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DISCOVER THE DIFFERENCE

HEALTHTRUST PERFORMANCE GROUP

Q4 2023 | V 17 NO. 4



## REPAIRING THE SUPPLY CHAIN

Overcoming disruption with  
innovative solutions

## ABOVE & BEYOND

A look at the 2023 Member Recognition  
Award recipients

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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.

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### REPAIRING THE SUPPLY CHAIN

Overcome disruption with innovative solutions.

#### EDITORIAL CONTRIBUTIONS:

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

- \* 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](mailto:faye.porter@healthtrustpg.com) with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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### A BIG PLUS FOR WORKFORCE MANAGEMENT

HealthTrust announces a new resource for labor utilization & cost management.

HealthTrust Performance Group is committed to strengthening provider performance and clinical excellence through an aligned membership model and total spend management advisory solutions that leverage operator experience, scale and innovation. Headquartered in Nashville, Tennessee. HealthTrust ([healthtrustpg.com](http://healthtrustpg.com)) serves over 1,800 hospitals and health systems in the U.S. and the U.K. and more than 57,000 non-acute member locations, including ambulatory surgery centers, physician practices, long-term care and alternate care sites.

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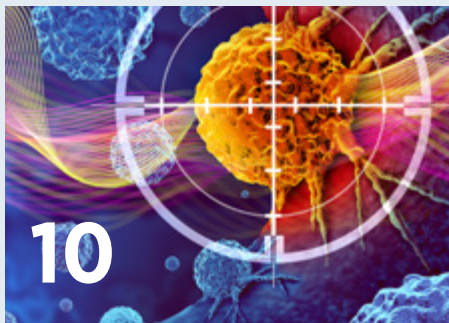


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### 2024 HTU Call for Proposals

Proposals for sessions to be considered for presentation at the 2024 HTU are being accepted now through Dec. 28, 2023. See page 30 for details.



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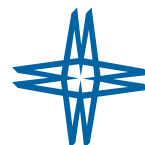


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## CEO perspective

## Experts among us

**As many organizations finalize budgets and travel schedules for the coming year, I hope our member executives will plan now to join us for the 2024 Executive Advisory Summit.**

The 2023 event was held in Deer Valley, Utah, and over the course of two-and-a-half days in May, we convened healthcare C-suite leaders from members nationwide to hear from expert speakers and contribute to small group workshops on some of the issues facing healthcare providers.

I always find this kind of connection with our members brings immense value, and I am grateful for experiences like these that encourage collective knowledge-sharing and collaboration. Attendees had the opportunity to both learn and discuss an array of solutions in breakout sessions on a number of the healthcare industry's biggest challenges.

The changing consumer role in U.S. healthcare and the impact it will have on new care delivery models was presented by **Larry Van Horn**, Executive Director for Health Affairs at Vanderbilt University.

**Jim Davidson**, a high-altitude expedition leader, shared insights on resiliency through stories based upon his experiences executing successful high-altitude rescue missions. He offered lessons on overcoming change, challenges and uncertainty.

As policymakers place an increased emphasis on executing ESG strategies, a session titled *The "E" in ESG*, offered lessons learned from a few health system environmental transformations. (It was led by **Jocelyn Bradshaw**, SVP, Strategic Sourcing, HealthTrust.)

A workforce strategy session discussed how to stabilize the staffing shortage crisis through recruitment, retention, alternative practice models and technology. (It was led by **Brendan Courtney**, President/CEO, HealthTrust Workforce Solutions and **Dr. John Young**, HealthTrust's Chief Medical Officer. See related articles on pages 40 and 46.)

The increasing complexities preventing execution in healthcare organizations and approaches to effectively overcome them was the focus of a panel I took part in. It was moderated by **Ramy Hanna**, Supply Chain CEO for HCA Healthcare's Continental Division/Mercy Roi. Other panelists were **Betty Jo Rocchio**, System Chief Nursing Officer, Mercy Health, and **Chas Roades**, CEO/Founder, Gist Healthcare.)

Feedback was positive, and attendees overwhelmingly agreed that our time together was well spent. At their suggestion, we plan to broaden the invite list for next year's event to include even more healthcare leaders.

### RECOGNIZING MEMBER EXCELLENCE

Speaking of experts, one of the highlights of the annual HealthTrust University Conference is honoring member organizations who have demonstrated excellence in delivering outstanding programs and services benefiting their patients and communities. Recipients of the 2023 HealthTrust Member Recognition Awards are: **Franciscan Alliance**, Outstanding Member; **Franciscan Missionaries of Our Lady Health System**, Clinical Excellence; **HCA Healthcare Mountain Division**, Social Stewardship—Sustainability; **Scripps Health**, Pharmacy Excellence; **United Surgical Partners International**, Operational Excellence; **WellSpan Health**, Innovation.

