Immune Globulin
Intravenous (Human) 10%
Liquid Preparation

Preserving Immunoglobulin Integrity

For the treatment of dermatomyositis (DM) in adults and for chronic immune thrombocytopenic purpura (ITP) in adults.

NOW WITH 36 months storage shelf life*

Contact us today for pricing information.

JOSEPH CANNON
Vice President, National Accounts
Joseph.Cannon@octapharma.com

WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE

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

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

Important Safety Information

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

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

*Within this shelf-life, the product may be stored up to 9 months at ≤ +25°C (77°F). After storage at ≤ +25°C (77°F) the product must be used or discarded.

HealthTrust Contract #4861

Date of preparation: 2/2023. GAM10-0390-PAD

octapharma

HIGHLIGHTS OF PRESCRIBING INFORMATION

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

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

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

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

----------INDICATIONS AND USAGE ----------

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

---------- DOSAGE AND ADMINISTRATION ----------

For intravenous use only.

Indication	Dose	Initial Infusion rate	Maintenance Infusion Rate (if tolerated)
Chronic ITP	1 g/kg daily for 2 consecutive days	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 12.0 mg/kg/min (Up to 0.12 mL/kg/min)
Dermato-myositis	2 g/kg divided in equal doses given over 2-5 consecutive days every 4 weeks	1.0 mg/kg/min (0.01 mL/kg/min)	Up to 4.0 mg/kg/min (Up to 0.04 mL/kg/min)

- Patients with dermatomyositis are at increased risk for thromboembolic events; monitor carefully and do not exceed an infusion rate of 0.04 ml/kg/min.
- Ensure that patients with pre-existing renal insufficiency are not volume depleted; discontinue Octagam 10% if renal function deteriorates.
- For patients at risk of renal dysfunction or thrombotic events, administer Octagam 10% at the minimum infusion rate practicable.

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

Solution containing 10% IgG (100 mg/mL)

---------- CONTRAINDICATIONS----------

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

----------WARNINGS AND PRECAUTIONS ----------

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

---------- ADVERSE REACTIONS----------

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

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

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

----------DRUG INTERACTIONS----------

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

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

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

Revised: **July 2021–**

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

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

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

octapharma

VITAL

Mitigating emergencies & threats with technology

Situational awareness at all times is vital. It can be both preventive & predictive.

NO TWO EMERGENCIES ARE THE SAME, and whether something rises to the level of a health system disaster depends on several factors. A bus rollover on the interstate injuring 50 people is not a disaster for a hospital with a Level II trauma center and 400 beds. "That hospital is fully equipped to handle the patients on its own," says **Jake Marshall**, MPS, CEM, FF/NRP, Senior Director of HCA Healthcare's Enterprise Preparedness and Emergency Operations (EPEO). But that same accident in a rural area with a community hospital or freestanding emergency room? That's a disaster. "It's a different incident for them even if it's the same emergency."

Disasters and other emergencies rely on technology and tools for mitigation. They depend on real-time information which can affect clinical care, available supplies, staffing and equipment.

AWARENESS

iStock.com/davidfillion/Caiaimage/Paul Bradbury

TOOLS & TECHNOLOGIES THAT MAKE A DIFFERENCE

Situational awareness at all times is vital, and it can be preventive and predictive. "That's where a lot of our tools and technologies focus," explains Marshall. The tools used by HCA Healthcare include private meteorological services that advise on weather threats, including wildfires. For example, StormGeo is a global firm with its American headquarters in Houston. StormGeo provides access to an expansive weather portal that any HCA Healthcare command center can access. It can pinpoint wind speeds and inform the potential impact on the population. "It's city-block by city-block-detailed forecasting," Marshall says. "It's really remarkable when you consider the power that the tool gives our facilities to prepare for different crises."

General situational awareness

Dataminr is used for general situational awareness. It is an AI-powered platform that actively scans around 500,000 public sources of information globally. That includes social media sites, news organizations, police, fire and emergency medical dispatch systems. It provides near real-time emergency incident control alerts. "There have been numerous times in active shooter situations where we have been given an alert of a potential situation in the community simultaneously or before the local 911 services are dispatched," Marshall says. "That's how powerful the information is within this platform." It allows us to ensure our facilities have the resources and staffing in place to handle a crisis situation.

General incident management

CodeReady EOC is used as a general incident management platform. Any facility that experiences an incident causing a clinical or business disruption on site enters the incident in the platform. It triggers a cascading alert depending on the incident type and severity. And, if needed, it can ascend to the regional or enterprise level. "We're getting near real-time alerts of a situation, so we can get on a company conference call with the relevant stakeholders," explains Marshall.

AWARENESS & BUSINESS CONTINUITY

Vice President of HCA Healthcare's EPEO, **Michael Wargo**, RN, BSN, MBA, PHRN, CMTE, began building the organization's program in 2016, with Marshall joining the next year. By 2020, the enterprise had responded to at least 900 incidents, ranging from wildfires to active shooters to loss of power. An incident is defined as an event with the potential to disrupt the clinical or business functioning. Enterprise preparedness and emergency operation (EPEO) focuses on the organization's core business: healthcare and its delivery. "Without business continuity, we can't deliver healthcare. We need to ensure the infrastructure is in place—the supplies, equipment, buildings and everything it takes to do our job."

The program is built to parallel the levels of government: The EPEO is like the federal government; the division level mirrors the state government, with multiple jurisdictions, markets and regional areas; and the local facilities are where healthcare is ultimately delivered. Wargo characterizes EPEO's approach as an "all hazards" or "universal hazards" model—a standardized framework for how they manage and respond to any crisis, with common priorities of safety, infrastructure, operations and mission.

Whether a major crisis or lower-level stressor, the EPEO program maintains situational awareness. Team members constantly need to know that their programming, facilities, divisions and company are in a state of readiness. "We are prepared with the immediate ability to respond to any crisis," Wargo explains. The tools help provide this situational awareness and context of how events can affect them globally.

DOMESTIC & GLOBAL THREATS

Domestically, EPEO monitors wildfires in the west, hurricanes in the south and mass casualty events that can happen anywhere. Even isolated events at a local or market level can become complex, requiring the enterprise to triage resources from other areas and deploy them. "And that's where we truly use this technology to have situational awareness to assess if we are ready. From identifying the threats and what the current impact is to managing the threats and needs across the enterprise—the technology helps inform leadership decisions and operations companywide," shares Wargo.

Looking at global threat intelligence, "You wouldn't think a healthcare organization would have that type of perspective, but we're forced to as a multinational company," says Marshall." There are more than 2,300 sites of care, including freestanding emergency departments and urgent care clinics. "When you look at exposure to threats and hazards across the company, we need the situational awareness to make sure we're doing the best we can to protect all of our assets and people," he adds.

"A lot of other American healthcare systems are regionally-based," says Marshall. They may need to respond to hurricanes, wildfires or blizzards, but maybe just one

type. "We see it all," he adds, "approximately 80 types of emergency threats across the enterprise."

DISASTERS TO LOW-LEVEL STRESSORS

HCA Healthcare's most common incidences are severe weather responses. "As the geographic footprint exists today, roughly 50% to 60% of our physical assets are in hurricane risk or impact zones," says Marshall. "That creates a very large seasonal risk for us to program against to make sure that we're ready every year."

They also prepare for utility emergencies, separate from adverse weather. "As an operator, we are a valuable and critical resource for the community. We're relied upon as a community resource to continue to function. Our hospitals need a continuous source of power, water, natural gas, etc.," Marshall explains. A utility loss for a prolonged period of time creates additional challenges for providing clinical care.

The EPEO team also watches out for IT and telecommunications failures, separate from utility emergencies. "It's essential in healthcare, especially in an integrated system reliant on technology, to give our patients the best care possible," Marshall says. Satellite phones, back-up data and internet capabilities provide redundancy. Motorola has been engaged to create duplicate communications pathways, along with FirstNet, a government telecommunications system powered by AT&T. HealthTrust provides contracts for these services, and they are deployed across the HCA Healthcare enterprise.

Lower-level incidents may impact clinical or business operations at a single facility but not shut it down. There could be a mass casualty that affects the facility for a short time, and the enterprise-level EPEO is aware of it, but without an urgent need to get involved. An isolated utility problem may cut the internet feed, but there is backup available. These issues are managed through local resources.

The EPEO triages any incident to assign the right level of resources. "We try to triage at the lowest level possible," Marshall explains, as the on-site staff has greater expertise for their area and needs.

Each facility may have a different level of personnel strategically dedicated to emergency management based on their scale. A hospital with 300 or more acute beds may have a full-time emergency management employee. Community hospitals may have a shared role within the hospital's Command Center, with the Director of Facility Management sharing responsibilities with the Emergency Department Director. "At every hospital, there is a responsible executive accountable for making sure the hospital is fully compliant with our standards," shares Marshall.

While local hospitals ensure delivery of patient care and support the community, the enterprise-level EPEO takes a 30,000-foot view of what the hospitals need and how to provide required resources—whether people, supplies or equipment. As the local hospital deals with an incident, the EPEO thinks through the greater impact. "We have optimism in mind but take a pessimistic approach," says Marshall. Facilities look at the next 12 hours, the Division Command Centers look at the next 12 days, the enterprise looks at the next 12 weeks, and the EPEO can be managing several crises or incidents at the same time.