Please join me in congratulating this year's recipients; their work is featured on pages 24-28 of this edition. Discuss your successful initiatives for possible recognition through next year's awards program with your HealthTrust Account Manager. And, don't hesitate to share how we can better serve your organization. Know we are committed to your success and that we value your trust in us. ●



**Ed Jones**

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



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## CMO perspective

# The power of connection

**HealthTrust is on a mission ... yours!** And part of our impact is providing you with actionable resources to help bridge the knowledge gap that often exists between clinical and purchasing colleagues within a healthcare system.

HealthTrust's Clinical Integration team supports members (see page 11) with clinical evidence, insights from HealthTrust Physician Advisors and resources to assist with product conversions, as well as a platform to connect you with other members and HealthTrust subject matter experts. The team also hosts Collaborative Summits, an immersive, think-tank experience that delves deep into relevant matters facing today's healthcare organizations.

Plans for our next Summit are underway. Attendees will dive into the evolving technology landscape, hear from experts and brainstorm ideas on how to optimize nurse staffing and workload efficiency using technology. And, back by popular demand will be a series of Value Analysis Boot Camp offerings throughout 2024. Contact your HealthTrust Account Manager or my team if you are interested in participating or learning more at [clinical.services@healthtrustpg.com](mailto:clinical.services@healthtrustpg.com).

I encourage you to sign up for these valuable resources:

- ▶ **Clinical Knowledge Insights Library** | [hpginsights.com](http://hpginsights.com)  
Supporting members with clinical evidence, physician/clinical insights, conversion tools and an on-demand clinical request service
- ▶ **HealthTrust Huddle** | [huddle.healthtrustpg.com](http://huddle.healthtrustpg.com)  
Connecting members with peers and experts across the membership to solve problems and share knowledge to provide both immediate solutions and assist with demand planning

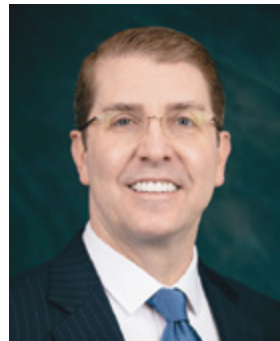
## IN THIS ISSUE

Scenario planning is more critical than ever in supply chain management. Beginning on page 34, HCA Healthcare subject matter experts **Ramy Hanna** and **Ron Powell** explain that it's necessary to embrace change and work with new tools and methods because—at least for the near term—supply chain disruptions and other complexities such as staffing shortages are here to stay. Learn how non-traditional and transformative approaches beyond savings can help hospitals successfully navigate these challenges.

Hospitals need innovative strategies to manage their biggest expense—labor. That's why HealthTrust Workforce Solutions created PLUS (Productivity, Labor, Utilization System) Benchmarking (see page 40). This subscription service enables health systems to compare their operations with hospitals across the country so they can identify performance gaps as well as opportunities for improvement.

## SHARE YOUR INSIGHTS

Members are encouraged to take a few minutes to share your feedback on *The Source* magazine by emailing us at [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com). Your feedback, especially on topics of interest, is important in planning our editorial and education programs. In the meantime, be well. ●



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

**SHARE HOW YOUR ORGANIZATION** uses HealthTrust clinical resources. Email us ([thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com)) a brief description of your clinical, value analysis or pharmacy success story, and we might profile your facility in an upcoming edition.



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## Preventing drug diversion

*Keeping patients safe from harm while reducing liability*

Drug diversion presents significant liability risks to an organization from a regulatory, financial and public relations standpoint. Several healthcare facilities have lost lawsuits and paid millions of dollars to patients harmed because of employee drug diversion or problems with documentation or processes.

Case in point: In 2021, a 15-hospital health system in Michigan paid a \$7.75 million penalty to settle a federal investigation that revealed that hospital officials were distributing opioids and other drugs without prescriptions. The health system was publicly criticized for having an ineffective system in place, failing to catch these kinds of problems. The incident led the hospital to implement a robust drug diversion prevention program.

### A RISK TO PATIENT & WORKPLACE SAFETY

Drug diversion among healthcare workers is substantially underestimated, undetected and underreported. Drug diversion occurs when medication is redirected from its intended destination for personal use, sale or distribution to others. It includes drug theft, use or tampering (adulteration or substitution). While it is not a new issue, many hospitals do not have policies and procedures in place strict enough to effectively prevent it from happening.

"If a patient is underdosed with a pain medication that has been ordered by the provider, it means they may not be getting the pain relief they need," says **Kara Fortune**, PharmD, Director of Pharmacy Solutions and Member Support at HealthTrust. "Another risk is exposure to infectious diseases from contaminated needles if used by a healthcare worker. This can be compounded by the healthcare worker's impaired performance, when they are not of sound mind and unable to effectively care for patients."





## 4 STEPS TO CREATING A MEDICATION DIVERSION PREVENTION PROGRAM

All health systems should have a medication diversion team and develop a coordinated and systematic approach to prevent, detect and report medication diversion.

### 1 Establish a medication diversion team.

It takes a multidisciplinary medication diversion team, with your CEO/president or other chief officer serving as program champion. Pharmacy and nursing teams should lead the charge, along with human resources, facilities, patient safety, risk management and security as other key team members.

### 2 Implement a systemwide policy & commit to adherence.

Your controlled substance prevention policy should address key aspects such as access, chain of custody, surveillance/reporting and employee accountability.

“Simply homing in on preventing drug diversion often changes people’s behavior because monitoring is now happening and documentation is being reported,” explains Fortune.

The policy should also dictate the proper storage of controlled substances and other medications that patients bring into the hospital.

### 3 Create & maintain a surveillance system & employ diligent reporting practices.

The industry offers many technologies around preventing drug diversion, including automated dispensing cabinets with built-in reporting features and software built with artificial intelligence to help facilities determine when something is out of the ordinary. Technology can help identify the frequency with which controlled substances are being accessed, patterns in pain medication distribution and any discrepancy within predetermined guardrails established by the medication diversion team.

“To have a safe work environment, it’s important to have a culture where if anything feels off about a situation, such as a colleague exhibiting abnormal behavior, altered physical appearance and poor performance, employees feel comfortable notifying the supervisor and using the right steps based on policies and procedures to report it,” adds Fortune.

Awareness and recognition are the first steps to prevention.

It’s also critical to ensure regulatory compliance. “Many hospitals fail to report diversion to the Drug Enforcement Agency (DEA) on a form 106, as required by law (21 CFR §1301.76(b)). Failure to do so not only violates DEA regulations but also violates the Medicare Conditions of Participation (CoPs) for hospitals,” says Fortune.

“If diversion is found, a hospital is required to report it to regulatory bodies, which include the DEA, state regulatory boards, pharmacy boards, nursing boards and the Food and Drug Administration.

### 4 Evaluate progress & develop metrics.

Multi-hospital health systems should share best practices and ensure metrics are aligned, continuously monitored and uniformly reported.



## HOW HEALTHTRUST CAN HELP

HealthTrust’s Pharmacy Advisory Solutions team can help your health system or hospital develop a drug diversion prevention program and ensure successful implementation. It starts with creating a multidisciplinary medication diversion team, developing a controlled substance diversion prevention policy/procedure and identifying and/or aligning metrics. The HealthTrust team also provides a robust toolkit that is customized to your health system or facility, to include supporting resources such as a Medication Diversion Team charter, a template for meeting minutes, audit form examples, a DEA guidebook and more. ●

**LEARN MORE ABOUT drug diversion and other Pharmacy Solutions from HealthTrust at [go.healthtrustpg.com/transformingpharmacycaretogether](https://go.healthtrustpg.com/transformingpharmacycaretogether) or contact your HealthTrust Account Manager for more information.**

## Riding the wave of progress

*Staying on top of the evolution in oncology & biologics treatments*

New developments in medicine sometimes surge forward so quickly that it can be hard to keep up, even for the healthcare professionals who need to use or acquire the innovations. With this rapid development in mind, HealthTrust subject matter experts **Mohammed Elayan**, PharmD, Director, Oncology Pharmacy Clinical Operations, and **Jason Braithwaite**, PharmD, MS, BCPS, AVP, Clinical Pharmacy Services, discussed the changing world of oncology and biologics with attendees at the 2023 HealthTrust University Conference.

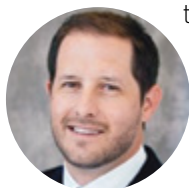
The team explains the challenges facing the industry and the HealthTrust solutions available to help.

### INNOVATIONS IN THERAPIES

“The oncology and biologic landscape is rapidly evolving and incredibly complex, both clinically and operationally,” explains Elayan. “From a business perspective, health systems are dealing with these incredibly high-cost drugs. Ensuring they’re giving them in a safe, effective and financially sustainable manner is a challenge in today’s market.”

Several factors, such as payor restrictions, operational considerations, rising drug costs and technology fragmentation lead to complexity in the healthcare landscape. This is especially evident in the outpatient infusion area where market forces are driving innovation in patient treatment.