THREATS ARE INCREASING

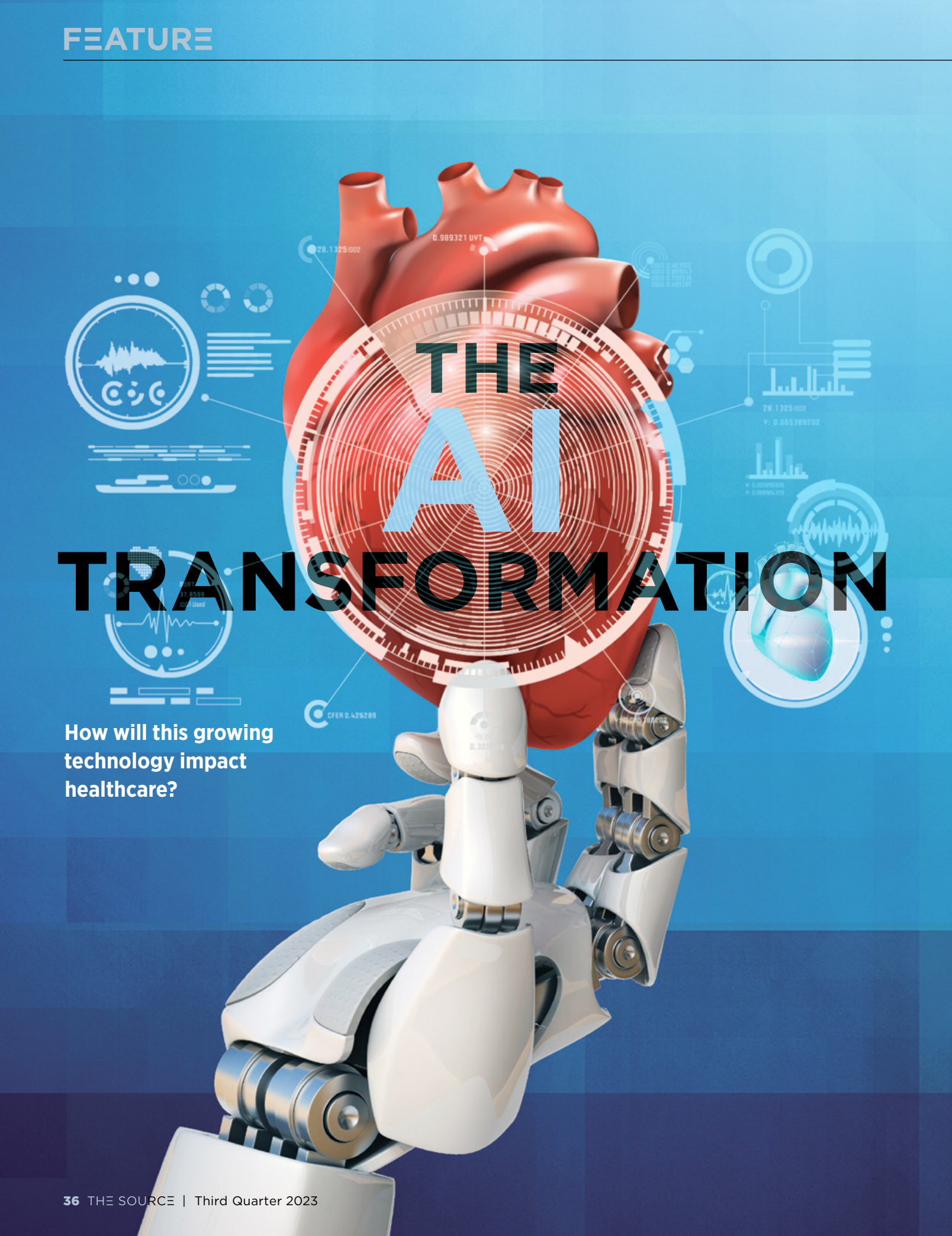
The number and severity of threats is increasing for hospital systems, Wargo says.

Of the 10 costliest disasters in the last 20 years, Marshall says that "HCA Healthcare was impacted by each of those. We're responding to a greater number of incidences, and they're more severe." There are an increased number and intensity of storms, along with more wildfires. "We see a lot of people who live on the seaboards being impacted." Wargo explains.

Hospitals used to just take care of people when they were sick. Now they are more of a public utility, expected to be operational and ready for any public crisis. "Society is holding our organizations responsible to handle crises in the community," Wargo adds. In the past when something bad happened, the community appreciated when the health system took care of them. Now there's a feeling that it's the health systems' social responsibility to do so, and these systems need to be better prepared to respond.

The EPEO takes that role, and uses technology to mitigate crises and low-level threats every day, enhancing the ability to respond. These tools are used to help identify and manage risks. "It's important to prevent a broader organizational risk by having situational awareness of what's going on in the community. We need to understand how ready our facilities are. And, we have to have an organized approach to deal with any type of event that might impact patient care or the operations of the public health system. If we don't do that, it's a risk to the organization and to the profession," Wargo says. **HT**

VISIT THE HEALTHTRUST HUDDLE on the Member Portal and tell us how your organization is using technology to mitigate crises and low-level threats. Or, for help in this area, contact HealthTrust Advisory Services at solutions@healthtrustpg.com



THE AI TRANSFORMATION

How will this growing technology impact healthcare?

ARTIFICIAL INTELLIGENCE (AI) IS A POPULAR BUZZWORD THESE DAYS, promising sci-fi-type transformation to many aspects of society, including how we diagnose, treat and monitor patients in healthcare. But what is AI? "The term *artificial intelligence* means different things to different people. Where it stands today, I believe it's referring to an analytical tool that we can apply to data sets in healthcare. It can be used to aid decision-making and to assess patterns from large data sets that humans might have difficulty making sense of," says HealthTrust Physician Advisor **Michael Hicks**, M.D., National Medical Director of HCA Healthcare's Surgery Center Division.

AI's ability to quickly and accurately analyze the large amounts of information collected in healthcare is at the heart of its value, helping clinicians identify trends and insights that might otherwise be overlooked.

"Think about a world where clinical decisions are not based on one static piece of data, like a single blood pressure measured in your office, but instead on hundreds or thousands of blood pressures that have been collected as your patient goes through life," muses Dr. Hicks. "As an individual, you're not going to do anything with hundreds or thousands of blood pressures or heart rates or EKGs, but the AI is going to take all of those and make sense of them and give you a better opportunity to help your patient."

The potential applications of AI in healthcare are just beginning to emerge, from scanning radiological images for early disease detection and chatbots used for patient communication, to technology that creates personalized treatments and more.

HealthTrust Physician Advisor **Jeffrey Carter**, M.D., is the Medical Director at the University Medical Center New Orleans Burn Center. He believes that AI holds the key to meeting the increasing demands on the healthcare system: "The U.S. has about 5% of the world's population, with around 15% of the world's nurses and 25% of the world's doctors. We have a growing number of informed patients expecting high-value care in a system with low efficiency and accuracy. AI can help improve those metrics by empowering providers with information to make better decisions."

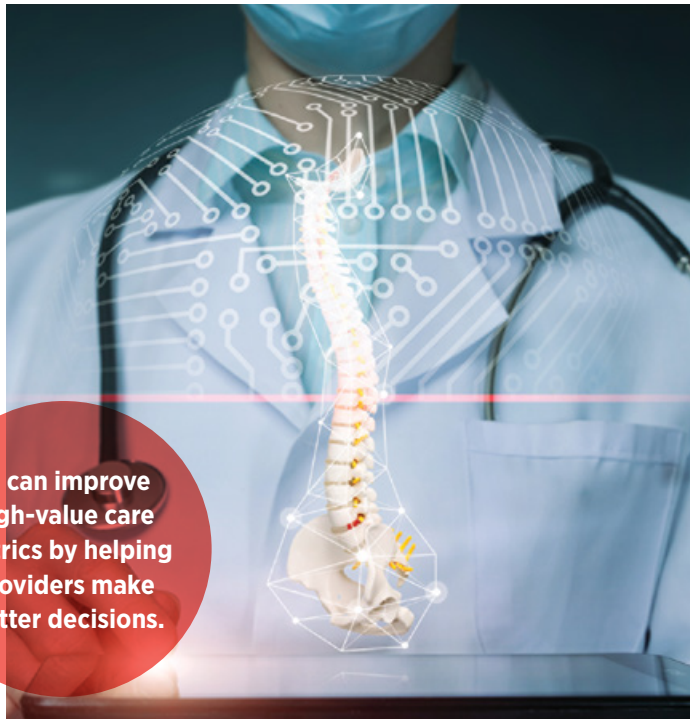
AI IN ACTION

Spinal deformities

Shay Bess, M.D., is a spine surgeon at the Denver International Spine Center and National Medical Director for Spine Research, Outcomes and Quality for HCA Healthcare. He is also a HealthTrust Physician Advisor and president of the nonprofit research organization International Spine Study Group Foundation, which is working to establish best methodologies to assess patients, evaluate risk and then predict outcomes.

Treating spinal deformities requires determining which aspect of the deformity is generating the most pain in order to correct it, while making sure not to over-correct and perform an exceedingly invasive surgery. The foundation is conducting five research studies on scoliosis and spinal deformities in adults and the use of artificial intelligence.

"We have utilized our research data set to create an online tool where we can then feed in variables to assess, for example, the best treatment options and how many levels should be fused in the spine of a 75-year-old patient with scoliosis. Or if they're at too high of a risk, how we can optimize patient morbidities, such as diabetes or weight, to help improve outcomes and reduce the risk of complications," explains Dr. Bess.



AI can improve high-value care metrics by helping providers make better decisions.

iStock.com/Natali_Mis

"There's a tremendous opportunity right now with data to use the appropriate statistical platforms to generate predictive algorithms. This will present appropriate choices for patients and improved outcomes for both patients and health systems," says Dr. Bess.

Heart arrhythmias

The growth of consumer wearable medical devices to measure heart rate and rhythm—and the increasing sophistication of the AI working with it—is an important area. HealthTrust Physician Advisor **Genevieve Everett-Sigwalt**, M.D., an electrophysiologist with the University of Pittsburgh Medical Center, already sees this technology at work in her field.

"It's an important benefit that we have a way to monitor arrhythmias and evaluate patients for potential arrhythmias within the broader population," explains Dr. Everett-Sigwalt. "AI is not just for people who are already sick with heart disease or hypertension or those who arrive at a hospital after having a stroke, and we then put a device on to monitor them. Using AI to prevent initial events will be a tremendous improvement in the way we can treat people."

"Compared to five years ago, medical professionals are getting much more information than they used to because the technology is significantly more accurate and the information increasingly usable—even so far as eliminating the need for patients to undergo testing if the tech device has already recorded what data is needed." In addition, clinicians might be

receiving data they may not have been able to access in the past.