“Innovation is good, but the pace of innovation is so rapid that providers are having a hard time adapting and evolving quickly enough to utilize drugs appropriately. By the time you’ve figured out how to administer one, there is a new one on the market, and the guidelines have changed,” says Braithwaite.



For example, with the demand for life-saving treatments, many oncology agents are being approved early in the approval pathway, with several occurring immediately following phase two clinical trials.

“With many novel cancer therapies, it’s deemed that the benefit of a new treatment is likely higher than the risk of side effects of a new therapy, leading to a more rapid approval,” Braithwaite explains. But this also means less data and evidence is available to determine safety and clinical protocols. There can also be a rush to implement policies when drugs are approved earlier than expected.

### PAYOR & REIMBURSEMENT CHALLENGES

Historically, healthcare systems have been focused on inpatient care, with clinical and financial services developed accordingly. Billing models are based on one-time encounters, such as emergency room visits or diagnostic-related group (DRG) payments.

But oncology and biologic treatments are generally part of a longer-term care plan involving multiple encounters and multiple payment authorizations. “It’s a lot more complicated. You’re managing these patients not just clinically for an extended period of time, but financially too. If your processes are set up to only handle a one-time encounter, and now you’re handling multiple, it becomes challenging, especially when the reimbursement model is different on the outpatient side,” says Elayan.

And while providers want to prescribe treatments with minimal side effects and the best outcomes, the reality is that there are a number of other factors that need to be considered, such as monitoring requirements, 340B

eligibility and payor restrictions. “Payors often try to dictate what should be used, as well as when and where it should be used. While there are many variables, I think the payor dynamic is the most difficult one to deal with at this time,” explains Braithwaite.

## HEALTHTRUST SOLUTIONS

Recognizing the industry’s increasing challenges, HealthTrust has developed new offerings to support its members.

Some of the ways HealthTrust helps members tackle these challenges include:

- ▶ Sharing up-to-date information on commercial payors and Medicare policies as well as reimbursement models
- ▶ Tracking drugs from early phase clinical trials to market launch
- ▶ Offering a drug information service with drug comparison documents
- ▶ Providing operational expertise to help members implement or enhance outpatient services

“HealthTrust Pharmacy Services can come into a health system and help the team operationalize its approach with many of these oncology and outpatient drugs. We have expertise in this field—from revenue cycle management and formulary selection to all of the operational components of putting an outpatient pharmacy program in place,” says Braithwaite.

“It’s challenging for members to balance all of the things thrown at them daily when their focus needs to be on patient care,” adds Elayan. “There’s tremendous value in having a team that knows our members inside and out. Our services have evolved to help drive value in this ever-changing landscape.” ●

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# Optimizing PHARMACY OPERATIONS

HealthTrust's Pharmacy Solutions  
creates opportunities for success



SHORTLY AFTER HIS PROMOTION TO VICE PRESIDENT OF PHARMACY SERVICES AT PRIME HEALTHCARE, **David Silverman**, PharmD, BCPS, BCCCP, found himself confronting two realities: His team was broadly distributed across the healthcare system's 45 hospitals in 14 states, and the organization needed to optimize their therapeutics standards.

Prime Healthcare had begun its partnership with HealthTrust in 2018, and the following year, Silverman decided to strengthen his pharmacy team and improve



their pharmacy operations. He turned to HealthTrust's Pharmacy Solutions team.

"Pharmacy Solutions partners with hospitals and health systems to help them realize their opportunities and move toward being successful in strategy development and implementation," says **Aigner George**, PharmD, HealthTrust's AVP of Pharmacy Solutions. Engagements span the gamut—from improving operational performance and organizational structure to developing strength in leadership.





“HealthTrust Pharmacy Solutions partners with hospitals & health systems to help them realize their opportunities & move toward being successful with strategy development & implementation.”

—Aigner George, PharmD

HealthTrust Pharmacy Solutions provided guidance on getting the most out of the GPO’s offerings, including how to identify the best suppliers for the team at Prime to work with. “Having a dedicated person who’s helping you from that side of the business makes it much easier to navigate, and nothing falls through the cracks,” adds Silverman. “It’s essentially having a GPO expert integrated into your

team who brings the best experience of the other organization with them. That’s been very helpful.”

With an operations strategy and systemwide standards in place, Silverman worked with George on strengthening his pharmacy team. As a healthcare performance improvement organization, HealthTrust can assist members with more than GPO savings—leadership development and team building are just two of the

areas, shares George. “Helping our partners develop and sustain strong and efficient teams is key to their ability to effectively launch and maintain initiatives.”

HealthTrust’s Pharmacy Solutions team took a two-pronged approach in providing leadership development and team building support to Silverman and his team.

George shared tools to help Silverman assess his leadership style and delivered one-on-one coaching to help him navigate the nuances of leading a team. And, because of COVID restrictions in place at that time, it was particularly important to share how to keep up team morale.

Developing the team meant establishing a sense of belonging, George says. “You evolve into an effective team by getting to know each other and by establishing steps toward inclusion. It doesn’t matter if team members ‘like’ each other or not, it matters if they respect and can depend on each other.”

Silverman and George started their partnership by implementing additional systemwide pharmacy and therapeutics standards. “HealthTrust really helped us in the beginning to formulate our corporate medication management and pharmacy standards,” Silverman explains.

HealthTrust’s Pharmacy Solutions team assisted Silverman’s team in navigating the path to a system-level medication management and formulary strategy that took into account the clinical and regional nuances, rather than a “one size fits all” approach for the health system’s locations. They also helped to create a national drug shortage mitigation workflow, a contract review process and a vendor strategy.

→ IMPROVING OPERATIONAL PERFORMANCE

→ IMPROVING ORGANIZATIONAL STRUCTURE

→ DEVELOPING STRENGTH IN LEADERSHIP

George set up a web-based team meeting and began by asking all participants to turn on their cameras. She then led them through a series of activities that allowed them to get to know each other on a personal level—who they are as parents, as volunteers in their communities, as sports fans—as well as their communication and thinking styles, so if someone takes a while to respond to an email, for example, it's with the understanding that that person likes to give things some thought before responding.

"We have to be respectful of our colleagues," says George, "and make sure that we're being inclusive of different dimensions of diversity, which include how we think."

Those exercises were effective, Silverman shares. "She helped me lead and develop my team, and all team members became more effective with managing their own respective locations."

Of all the benefits Silverman gets from his partnership with HealthTrust's Pharmacy Solutions, what he values most, he says, is the one-on-one, personal support he gets

from George. The two have weekly check-in phone calls to talk about what he is experiencing on the job.

"It's important to make sure that when we are engaged with a member, we're not just having simple discussions around what we did and what the next step is," George says about those weekly conversations. "I really want to know how our members feel the engagement is moving along and how we can be a better partner."

"Having that liaison to ask questions and really help you navigate the process is truly invaluable," Silverman says. "It enables us to make decisions that are better informed." ●

**OPTIMIZE YOUR PHARMACY OPERATIONS** by engaging HealthTrust Pharmacy Solutions to identify opportunities and create strategies for performance improvement. Contact [aigner.george@healthtrustpg.com](mailto:aigner.george@healthtrustpg.com) or visit [go.healthtrustpg.com/transformingpharmacycaretogether](https://go.healthtrustpg.com/transformingpharmacycaretogether) for more information.



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# Reducing unnecessary COST & RISK

## Getting loaned instruments on time requires planning & communication

ORTHOPEDIC AND SPINE SURGICAL PROCEDURES ARE SELDOM PERFORMED without having to take on the high price of purchasing sophisticated instrument sets. Often, multiple sets simply sit on storage shelves while not in use. To lower costs and minimize waste, facilities may opt to use vendor-loaned instrument trays. While this option offers a number of benefits, there are unanticipated consequences that can arise if they arrive later than expected.

Fortunately, taking a few steps can improve the process of getting required instrumentation to the operating room on

time, and HealthTrust's Medical Device Management Team (MDM) can help assess the workflow and costs associated with using vendor-loaned trays.

### ASSESSING THE LOGISTICAL CHALLENGES

One of the biggest issues with using vendor-loaned instrument trays is communication and coordination with medical device reps, says **Chris Stewart**, VP of Medical Device Management at HealthTrust. "When a patient is on the table, every minute counts. Instrument sets are supposed to be delivered at a minimum of 24 hours in



*Continued on page 18*

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*Continued from page 16*

advance of elective surgical procedures, but often that's not the case," he says. This can lead to significant delays in the operating room and sometimes cancelled procedures.

"Most facilities have a 24-to-48-hour arrival deadline in order to give sterile processing technicians time to prepare the instruments before the scheduled surgery," explains orthopedic spine surgeon **Adam Bruggeman, M.D.**, Chief Medical Officer at PSN Affiliates and a HealthTrust Physician Advisor.



Shipping problems can arise, causing vendor-loaned instrument trays to arrive late at the intended hospital or ambulatory surgery center. Since the instrument trays are shipped around the country via carriers such as FedEx and UPS, they can be delayed due to bad weather within the routes.

### A PROBLEMATIC CHAIN OF EVENTS

"When surgical instruments do not arrive on time, an accelerated chain reaction can disrupt critical workflow and processing," says Stewart. The loaner-trays are hustled to the sterile processing department (SPD) where technicians are under pressure to get the instruments ready for surgery. The SPD is the front line of defense for patient safety and requires multiple steps and procedures, which can take several hours to complete. Processing delays can negatively impact surgery block time and patient care.