"Especially in my specialty, where patients can have very sporadic arrhythmias, we would take people for procedures without having them documented. That was considered a normal practice and standard of care," says Dr. Everett-Sigwalt. "But now it's very rare that we don't have documentation, either from their watch or some other device, where we're able to already have an event captured and a preliminary diagnosis."

Burn care

UMC Burn Center is one of about a dozen burn centers conducting research into the use of AI—specifically, image-based algorithms—to help assess burns and wounds. With many parts of the U.S. lacking specialized burn care, this could improve timely diagnosis and appropriate treatment in those areas.

"Artificial intelligence has the potential to aid burn assessment through imaging algorithms that can improve our accuracy when evaluating wounds, reducing unnecessary transfers. This type of AI is decision augmentation that creates synergy between the provider's human knowledge and understanding of the clinical and social situations and the machine's capability to indiscriminately analyze large volumes of data to help with complex decisions," explains Dr. Carter.

This type of AI could also be used in other areas, such as chronic wound management, by helping to assess debridement and wound bed viability, or to offer various treatment suggestions.

POTENTIAL PITFALLS

With any shiny, new technology comes the excitement for its possibilities. But potential pitfalls in its application and implications must also be considered. Some of the concerns associated with AI relate to data privacy and security, a lack of transparency in AI tools and its reliability and limitations.

"While AI can generate answers very quickly for you, it's not going to generate the appropriate questions by itself. You must be cognizant and ask the most appropriate

Continued on page 40

Continued from page 39

questions and interpret the data appropriately. Otherwise, you'll get to an answer very quickly, but it might be the wrong answer," says Dr. Bess.

Despite the growing sophistication of AI, it still requires humans to provide accurate and sound data, train the algorithms, ask the right questions, and then interpret the results. And while it might seem that AI would be free from human subjectivity and bias, the reality is that these human flaws can be replicated in AI. It comes down to the amount and type of data used to train the AI.

Dr. Hicks shares: "We need to be conscious about introducing a bias into the artificial intelligence that would give us results that we don't want. Or if it's a population-based AI, it needs to consider all of the folks who make up the population, not just elderly white males, which is who research has tended to focus on historically."

Other concerns are related to the lack of regulations addressing the safety, legal and ethical issues around AI in healthcare. With AI developing rapidly, discussions around who oversees it and who is ensuring that it's being used for the common good are imperative.

"If you feed in a person's data set, and predictive analytics say when that person might get sick and die, what do you do with that information? Is that something a person would want to know when they're 20? It might make them unemployable, uninsurable, undatable," says Dr. Hicks. "There are some real ethical and moral dilemmas here that we must think through."

THE CLINICIAN IN AN AI WORLD

Dr. Hicks believes that AI will change healthcare so fundamentally that even the role of the clinician will need to be reimagined.

"Artificial intelligence is going to change the way clinicians currently interact with patients and the way we see ourselves as care providers. It might also change the way the rest of the world, including our patients and their families, sees us," he says.

Continued on page 42

Your Success Matters at Compass One Healthcare

Meet Your Best Partner in Healthcare

In today's environment, having a partner that can deliver best-in-class resources and unmatched purchasing power can accelerate your organization's transformational journey. Compass One is the union of three premier specialists: **Morrison Healthcare, Unidine** and **Crothall Healthcare**. Together, our family of more than 70,000 engaged team members serve over 2,500 hospitals, and we're proud of our industry leading 98% client retention rate.

Patient Dining | Retail | Environmental Services
Facilities Management | Patient Transportation | Patient Sitting

Let's Get Started!

Visit Compass One Healthcare at HealthTrust University, booth 745, or scan to learn more.

HealthTrust Contract #12541, #12540 & #72162

The future of AI in healthcare is full of possibilities, with the potential to increase efficiency, reduce costs & improve both outcomes & the patient experience.

Continued from page 40

He uses the example of how some classic professions, such as clergy, law and medicine were elevated because of their roles as holders of knowledge. "The reason you went to see a lawyer, your priest or a physician, was because that person had the knowledge you needed to access," Dr. Hicks says. "That has become problematic for us in healthcare in several ways. First and foremost, it's impossible for clinicians to know everything there is to know, even within a specialty. That means I cannot apply everything there is to know to keep you, your family or a population healthy. I think that's where artificial intelligence will have its most meaningful impact."

If AI becomes the new 'holder of knowledge,' a clinician's role might focus on knowing how to access that insight and data and then how to apply it, using their judgment and clinical experience.

This would mean a huge shift in the role of clinicians. "As AI in healthcare gets better and delivers higher-quality information, I could easily see a patient walk into their primary care provider's office with an accurate diagnosis because they've entered their symptoms into an AI platform. So, what then is my role as a physician?" asks Dr. Hicks. His answer? A care coordinator, a coach, a counselor or someone who makes sense of what is available in terms of diagnosis and treatment options.

"When the AI can reveal you have a high likelihood of this disease and these are your best options for treatment, my job may become helping you walk that road, traversing the path and doing so in a way that's emotionally meaningful and that is efficient in terms of how decisions are made and how things get implemented."

A FUTURE OF POSSIBILITIES

How might AI improve patient care and impact the healthcare industry in years to come?

On the wish list for Dr. Bess is a digital interface that captures data when a patient is registered into a clinic or a hospital and then uses an algorithm-based AI to find options for treatment and to optimize a patient's outcomes.

Dr. Everett-Sigwalt would like to see AI incorporated into existing tools, such as EKGs and stress tests, to improve testing and diagnosis. "If we could look at an EKG of a patient with chest pain and see that it's similar to EKGs of other people with coronary artery disease, or that it doesn't look like an EKG of a cardiac patient but actually related to the lungs, we could move our patients in the right direction sooner, getting them to the pulmonologist instead of the cardiologist if that's more appropriate," she says.

The future of AI in healthcare is full of possibilities, with the potential to increase efficiency, reduce costs and improve both outcomes and the patient experience. It could also change the way medicine and care are delivered forever.

"Some of the most profound advancements that have occurred with new technologies were never anticipated. Maybe the best use of AI in healthcare is something we can't even imagine right now. I think the real excitement for me is in those possibilities," adds Dr. Hicks. **HT**

SHARE HOW ARTIFICIAL INTELLIGENCE is transforming clinical practice or business processes and performance at your organization by emailing thesource@healthtrustpg.com or posting on the HealthTrust Huddle.

iStock.com/Ignatiev/Lexx

The power to transform your workflows

Getinge Digital Health Solutions — connecting your OR and SPD

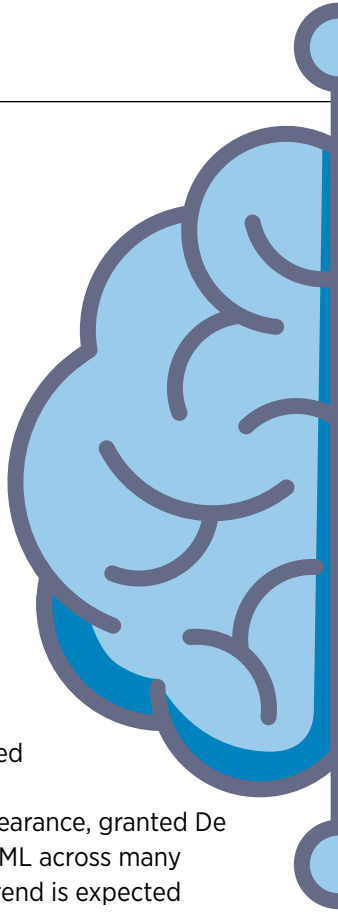
In planning and designing a resilient, flexible OR, and SPD that can manage complexity, it starts with a single partner. Getinge Digital Health Solutions (DHS) is that partner offering a holistic portfolio of equipment, solutions, and services, along with the expertise to understand your workflows and provide the consultation you need to design the best workflows with a focus on process improvement. **Partner with DHS today and get the power!**

Scan to learn more

HealthTrust Contract #19784
HealthTrust Contract #75752

GETINGE

Impact of ARTIFICIAL INTELLIGENCE on Healthcare



Software that incorporates artificial intelligence (AI) and a subset of AI known as machine learning (ML), is increasingly becoming an important part of a number of medical devices. Potentially, one of the greatest benefits of ML resides in the ability to create new and important insights from the vast amount of data generated during the delivery of healthcare every day.

SIZE OF THE GLOBAL AI MARKET

$11B
in 2021

~$188B
forecast by 2030

37%
compound annual growth rate (2022–2030)

~$150B
savings by using AI applications on annual U.S. healthcare costs by 2026

<10%
of healthcare organizations fully integrate AI technologies into business processes today

REACH OUT to let the Medical Device Management (MDM) team at HealthTrust know how they can assist your organization or to share how you are using AI or ML in your clinical practice by emailing thesource@healthtrustpg.com

AUTHORIZED MEDICAL DEVICES

Over the past decade, the Food and Drug Administration (FDA) has reviewed and authorized a growing number of devices legally marketed [via 510(k) clearance, granted De Novo request, or approved PMA] with ML across many different fields of medicine. And, the trend is expected to continue. Of the 521 devices on the FDA's updated list, **448** are Radiology & Cardiology devices:

- **75%** are in Radiology: 391 devices
- **11%** are in Cardiology: 57 devices
- **3%** are in Hematology: 15 devices
- **3%** are in Neurology: 14 devices
- **1%** come from other disciplines

Note: The FDA list is based on publicly available information and is not a comprehensive resource of approved AI/ML-enabled medical devices. For full list of data sources go to **healthtrustpg.com/thesource/AIandHealthcare**

IMPACT TO PATIENT OUTCOMES

The Medical Device Management (MDM) team at HealthTrust continuously monitors the market for new technology and trends, and artificial intelligence is one of those emerging disciplines, shares **Chris Stewart**, VP of Medical Device Management at HealthTrust. The MDM team can assist members with analysis of acquisition cost, service and expected value in the application of AI.

"Many of these initial AI product platforms can assist physicians with presurgical planning that could lead to an aligned and customized delivery of supplies and implants. This should reduce the number of implant options and surgical instruments to be processed, which should translate to cost avoidance, waste mitigation and patient safety," adds Stewart.

iStock.com/xu bing

POTENTIAL IMPACT & LACK OF WIDESPREAD USE

Diagnostic errors are some of the most common, catastrophic and costly errors.