Even though procedure start times may be compromised—a frustrating situation for the surgical team and the patient—the most alarming result of interrupted workflow and process is potential harm to the patient. "In an environment that is constantly in motion and under pressure, bioburden could go undetected," explains Stewart. Such mistakes could result in a post-op infection or sentinel event.

"Late arrival of vendor-loaned trays also impacts employees at the facility, particularly sterile processing technicians," says Dr. Bruggeman. When instrument trays don't arrive on time, technicians may end up working longer hours or odd schedules. The increased pressure also adds a great deal of stress to staff, adds Stewart.

When looked at altogether, these employees face a high level of burnout, and turnover in the SPD can increase. This is particularly problematic for facilities, explains Dr. Bruggeman. "There is currently a shortage of sterile processing technicians nationally. A facility may lose their most experienced technicians and end up with a department staffed by more inexperienced technicians, which can lead to errors and slowed workflows."

### 3 STEPS TO IMPROVE LOANER-KIT PROCESSES

Facilities can take steps to minimize or mitigate some of these challenges with loaner instrument kits. Stewart and Dr. Bruggeman suggest these three steps to ensure a smoother process:



"Proper communication between the facility, physician and supplier is the most important step in reducing clinical, financial and environmental waste, and most importantly, patient safety risks," Stewart notes.

Typically, 75% of surgical instruments in a tray go unused, hemorrhaging costs. Just talking with surgeons is not sufficient, as they rely heavily on their rep for bringing in the necessary instrumentation. Stewart recommends collecting relevant data points to determine which tray and how many specialty instruments will actually be used during surgery. Borrowing fewer instruments reduces costs for the healthcare facility and supplier. This also means less processing work in the SPD, which leads to a reduction in unnecessary labor, supply and risk. ●

**ENGAGE THE MDM TEAM** to assess policy and costs associated with using vendor-loaned surgical instrumentation and to learn how to optimize your vendor management process. Email [corp.medicaldevicemgmt@healthtrustpg.com](mailto:corp.medicaldevicemgmt@healthtrustpg.com) to start the conversation.



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PART 4 IN A SERIES

# Setting clear EXPECTA

## Improving supplier relationships for better value analysis

THROUGHOUT THE YEAR, WE'VE EXPLORED OUR VALUE ANALYSIS SURVIVAL GUIDE TO HELP MEMBERS BEGIN OR REIGNITE THEIR VALUE ANALYSIS EFFORTS. In this issue, we wrap up our yearlong series by taking a look at best practices for managing suppliers.

Concerned about undue influence and upselling, some facilities want to minimize interactions with suppliers, but suppliers can be a valuable resource in the

information-gathering part of the value analysis process and in educating the staff/clinical team post-process. "Suppliers are the experts in their products," says **Kim Kelly**, MSN, RN, HealthTrust's AVP of Clinical Services, "so having a good relationship with them can help impact if and when there is a change."

As product experts, they can answer technical questions relating to products and can help introduce the product and train clinicians and other staff members, says **Jody Upton**, MSN, MSM, RN, HealthTrust's Director of Clinical Services. And, she adds, existing physician/supplier





The backbone of relationships with suppliers is setting clear guidelines about what you & your facility expect of them.



facility and its clinicians and staff members, but a third party is not necessary. Facilities can create and maintain their own credentialing process.

“A credentialing process really is paramount to managing access within a facility, particularly in critical areas where there may be a higher volume of suppliers on a daily basis,” Kelly explains. Having a credentialing process in place also sends a

message to the supplier community that the facility is serious and that there will be consequences if suppliers do not adhere to guidelines.

Credentialing includes getting information from suppliers about who they work for, where they work, what products they’re selling and which physicians they’ll visit. There’s also a health component, such as knowing if they have had a COVID vaccine.

Having a credentialing process in place not only ensures that suppliers know what’s expected of them, but it also empowers facility employees, Kelly adds. “It helps the staff if they’re aware of what suppliers are supposed to do,” she says. Encourage staff members to remind suppliers of the rules (such as the need to wear a badge) and to report consistent noncompliance.

Beyond credentialing, explains Upton, facilities should let suppliers know, preferably in writing, what the rules are when they’re in the facility (such as the need for appointments and rules against visiting other providers and upselling).

### UNDERSTAND YOUR NEEDS

Suppliers, with their expertise, often support clinical staff during procedures and provide education and training, which is valuable. “The facility loses a little control because it is the supplier providing it; however, you’re not affecting your manpower when you’re not engaging your staff to be the trainers,” Upton adds.