>12M
Americans impacted by diagnostic errors each year

$100B+
in costs associated with those errors

LEARN MORE about machine learning and AI in medical diagnostics by checking out a report from the U.S. Government Accountability Office at gao.gov/products/gao-22-104629

An accurate medical diagnosis is a critical first step in care delivery, and it significantly improves a patient's overall chance for positive outcomes. While still in the early stages of implementation, ML has the potential to provide more accuracy in diagnostic results—saving time, money and lives.

While researchers continue to expand AI and ML capabilities in diagnostics, the technology has generally not been widely adopted. If faces a number of challenges limiting broader use because:

- Performance has not been widely proven in diverse clinical settings
- There is a lack of familiarity about how ML would fit within & enhance workflows
- There are gaps in regulatory guidance & requirements
- Implementation & maintenance is costly

Labor expenses are typically up to 55% of total costs in healthcare organizations.

PLUS Benchmarking™ provides customized, peer-comparative insight to better understand and manage those expenses.

We created the PLUS™ labor management suite more than 20 years ago, and the newest addition to the suite is **PLUS Benchmarking™**, a web-based subscription service that allows for operational and financial department level comparative benchmarking. This state-of-the-art process combines extensive healthcare analysis experience with a user-friendly interface to transform raw data into customized, actionable insight to meet your needs at the click of a button.

Let's have a conversation:

- Is your organization spending the appropriate amount on labor expenses?
- Are productivity targets and performance tracking used for each department?
- Are departments trending in a positive direction for operational performance?
- Is benchmarking data routinely utilized to compare organizational effectiveness?

Scan the QR code for a benchmark reporting demo. Connect with us to discuss your specific needs by visiting HealthTrustPlusBenchmarking.com

Our Advisory Services team offers strategic insight into your workforce challenges through real people, process, and technology.

Optimize Your Workforce:

- **Labor Productivity & Optimization**
- **Scheduling & Productivity Technology**
- **Development and Optimization of a Centralized Scheduling and Staffing Office**
- **Scheduling Effectiveness**
- **Float Pool Design & Management**
- **Onsite Management Engineering**

HEALTHTRUST
Workforce Solutions®

Choice Changes Everything

C-MAC HD: The most versatile and only video intubation platform offering reusable and single-use options to meet all your airway needs.

SCAN ME!

HealthTrust Contracts #65426, #7377

KARL STORZ Endoscopy-America, Inc. 2151 East Grand Avenue El Segundo, CA 90245-5017/USA

www.karlstorz.com

STORZ
KARL STORZ—ENDOSKOPE

The SHIFT IN CARE is real

iStock.com/SDI Productions

Scenario mapping creates an appropriate response strategy

AS EXPERTS HAVE PREDICTED FOR SOME TIME NOW, the healthcare market has seen an acceleration in the shift of care for surgical procedures, from inpatient to outpatient sites. However, there is still a lack of understanding and agreement on the speed with which this shift will more broadly occur and the implications for how various stakeholders should effectively respond.

Historically, patients have primarily received care in a hospital setting. But advances in medical technology and innovative care delivery models have ensured certain specialty procedures can be safely performed in the outpatient setting. Factors contributing to the shift to

Continued on page 50

3M | Prevena™ Incision Therapy

PRM | Proactive Risk Management (PRM) with 3M™ Prevena™ Therapy

Help advance the standard of care.

In a newly published 2023 Multi-Specialty Meta-Analysis, 3M™ Prevena™ Therapy has demonstrated significant improvement in key patient outcomes across multiple specialties.[1]

48%
Reduction in SSIs
(p<0.001)

46%
Reduction in SSCs
(p<0.001)

36%
Reduction in return to OR
(p<0.05)

23%
Reduction in readmission
(p<0.05)

Proactive Risk Management (PRM) with Prevena Therapy provides an evidence-based, standardized approach for closed incision negative pressure therapy (ciNPT) to help protect your high-risk patients.

1. Cooper HJ, Singh DP, Gabriel A, Mantyh C, Silverman R, Griffin L. Closed Incision Negative Pressure Therapy Versus Standard of Care Over Closed Surgical Incisions in the Reduction of Surgical Site Complications: A Systematic Review and Meta-Analysis of Comparative Studies. *Plastic and Reconstructive Surgery – Global Open*. 2023 Mar 16;11(3):e4722.

HealthTrust Contract #746

Visit Prevena Central to access PRM tools and resources for your specialty.

NOTE: Specific indications, limitations, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

Continued from page 48

hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs) are changes in reimbursement structures, improved access to care, convenience, quicker recovery times, lower out-of-pocket costs and enhanced overall patient experience. With consolidation of provider networks, high-deductible health plans and the recent pandemic, consumers are more selective about where to receive medical care.

To meet patients where they are and effectively manage this shift, its essential for healthcare organizations to understand the key factors and strategize for a response.

IDENTIFYING & ILLUSTRATING POSSIBLE SCENARIOS

In quarters one and three of 2022, HealthTrust hosted Shift of Care Summits to better understand the nature and timing of this shift in surgical care. Participants were pulled from the membership, representing 13 acute care health systems and two ASC groups, and included individuals in both clinical and supply chain leadership roles.

A brainstorming exercise identified 72 possible key factors or signposts associated with the shift of surgical procedures. They were organized into two high-level themes: market dynamics and influencers.

Examples of signposts related to **market dynamics** include:
- Staffing availability
- Technology advances
- Customer preference & experience
- Physician interest in ASCs & clinical evidence to support the outward shift

Examples of signposts related to **influencers** include:
- State & federal policy
- Payer mix
- Patient steerage
- Consumer interest

Following are four scenarios that illustrate the continuum of the shift of care. During the second Summit, participants reviewed the four scenarios and explored provider implications and possible solutions for each. The outlines of scenarios demonstrate unique properties that require individualized, targeted responses. Providers should understand which scenario exists within their market in order to strategically employ an appropriate response strategy.

SCENARIO A

An environment where conflicting forces toward the shift of surgical procedures exists. Market dynamics are accelerating the outward shift; however, influencers are slowing the outward shift, or remain flat.

In scenario A, acute care providers will see divergent trends. Within market dynamics, providers will find trends demonstrating a proliferation of HOPD or ASCs, high physician interest in ASCs, strong clinical evidence supporting safety and efficacy of care in the outpatient setting, and plentiful, skilled staff. These trends accelerate the outward shift of surgical procedures. At the same time, providers will find signs that influencers are inhibiting the outward migration, such as restrictive Medicare regulations, certificate of need (CON) laws, an unfavorable payer mix, unfavorable patient steerage, and low consumer interest for undergoing surgical procedures in an ASC setting.

Response to Scenario A:

- Strategically deploy capital &/or new construction
- Leverage physician contracts to increase percentage of employed physicians
- Repurpose acute care hospital beds
- Utilize Centers of Excellence for strategic service lines to improve payor steerage
- Ensure the Triple Aim of care: high quality, efficiency & reduced cost (aka, cost, quality, outcomes)
- Adopt standardized orders, pathways & protocols to ensure standardized care
- Invest in artificial intelligence & technology
- Explore joint-venture ASCs
- Improve HOPD functionality & appeal to customers (physician & patient)
- Explore alternative payment models with market payers (e.g., bundled payment models)
- Improve care coordination & collaboration with post-acute facilities
- Continually monitor signposts to anticipate change

Continued on page 52

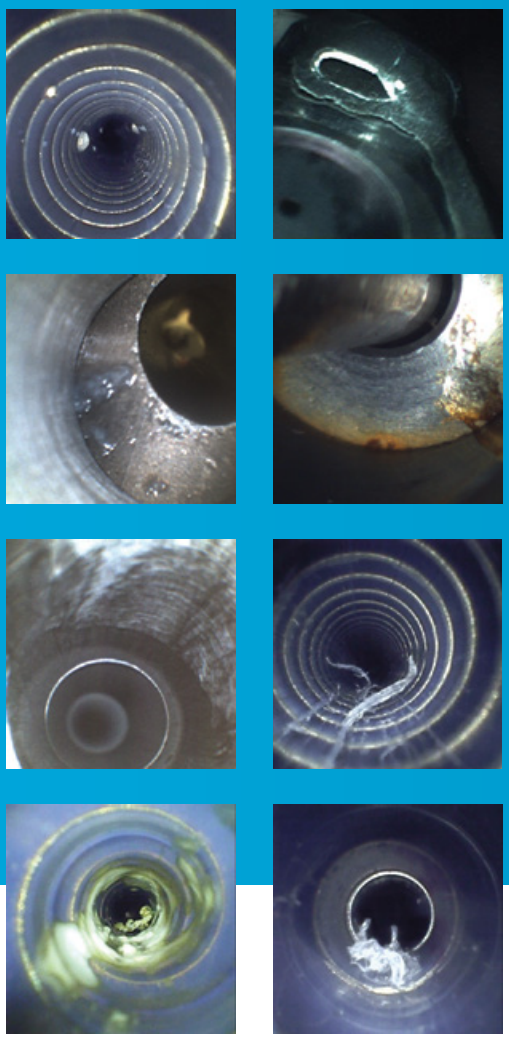
healthmark

Flexible Inspection Scope: FIS-007

Visually Inspect Small Lumens with Remarkable Clarity

Designed to inspect internal channels of potentially soiled or damaged items, the Flexible Inspection Scope provides enhanced light, vision & magnification.