While many facilities find the benefits outweigh the risks, others want a tighter rein on the opportunities suppliers have to upsell or sway clinicians. These facilities may decide suppliers shouldn’t be in the operating room during

relationships may also be leveraged to your advantage and can be beneficial when trying to make a change.

Having a relationship with suppliers doesn’t mean being “best buddies” with them. However, Kelly suggests, “Make sure they know who you are, and you know who they are. Have a conversation with them. Build a relationship that’s based on more than a transactional work relationship.”

The backbone of relationships with suppliers is setting clear guidelines about what you and your facility expect of them, says Upton.

### CREDENTIALING IS KEY

Most facilities use a third party to set up and maintain a credentialing process for suppliers to have access to the

# TIONS

surgeries, for example, curbing the chance a supplier might say to a surgeon mid-procedure that if you used X product in this scenario, you'd get Y result. Instead, suppliers are only allowed to train clinicians in advance of procedures.

### MANAGE INAPPROPRIATE BEHAVIOR

"The vast majority of suppliers are good partners, and they understand the long gain of working with the facility and within the facility," says Kelly. However, sometimes there are situations where things go awry, and in those cases, you must take action.

### 3 WAYS TO PROMOTE SUPPLIER COMPLIANCE

#### Be visible

Be visible so you know who the suppliers are and see who is complying and who's not. Just being around in areas where there tend to be a lot of suppliers, such as the cath lab, may curb some unwanted behavior. Also, talk with your staff; they know better than anyone what's happening.

#### Immediately address inappropriate behavior

Have a conversation with the supplier, pointing out whatever is happening is not allowed and explaining what will happen if it doesn't stop. Depending on the type of infraction, whether the supplier has been warned before, and what personalities are involved, an official letter may be more useful than a face-to-face discussion.

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### Ban noncompliant suppliers

In cases when suppliers fail to curb their inappropriate behavior, you can request to work with other representatives. This is well within the rights of an organization. Colleagues have input into who can and cannot come into a facility.

A point of caution: If you see that a situation is escalating with a particular supplier, make sure the clinicians who regularly see the supplier are aware of what's going on. You don't want your surgeons blindsided when a new person they don't know shows up in the operating room, replacing a person they expected. And you want your physicians to hear from you about what's going on rather than hear about it from the disgruntled supplier.

Managing relationships with suppliers comes down to clear communication. If everyone knows what the boundaries are and respects them, then you can minimize or eliminate situations you don't want to be in and open the door to appropriate interactions that can benefit the value analysis process. ●

**FOR SPECIFIC STEPS** to effectively manage suppliers, see Chapter 7 of the Value Analysis Survival Guide. Contact your HealthTrust Account Manager or email [clinical.services@healthtrustpg.com](mailto:clinical.services@healthtrustpg.com) to request related resources.



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# ABOVE & BEYOND



## Celebrating the 2023 Member Recognition Award recipients for their inspiring work

EACH YEAR, HEALTHTRUST'S MEMBER RECOGNITION AWARDS HONOR MEMBERS leading initiatives that bring their organizations to new heights of performance. This year's awards, given at the annual HealthTrust University Conference in Las Vegas, highlight group and facility efforts for improving health measures, enhancing the clinician and patient experience, and better sustaining our environment. All members can learn lessons and gain inspiration for how to make positive changes within their own organization based on the examples these award winners share.

### CLINICAL EXCELLENCE AWARD

#### Franciscan Missionaries of Our Lady Health System | Baton Rouge, Louisiana

The Franciscan Missionaries of Our Lady Health System (FMOLHS), a 10-hospital system in Mississippi and Louisiana, received the Clinical Excellence Award for improving its process to assess and monitor blood oxygen saturation across its patient population. Previously, the staff was concerned that their blood oxygen saturation devices and processes produced inconsistent readings. This resulted in patients withdrawing from monitoring efforts, and clinicians had difficulty gaining visibility into the important metrics. Clinicians switched some patients to more expensive specialty probes to ensure accurate monitoring. The clinical staff felt the systems in place impacted patient safety and the clinician experience.

The FMOLHS team tested Masimo's pulse oximetry products at several of its hospitals and on multiple patient types: adult, neonate and pediatric patients in the medical and pediatric intensive care units. Those tested also included patient groups with questionable readings on the original technology. Clinicians used Masimo technology when unable to get a pulse oximetry reading with their original probes, following up with arterial blood gas (ABG) testing to confirm the Masimo technology results. In every case, the Masimo oxygen saturation readings correlated with follow-up ABG, and they could also detect blood oxygen readings when patients moved.