hmark.com



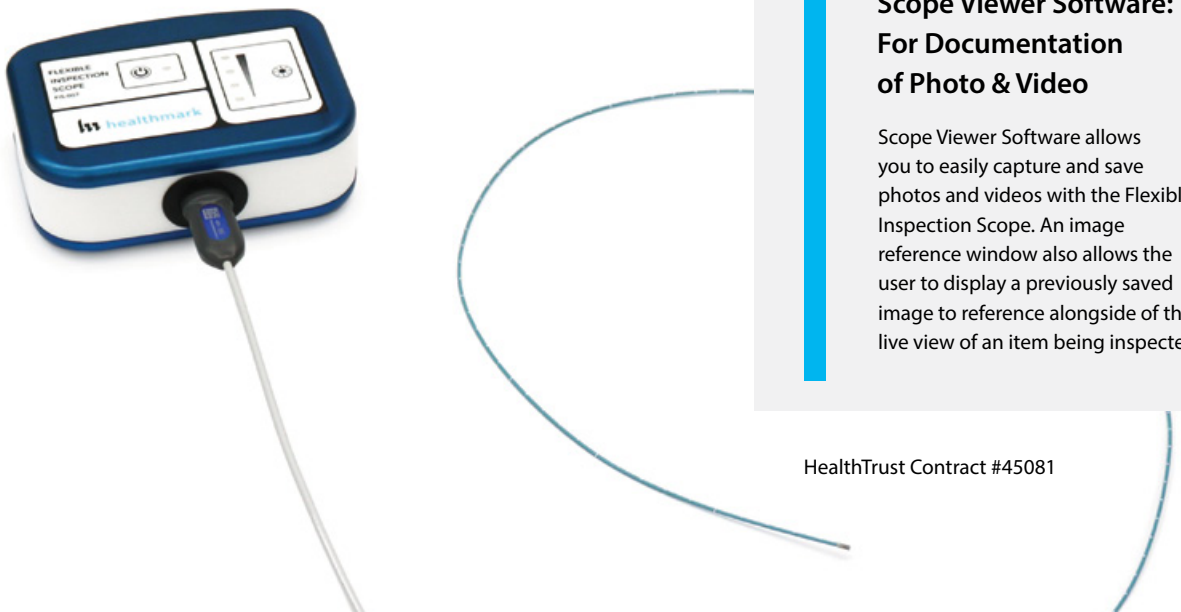
Interchangeable Flexible Inspection Scope attachments are available in varying diameters & lengths

CT-101: 1.9mm Diameter, 110cm Length

CT-102: 1.06mm Diameter, 110cm Length

Visit Booth 222

at HealthTrust University Conference in Las Vegas to learn more!



Scope Viewer Software: For Documentation of Photo & Video

Scope Viewer Software allows you to easily capture and save photos and videos with the Flexible Inspection Scope. An image reference window also allows the user to display a previously saved image to reference alongside of the live view of an item being inspected.

- Capture Images
- Record Video
- Simple Interface

HealthTrust Contract #45081

Continued from page 50

SCENARIO B

An environment where shift of care is occurring at a fast rate due to aligned market dynamic and influencing forces.

In scenario B, acute care providers will see aligned trends for market dynamics and influencers with both accelerating the outward migration. Market assessment will show a proliferation of HOPD or ASCs, high physician interest in ASCs, strong clinical evidence supporting safety and efficacy of care in the outpatient setting, and plentiful, skilled staff. Additionally, providers will find regulations allowing more procedures in the outpatient space, relaxed or no CON laws, a favorable payer mix, active patient steerage to the outpatient setting, and high consumer interest for undergoing surgical procedures in an ASC setting.

Response to Scenario B:

- Strategically deploy capitol &/or new construction
- Expand footprint into ASCs (own or joint venture)
- Improve HOPD functionality & appeal to customers (physician & patient)
- Ensure retention of high-quality physicians & staff
- Leverage physician & staff relationships
- Offer competitive perks, scheduling & salaries
- Utilize Centers of Excellence for strategic service lines to improve payer steerage
- Ensure the Triple Aim of care: high quality, efficiency & reduced cost (aka, cost, quality, outcomes)
- Adopt standardized orders, pathways & protocols to ensure standardized care
- Conduct market analysis for new inpatient service lines or inpatient service line growth
- Repurpose vacant acute care hospital beds
- Ensure public persona excellence & advertise to educate community on high quality
- Lobby with state &/or federal regulators to modulate shift of procedures
- Continually monitor signposts to anticipate change

SCENARIO C

An environment where shift of care is occurring at a very slow rate due to both market dynamic and influencing forces remaining flat or inhibiting the outward shift.

In scenario C, acute care providers will see aligned trends for market dynamics and influencers again; however, these forces inhibit outward migration of surgical procedures. Market assessment will show minimal presence of HOPD or ASCs, low physician interest in ASCs, little to no change in inpatient procedure volumes, and inadequate staffing. Additionally, providers will find regulations inhibit migration to the outpatient space, stricter CON requirements, an unfavorable payer mix, little to no patient steerage to the outpatient setting, and low consumer interest for undergoing surgical procedures in an ASC setting.

Response to Scenario C:

- Ensure retention of high-quality physicians & staff
- Ensure the Triple Aim of care: high quality, efficiency & reduced cost (aka, cost, quality, outcomes)
- Adopt standardized orders, pathways & protocols to ensure standardized care
- Improve HOPD functionality & appeal to customers (physician & patient)
- Explore on-campus ASC/hybrid model that focuses on relevant procedures/populations
- Ensure public persona excellence & advertise to educate community on high quality
- Continually monitor signposts to anticipate change

Continued on page 54

iStock.com/SDI Productions

Allergan Aesthetics
an AbbVie company

THE VALUE OF OUR PORTFOLIO[1]

In Plastic Surgery and Regenerative Medicine

AlloDerm™ Regenerative Tissue Matrix

Strattice™ Reconstructive Tissue Matrix

Keller Funnel 2

Natrelle®

NOW BACK ON CONTRACT

- ✓ **Supplier** Resiliency
- ✓ Dependable **Delivery**
- ✓ **Versatile** Stocking
- ✓ **Customer Service** Excellence

Healthcare systems value the role of supply chain more than ever, and working with a dependable supplier is critical to success. Allergan Aesthetics continues to deliver dependability and the value that you expect from an industry leader.

Reference: 1. Data on file, Allergan Aesthetics, August 2022; Allergan Corporate Healthcare PRM Value Deck.

HealthTrust Contract #2639, #95491

Allergan Aesthetics
an AbbVie company

MBD162493 05/23

Continued from page 52

SCENARIO D

An environment where conflicting forces toward shift of care exist. Market dynamics are flat or inhibiting the outward shift, while influencers are accelerating the outward shift.

In this scenario, acute care providers will see divergent trends again, but for opposite reasons as in Scenario A. When assessing market dynamics, providers will find a nominal HOPD or ASC presence, low physician interest in ASCs, little to no change in inpatient procedure volumes and inadequate staff. These trends inhibit the outward shift of surgical procedures. At the same time, providers will find regulations allowing more procedures in the outpatient space, relaxed or no CON laws, a favorable payer mix, active patient steerage to the outpatient setting and high consumer interest for undergoing surgical procedures in an ASC setting. These trends pose to accelerate the outward shift of surgical procedures.

Response to Scenario D:

- Improve physician & staff retention & satisfaction
- Ensure the Triple Aim of care: high quality, efficiency & reduced cost (aka, cost, quality, outcomes)
- Adopt standardized orders, pathways & protocols to ensure standardized care
- Explore on-campus ASC/hybrid model that focuses on relevant procedures/populations
- Enable multispecialty stays in the acute care setting
- Ensure high-quality, consistent staff that are versatile
- Educate & advertise the acute care facility's good works to promote loyalty, trust & relationships
- Lobby with state &/or federal regulators to modulate shift of procedures
- Utilize Centers of Excellence for strategic service lines to improve payer steerage
- Continually monitor signposts to anticipate change

HOW IS YOUR ORGANIZATION managing the shift of care? Email thesource@healthtrustpg.com to share your story or post your experience on the HealthTrust Huddle.

Experts predict the popularity of ASCs and HOPDs will continue to accelerate. However, the pace for these site of care shifts may vary from market to market and procedure to procedure. As a result, hospitals will need to adjust their strategies based on market dynamics and influencers to ensure the Triple Aim of Care is achieved. Standardized care models, strong physician relationships and staff recruitment and retention are top priorities for sustained, high levels of care. **HT**

Top priorities for sustained, high levels of care include standardized care models, strong physician relationships & staff recruitment & retention.

iStock.com/SDI Productions

Gebauer's Ethyl Chloride®

Topical Anesthetic Spray

Safety, Quality, and Patient Comfort

A Tried-and-True Formula

For over 120 years, doctors have trusted Gebauer's Ethyl Chloride in their practices because we keep Safety, Quality, and Patient Comfort at the forefront.

HealthTrust Contract #83476; Category: Anesthetic Supplies

Gebauer Company

4444 East 153rd Street | Cleveland, Ohio 44128 | www.gebauer.com | 1.800.321.9348

AN EXPERT TEAM behind the scenes

The role of HealthTrust Clinical Advisory Boards in ensuring members have access to the products they need

HEALTHTRUST'S CLINICAL OPERATIONS TEAM has four directors who lead member-based Clinical Advisory Boards and specialty committees. The Clinical Operations team assists in the sourcing process by merging their extensive professional experience with up-to-date knowledge of clinical processes and technologies. "Each of us has been a subject matter expert and leader in our particular disciplines and comes from an operational background," says **Jennifer Westendorf**, Senior Director of Surgery. Because we are all clinicians and know the terminology, we can effectively collaborate with the experienced clinicians within the membership who serve on our Advisory Boards.

Collaborating with the internal Strategic Sourcing team, the Clinical Operations team weighs in on contracts and purchasing strategies. Five Advisory Boards—Nursing, Cardiovascular, Radiology, Laboratory and Surgical—and six specialty committees cover the clinical categories within the portfolio. The Clinical Advisory Boards and committees discuss products from a clinical and operational lens. Depending on the category, they may also review clinical recommendations and guidelines, published clinical evidence and product samples before presenting their clinical recommendation to the Supply Chain Board. This multi-team collaborative approach ensures that HealthTrust's contracts are awarded only to the highest-quality suppliers.

"The foundation of the work we do at HealthTrust is based on the aligned decision-making of our membership," says **Jennel Lengle**, AVP of Clinical Operations. "Each of our Advisory Boards consists of 25 to 28 members who are subject matter experts within the space they're representing. As a company, HealthTrust doesn't make any decisions on contracting alone—those decisions are made by the Supply Chain Board members based on recommendations from related Advisory Boards. It's important to understand that the boards act as a governing body, overseeing sourcing initiatives and representing the membership's needs."

EMBRACING CHANGE & A DISRUPTED SUPPLY CHAIN

The involvement of HealthTrust's Advisory Boards became even more critical during the pandemic and its related supply chain disruption. Fortunately, the Advisory Boards' combination of clinical experience and collaboration laid the foundation for nimble responses. "Everybody felt firsthand all the supply disruption issues and challenges. But a positive change came out of that," shares **Tara Roth**, Director of Nursing Services for Clinical Operations. "It forced all healthcare associates to work more closely together, to be more agile and to realize they could use different products and understand how to rapidly implement those changes. I think we're going to see a long-term shift there; knowing that you don't have to keep using the same products that you always have. The pandemic really forced us to do that."

Lengle agrees and considers this a long-term benefit. "Supply chain is front and center in a lot of our conversations,

Continued on page 58

iStock.com/PeopleImages

Kimball NATIONAL &Co. interwoven poppin.

Modular Casework: Alterna® / Patient Seating: Ezzeri™ / Pull-Up Table: Bloom®

Guest Seating: Well® / Storage Shelving: EverySpace® / Table: Marnia®

Lounge Seating: Pairings® / Ottoman: Joelle™ / Modular Casework: Alterna® / Patient Seating: Greer™ / Pillows: Toss™

The Evolution of Health

Creating a place where patients, families, and caregivers feel like they belong is more than providing a patient room, waiting space, or workstation. It's about connecting to a greater purpose and supporting individual needs.

Kimball International's collection of products easily outfits projects of all sizes from a single caregiver office to entire facilities. This breadth of line provides solutions that keep pace with the demands of today, so you can elevate every experience to impact the way healthcare is delivered tomorrow.

Designed to support the evolving healthcare landscape, Alterna modular casework provides seamless and durable solutions for the entire facility - from public zones, to workspaces, and more. The benefits of Alterna include:

- Components delivered fully assembled for quick and easy installation
- After installation, components can be removed, reconfigured, and re-purposed
- Construction quality meets stringent ANSI/BIFMA standards with a limited lifetime warranty
- Alterna can be registered as a capital asset vs. a fixed asset

90%

of respondents plan to renovate spaces to flexible environments that support a broader range of tasks and respond more quickly to evolving needs.*

*DesignIntelligence: The Future of American Health Care Delivery

HealthTrust Contract #92448

Visit us at booth #906 during HealthTrust University Conference in Las Vegas

Scan to learn how Kimball International is Creating Places to Belong in Health.

Continued from page 56

as is cost mitigation, utilization patterns and formularies. Increasingly members are sharing the partnerships that have emerged between their clinicians and supply chain in a more structured way. In the past, it was the larger health system members that had value analysis teams and processes—now organizations of any size are realizing the benefits."

Moving past the pandemic, healthcare providers are particularly concerned with understanding the current state of the market and mitigating future risks to the supply chain. "The experience and insight from our collective membership, is invaluable," says Lengle. "They continue to offer a real-time, frontline perspective on how supply disruption affects them—from deciding which strategies best meet their current challenges to the potential impact of pivoting to alternative product options."

STAYING INFORMED & EDUCATED

Advisory Board members and the Clinical Advisory Board directors gain insights about those impacts by participating in the Advisor group on the HealthTrust Huddle platform. There, HealthTrust members post questions and seek answers about emerging technology, processes and operational concerns. The HealthTrust Huddle Advisor group also hosts surveys to obtain feedback on products, services or processes related to the service lines represented by our contract portfolio. "HealthTrust members don't have to have a board seat to utilize the platform; any member can share or seek insight from the tool," adds Lengle.

"We utilize information from the Huddle's message boards to help us make the decisions for the greater good of the membership," says Lengle. "Many of the people posting have different areas of expertise than our staff subject matter experts. Their voices are heard and shared so that we all learn. That knowledge is translated into contract launch packages, award summaries and other resources that can help the larger membership."

The Clinical Operations directors who lead the Advisory Boards also stay current in an ever-changing industry by maintaining memberships in professional organizations, engaging in continuing education and attending conferences. For example, the Nursing Advisory Board recently attended NTI—National Teaching Institute—to investigate new technology in virtual reality education, slings, patient monitoring and infusion pumps.

Participating in the conference "enabled the Nursing Advisory Board members to have one-on-one time with suppliers for deeper conversations. Finding out what products are in development gives us the opportunity to be forward thinking," adds Roth. "Exploring the emergent technology at these events enables us to think about category expansion or new categories we may want to consider adding to the contract portfolio." **HT**

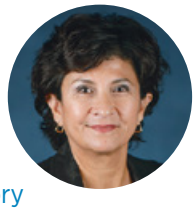
CLINICAL OPERATIONS TEAM & LEADERSHIP

Jocelyn Bradshaw – SVP Strategic Sourcing

Jennel Lengle, MSN, RN – AVP Clinical Operations

Tara Roth, MHA, BSN, CENP – Director of Nursing Services, Clinical Operations
Leads the:
- Nursing Advisory Board
- Advanced Wound Care Committee
- Infection Prevention Specialty Committee
- Perinatal Specialty Committee

Jennifer Westendorf, DNP, RN, CNOR – Director of Surgical Services, Clinical Operations
Leads the:
- Surgical Advisory Board
- Cardiovascular Specialty Committee
- Ambulatory Surgery Committee



Katherine McCardell, BSN, RN – Director of Radiology & CV Services, Clinical Operations
Leads the:
- Cardiovascular Advisory Board
- Radiology Advisory Board Respiratory
- Therapy Specialty Committee

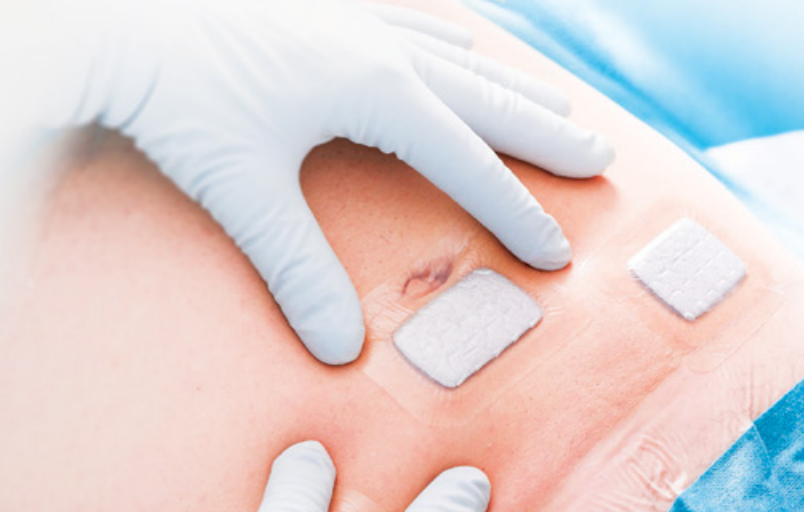
Dolly Kay, MBA, MLS (ASCP)CM – Director of Laboratory Services, Clinical Operations
Leads the Laboratory Advisory Board

2.5"x3" *(6x8 cm)*
actual size

The finishing touch for **minimally invasive surgeries**

Mepilex® Border Post-Op Ag* is a cut above ordinary tape and gauze. In fact, its strong clinical evidence has helped make the dressing a popular choice across all surgical specialties.

- **Gentle on the peri-wound skin**[1,2,3]
- **Allows both showering and movement**[1,2,4,5,6,7]
- **Eliminates time spent on post-surgery tape/gauze cutting**



For a trial, contact your Mölnlycke representative

molnlycke.us/products-solutions/mepilex-border-post-op-ag

*Also available in non-Ag version

1 Van Overschelde P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at the 5th WUWHS conference, Florence, Italy, 2016 **2** Bredow J. et al. Evaluation of Absorbent Versus Conventional Wound Dressing. A Randomized Controlled Study in Orthopedic Surgery. Deutsche Arzteblatt International, 2018 **3** Upton, Dominic. "Psychological aspects of wound care: implications for clinical practice." Journal of Community Nursing, vol. 28, no. 2, Apr.-May 2014, pp. 52+. Gale Academic OneFile, link.gale.com/apps/doc/A393988700/AONE?u=anon~e6a01e91&sid=googleScholar&xid=22336ad4; Accessed 21 Dec. 2022
4 Mölnlycke Health Care, Data on file: Viral penetration test **5** Zarghooni, K. et al. Is the use of modern versus conventional wound dressings warranted after primary knee and hip arthroplasty? Acta Orthopaedica Belgica, 2015. **6** Johansson C et al. Preventing post-operative blisters following hip and knee arthroplasty. Wounds International, 2012. **7** Korby K. et al. Evidence-Based Practice: Clinical evaluation of a new silver soft silicone postoperative dressing in total knee and hip arthroplasty. Poster presentation at the PAOS conference, US, 2017.

HealthTrust Contract #512

We cover the full range of incision sizes

Product code	Dressing size	
498100	2.5"x3" (6x8 cm)	Our broad range of Mepilex Border Post-Op dressings now includes these smaller sizes.
498200	3.5"x4" (9x10 cm)	
498300	4"x6" (10x15 cm)	
498400	4"x8" (10x20 cm)	
498450	4"x10" (10x25 cm)	
498600	4"x12" (10x30 cm)	
498650	4"x14" (10x35 cm)	

Mepilex® Border Post-Op Ag

Mölnlycke®

LEADING the way

Janet McCain is recognized for her inclusivity work

JANET McCAIN, SENIOR DIRECTOR OF BUSINESS DIVERSITY, received the 2023 Corris Boyd Diversity in Healthcare Leadership Award in recognition of her accomplishments in leading inclusive opportunities in healthcare.

The Federation of American Hospitals (FAH) established the annual award in 2007 to honor the late Corris Boyd, an executive with HealthTrust and HCA Healthcare who was dedicated to improving diversity and excellence in healthcare.

"I never got to meet Corris Boyd, but from what I understand, he was a person with great integrity and presence who was very well respected in the industry. Receiving this award is an honor. I feel like I have huge shoes to fill, knowing all the stories about Corris and his impact on supplier diversity. I hope that I make him proud, as well as his colleagues, friends and family," says McCain.

McCain is one of three HealthTrust recipients of the Corris Boyd Diversity in Healthcare Leadership Award. She joins **Darrel Mogilles**, who was AVP at HealthTrust when he received the award in 2010, and 2007 recipient **Ed Jones**, who was VP, National Accounts at the time, and is now HealthTrust's CEO.

"Janet is extremely deserving of this award," says Jones. "She consistently leads by example and inspires others to advocate on behalf of diverse suppliers during the sourcing process. As a result of her impact, the suppliers we work with better represent the communities we serve—benefitting not only our members, but also our industry as a whole."

> "We want to make sure that our members have suppliers that reflect the communities they serve."
>
> – Janet McCain

SUPPORTING DIVERSE SUPPLIERS

McCain came to HealthTrust in 2012 from HCA, where she had served as Director of Clinical Resources since 2002. When the Director of Business Diversity position opened at HealthTrust, she felt it was the perfect fit for her experience and passion for diversity. In early 2022, she was promoted to Senior Director of Business Diversity with more specific responsibility for HCA Healthcare.

McCain says she wants to ensure that our HealthTrust members have diverse suppliers that reflect the communities they serve. "My role is to connect diverse suppliers to the business needs of our members, guiding them through the sourcing process and supporting them every step of the way."

She helps advance diverse suppliers by fostering relationships between them and HealthTrust members.

McCain supports this by introducing diverse suppliers to the HealthTrust

Supplier Diversity Team, HealthTrust Sourcing and the Supplier Diversity Council, which consists of HealthTrust member representatives from various IDNs who are responsible for supplier diversity within their organizations.

HealthTrust's annual Supplier Diversity Symposium is another opportunity for diverse contracted suppliers to network with representatives from hospitals and health systems and to interact with each other. The symposium also includes educational sessions and panel discussions.

MEMBER-DRIVEN GROWTH

Since McCain joined HealthTrust, the Supplier Diversity Program has grown from $154 million to $495 million in annual member spend. This growth refers to spend with HealthTrust-contracted suppliers that are minority-, women- or veteran-owned and nationally certified by third parties such as the National Minority Supplier Development Council and the Women's Business Enterprise Council.

While the program's growth reflects McCain's passion and dedication to diversity in healthcare, she credits the success to HealthTrust's members and the diverse suppliers that serve them. "Our members increasingly ask for diverse suppliers they can utilize within our portfolio. And our contracted diverse suppliers deliver with quality, service, innovation and value."

McCain looks forward to continuing to help suppliers and members in growing the program: "I'd like to see the program expand with national leadership recognition within the industry while meeting the expectations of our members, our shareholders and our supply chain leaders regarding the value, benefits and impact of supplier diversity." **HT**

HOW HAS YOUR organization increased its spend with diversity suppliers on contract with HealthTrust? Share your story or request help by emailing thesource@healthtrustpg.com

Navigating the PBM MARKETPLACE

Five ways to get the contract done right

PHARMACY BENEFIT MANAGERS (PBMs) ARE THIRD-PARTY ADMINISTRATORS OF PRESCRIPTION DRUG PROGRAMS, who are primarily responsible for processing and paying prescription drug claims. A PBM can be daunting, and there are often large discrepancies between the purported outcomes from a PBM, and the true value provided.

The underlying contract between the customer (e.g., plan sponsor) and the PBM can vary widely along dozens, if not hundreds, of different definitions, contract terms and other caveats. "Getting the contract right is very important," says **Joey Dizenhouse**, SVP and Head of HealthTrust IHP. "For example, in our experience, the actuarial difference from a high-performing PBM contract can be a reduction of 10% (or more) in terms of expected drug spend. That translates to savings of at least $100 to $150 per life, per year."

As a result, it is critical to ensure that the PBM's value is maximized by aligning the contract around the right drugs, at the right time, and in the correct setting, with the appropriate levels of transparency.

The contract is one of the essentials in maximizing the value of the relationship with a PBM. "This is also where HealthTrust can help. We are both a large purchaser of pharmaceuticals direct from manufacturers and we operate the largest sole-sourced PBM in the nation," says Dizenhouse. This provides comprehensive data and true visibility to all sides of the complex pharmaco-finance ecosystem.

iStock.com/ShutterWorx/Vera Shestak

Within the context of contract negotiation, Dizenhouse recommends paying special attention to these five key components of a PBM plan:

1 AVERAGE WHOLESALE PRICE

Average Wholesale Price (AWP) is a common and practical term. AWP is not the pharmacy or PBM's actual acquisition cost. Rather, it's an index that creates a spread between drug costs versus what the pharmacies really pay for drugs from wholesalers.

In a contract, a PBM may offer discounts off the AWP, often broken down by type of drug. For example, generic drugs filled at a retail pharmacy for a one-month supply might have one "AWP minus x%" guarantee, whereas brand drugs filled by the PBM's own mail-order pharmacy might have "AWP minus y%" for those prescriptions.

Within the PBM contract, an AWP should be based on a specific and credible index and should not be able to be substituted or repackaged. This language should be firm before making a PBM decision, as it alone can have a meaningful financial impact.

2 BRAND VS. GENERIC DRUGS

Identifying the differences between brand and generic drug classification is also critical. How a PBM contract defines brand versus generic drugs will have a substantive impact on overall value.

There are many variations in practice, but when dealing with brand versus generic drugs in a PBM contract, it is advisable to ensure that:

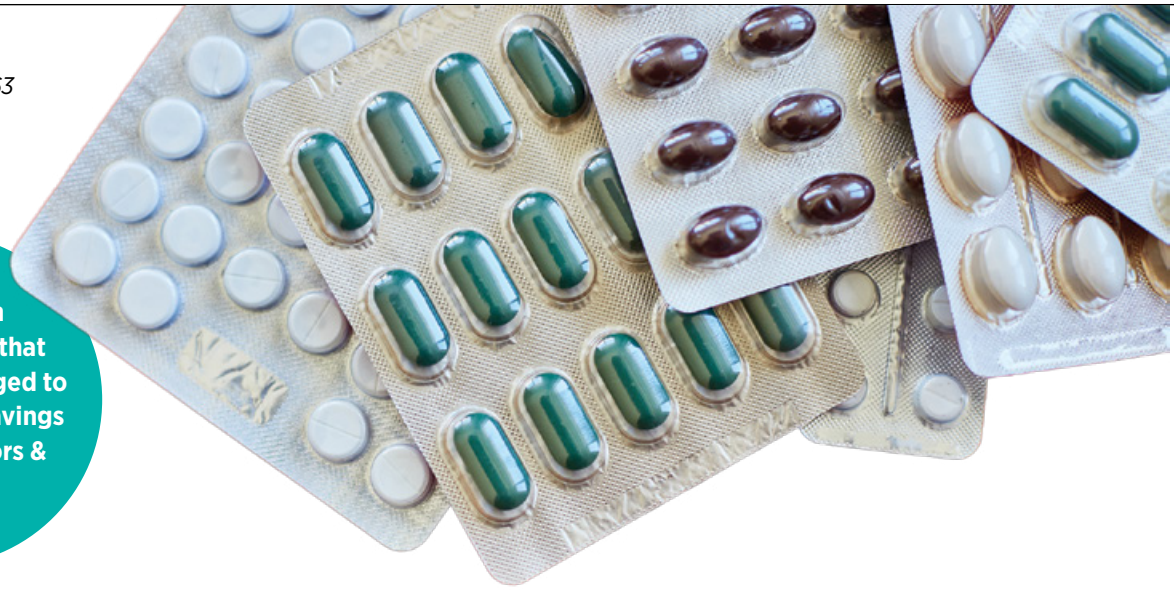
- Single-source generics should be classified as generics.
- The definition of "generic" should also include "generics in short supply," any drugs under patent litigation, "House Generics" and "DAW-5" claims.
- Any drug that is moved to be treated as a brand should always receive the minimum rebates. Appropriate language here can have a significant monetary impact.

3 SPECIALTY DRUGS

These are the most ambiguous segment in pharmaceuticals today, so properly defining specialty drugs is important. Specialty drugs are also the

Continued on page 64

Continued from page 63



PBMs are an important tool that should be leveraged to maximize cost savings for plan sponsors & patients.

largest single area of spend for a given plan. When it comes to a PBM contract, pay close attention to:

- Including a fixed list of National Drug Codes (NDCs) that comprehensively represent what is deemed a specialty drug, regardless of the included specialty definition.
- Ensuring this specialty drug list is not updateable merely at the PBM's discretion.
- Treating limited distribution drugs the same as any other specialty drug.
- Making sure any movement of drugs on or off the specialty drug list requires approval by the plan, and with sufficient notice.

"This is a critical element because without this language your specialty drug spend could increase significantly," Dizenhouse shares.

4 REBATE LANGUAGE

Most PBM deals offer minimum rebates that vary in amount by type of claim, with the largest amounts paid on specialty drugs. "When it comes to rebate language in your PBM contract, you should demand 100% pass-through pricing in both rebates and other forms of compensation as well. The fact is that rebates are just one component of monies paid to PBMs, many of which they retain if you don't negotiate that differently," he says.

Dizenhouse advises being explicit in defining which drugs are not paid the minimum rebate, as well as documenting the key sub-types that are included for application of the rebates. Minimum rebates should also be required to be paid quickly, and associated documentation should be included for plan validation. The financial impact of this language can be material to the monies credited to one's plan.

5 TREATMENT OF GENERICS

While there can be different prices for the same drug, the maximum allowed cost (MAC) price is a subset of products where the PBM may also have the ability to set the price for many individual drugs. The less that is codified in the contract, the more flexibility the PBM has to bend the results in its favor.

When dealing with the treatment of generics in a PBM contract, make sure the total generic discount (GER) guarantee encompasses all kinds of generics (whether MAC or non-MAC). The MAC list should be contractually well-defined, and the overall audit rights also need to include the MAC list. As with the other examples, the effect of this language is meaningful toward the plan's drug spend.

PBMs are an important tool that can and should be leveraged to maximize cost savings for plan sponsors and patients. But how the PBM is used is as important as anything. "At HealthTrust, our objective is always the same," Dizenhouse says. "To secure the best price and the most advantageous terms for enrollees of our PBM program, leveraging our scale and expertise." **HT**

MAXIMIZE THE VALUE of your PBM relationship by contacting your HealthTrust Account Manager or emailing askIHP@healthtrustpg.com

CHECK OUT PBM CANDID CONVERSATIONS with Joey Dizenhouse at healthtrustpg.com/thesource/category/candid-conversations

TRONEX®
HEALTHCARE

Multiple Award-Winning Supplier
Quality-Crafted PPE Solutions
Supply Resilience and Total Value

Anticipate | Communicate | Innovate

HealthTrust Contracts:

#785 Personal Protective Gowns & Apparel (PPE) Disposable
#1992 Examination Gloves
#7222 Headwear and Footwear
#7561 Face Masks – Surgical & Procedure (Pediatric)
#4468 N95 Respirator Face Mask Products
#5210 Non-Sterile Elastic Bandages

Visit Our Booth #801 at HTU

Proud HealthTrust Supplier Partner Since 2002
Supplier Excellence & Supplier of the Year Award Winner
2006, 2007, 2008, 2013, 2017

MINORITY BUSINESS MBE ENTERPRISE

healthcare@tronexcompany.com www.tronexcompany.com

TRUE GRIME: The "dirt" on laundry

Mitigating the risks of cost increases

OVER THE LAST FEW YEARS, HEALTHCARE OPERATORS HAVE EXPERIENCED UNPRECEDENTED RISK to supply cost increases, and the spend on laundry and linen is no exception. Laundry and linen services refer to the supply of clean, sanitized medical linens such as bedding, gowns and scrubs, whether laundered in-house or outsourced to a third party. According to the American Reusable Textile Association, laundry services can account for up to 3% of a hospital's entire budget.

"The first step in managing a reasonable linen supply expense is negotiating a strong contract," shares **Trevor Rotondo**, Director of Strategic Sourcing at HealthTrust. "Once that is in place, behavioral stewardship creates the efficiencies that reduce costs beyond the contract."

Members who manage these programs often ask how their facility's pricing compares to others, what the benchmarks are, and where they should be price-wise. "The answer is … that depends," explains Rotondo. "There are many factors that go into pricing, including the type of program and the linens chosen."

While laundry and linen services are optional purchased services contracts, there are benefits to working with suppliers contracted by HealthTrust. "We have the category and subject matter expertise to help members navigate the many options that comprise this complex category," Rotondo says. HealthTrust is a valuable resource for members—from supporting a review of an existing program to benchmarking the program against those of other suppliers.

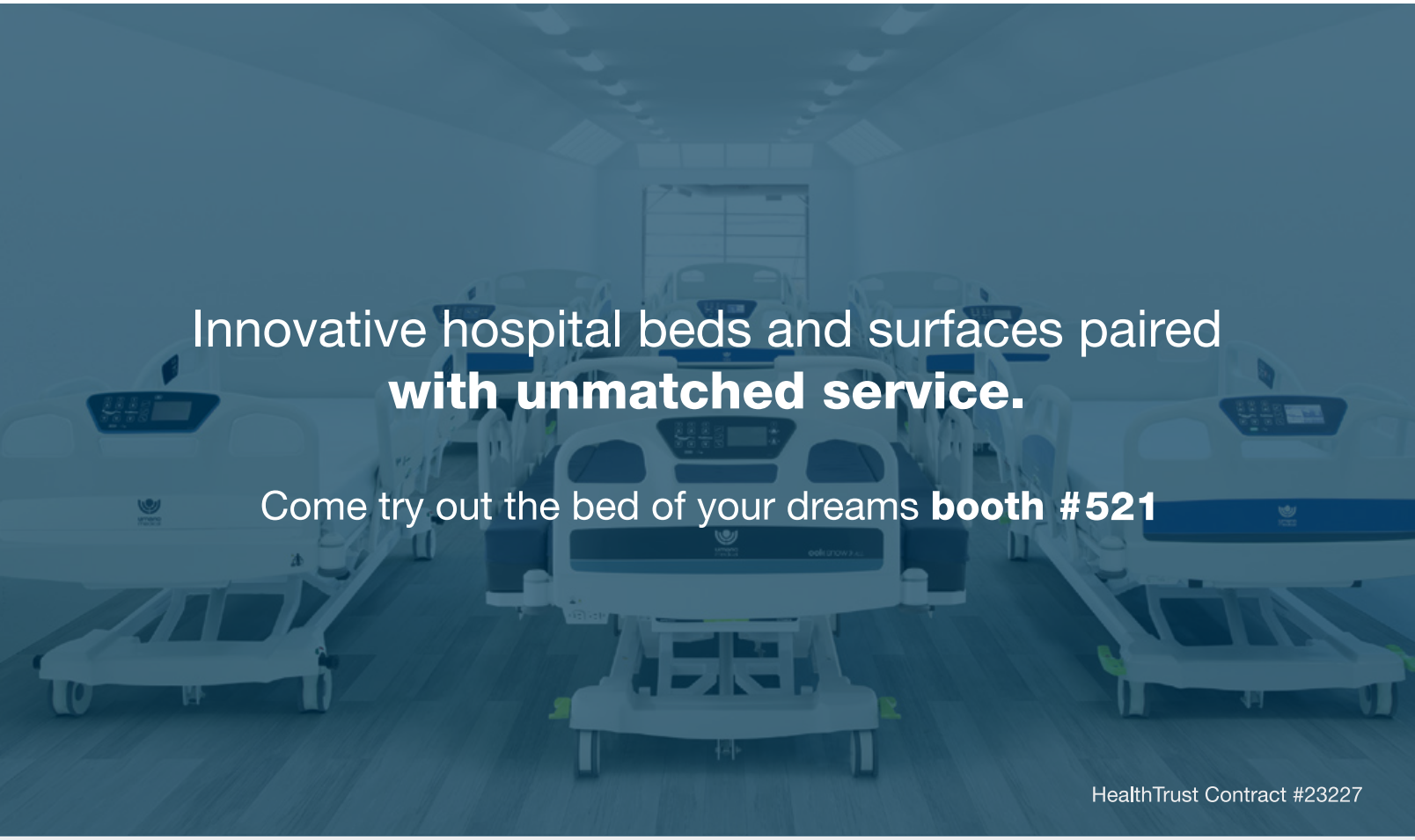
FACTORS IMPACTING PRICE

A number of supply disruption factors have impacted these laundry and linen programs during the pandemic and the inflationary period that followed. Pricing for some members has remained flat while others have experienced increases.

The cost of linen is directly impacted by the price of cotton. Cotton increased about 30% from the fall of 2020 through early 2022. Its reinjection accounts for more than 20% of a provider's linen supply expense. In choosing a higher-quality linen—one with a higher cotton content—costs are going to increase. While on one hand, higher quality means higher cost, on the other hand, it can positively impact patient satisfaction scores and thus yield

Continued on page 68

umano medical



THE UMANO PROMISE

- A commitment to your 100% satisfaction
- 24/7/365 direct access to technical support
- Same-day parts shipping
- No fine print

Check out our **Virtual Showroom**
for an interactive 3D experience of our full line of hospital beds and accessories.

Continued from page 66

an increased Medicare reimbursement. So, it is important to consider what is more important to the hospital. Higher-quality linens tend to last longer and result in reduced reinjection costs over time.

Operators have the option of outsourcing the rental of linens (supplier provided) or the laundering of Customer Owned Goods (COG) versus in-house laundry processing of the COG. Outsourced supplier costs are based on volume and distance—the greater the volume traveling and/or the shorter the distance, the lesser the rate. An onsite laundry may make financial sense for a low-volume, remote hospital, whereas a million pounds/year hospital within 20 miles of a supplier may spend more resources managing an in-house program with less buying power than suppliers managing programs for multiple hospitals.

WASTE & LOSS

"Once you have identified a program, a spec and a supplier," explains Rotondo, "it is time to identify efficiencies; opportunities to reduce initial cost projections and measure them month over month." The two most impactful behavioral factors inflating linen supply expense are waste and loss.

Waste happens when operators neglect the importance of establishing volume control of the number of towels, sheets and blankets brought into patient rooms. Once left in a room, unused linens may be collected as soiled and laundered again. "Loss is always going to happen, but don't be discouraged," says Rotondo. "It can be reduced through proper linen management. Identify what is an acceptable loss, and work to reduce loss spend." The 20% industry standard on linen reinjection includes both normal wear and tear and loss replacement combined. If replacement costs exceed 20%, there is an opportunity to improve loss behavior. Loss starts with training and retraining—no linens go into waste, no need to hoard excess linens, etc. Also, consider instituting an EMS linen program of reduced-quality linens used for patient transport, as they will likely never return.

The key to mitigating linen supply expense is to continually track behavioral metrics and review what worked as well as what did not. **HT**

GET CONTROL OF YOUR LAUNDRY & LINEN SERVICES by reaching out to your HealthTrust Account Manager or thesource@healthtrustpg.com for assistance. Attending HTU? Register for the July 19 session: ***Negotiating Your Best Linen & Textiles Contracts—Collecting Data Though Implementation.***

iStock.com/Romi Georgiadis

Dedicated to Making Missions Possible

At HealthTrust Performance Group, we've built our business around a strong sense of people, purpose and culture. And, we're proud that our colleagues again voted us as a "Top Workplace" for 2023.

Aligned around one passion, we are dedicated to making missions possible... your mission! Wherever you serve your community—in a hospital, in an ambulance or in a corner office—we're privileged to serve you.

Thank you for your partnership.

HEALTHTRUST
Performance Group℠

Treating wounds takes time.

ALLEVYN◊ LIFE
Foam Dressings

give it back.

Smith+Nephew

Save time. Save cost. Save worry.
Scan to learn more.[1]

HealthTrust Contract #24201

Contact your HealthTrust Smith+Nephew Director, National Accounts

Kim Giebel at 703-623-0912
Kimberly.Giebel@smith-nephew.com

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