By changing to Masimo technology, FMOLHS is projected to save \$300,000 on pulse oximetry sensors and software, while enhancing safety and improving the experience for both patients and clinicians. An additional \$500,000 in annual savings is forecasted, partly through decreased lengths of stay and the avoidance of additional procedures.

"We are most proud that this better technology will be available to FMOLHS patients at all hospitals and emergency departments because the Materials Management team has helped lead the transition across all sites, not just a few locations," says **Shantelle Graves**, BS, RRT, Senior Director of Respiratory Care and EEG at Our Lady of the Lake Regional Medical Center. "The award recognizes safer care at a lower price for our patients, greater trust in the oxygen saturation displayed on the monitor and reliability during medical emergencies when it really counts."

## CLINICAL EXCELLENCE AWARD



(L to R): **Shantelle Graves**, Senior Director, Respiratory Care and EEG; **Benjamin Vetsch**, Contract Program Manager; **Blake Nolan**, Director, Respiratory Therapy; **Benjamin Willoughby**, Director, Respiratory Therapy; **Hollie Guillory**, Director, Respiratory Therapy; **Kim Bourgeois**, Contract Program Manager



## INNOVATION AWARD

### WellSpan Health | York, Pennsylvania

WellSpan Health earned the Innovation Award for developing a vendor scorecard that helps remove roadblocks and biases to allow for a more level playing field between vendors, including a more diverse vendor pool. The regional health system in central Pennsylvania includes eight hospitals and more than 220 patient care locations, covering a large span of specialties and services. WellSpan Health is a part of the AllSpire GPO.

When making vendor decisions in the past, WellSpan struggled to quantify non-financial criteria in RFPs and other bidding situations, finding the process too subjective and difficult to determine. WellSpan wanted a way to provide more opportunities for local and small vendors as well. The team worked with Valify, HealthTrust's cost-management technology partner company exclusively dedicated to controlling purchased services expense, and Supplier IO, which runs a diverse supplier database, to create its Balanced Vendor Scorecard. The scorecard is a scalable solution that factors in non-financial criteria such as vendor size, diversity, risk mitigation, location and sustainability.

## INNOVATION AWARD



"Our team strives to inspire health and create solutions to best serve our patients, and the bid tool helps do that by aligning our organizational values and goals when selecting vendors," says **Jonathan Pumphrey**, VP and Chief Supply Chain Officer at WellSpan Health. "This innovative scorecard presents a balanced, measurable approach to ensure a non-biased decision-making process while also including our ability to further engage a number of small,

(L to R): **Greg Inman**, Manager, Strategic Sourcing; **Miranda Markle**, Contract Administrator; **Kelly Winegardner**, Contract Administrator; **Catherine Grein**, Director, Strategic Sourcing; **Cindy Rhoades**, Contract Administrator

local, diverse vendors with an introspective review of sustainability.”

## OPERATIONAL EXCELLENCE AWARD United Surgical Partners International | Dallas, Texas

United Surgical Partners International (USPI) received the Operational Excellence Award for demonstrating best practices in streamlining and maximizing supply chain operations and cost-savings initiatives. USPI was tasked with raising its compliance score in 2022 across all surgical centers. As the largest ambulatory surgery platform in the country, USPI operates more than 465 surgical facilities and is a division of Tenet Healthcare.

To raise compliance scores, USPI began by sharing HealthTrust conversion reports with sites in the field each quarter. These compliance opportunities were tracked on a dashboard, with staff members evaluating each potential conversion. If staff members determined a conversion was not possible, they had to provide a clinical reason. Senior leadership monitored and reported out the information on the dashboard. USPI’s Supply Chain team partnered with operational teams to hold weekly reviews and escalate support to address roadblocks.

During this initiative, USPI raised its compliance score from 64% in the second half of 2021 to 68% in the same period of 2022. USPI views compliance differently than other health organizations, as it is mainly a surgery center company. The company used an adjusted compliance score, removing arthroscopy, trauma and intraocular lens categories. This changed the compliance score from 74% to 79% for the same time periods (the second half of 2021 and 2022).

The results provided a shift in compliance change and savings, which is noteworthy, as their surgical facilities are physician owned. USPI saved millions of dollars while improving GPO contract compliance.

“We are very proud of the collaboration and teamwork between our internal stakeholders, physicians and vendors,” says **Jessica Rodriguez**, MBA, MS Pharm,

### OPERATIONAL EXCELLENCE AWARD



(L to R): **Jessica Rodriguez**, Director, Supply Chain Operations; **Al Padron**, Director, Materials Management; **Angela Walton**, Director, Materials Management; **Eric Hiam**, Director, Materials Management; **Mark Adkins**, Director, Materials Management; **Stormi Little**, Director, DRE and Acquisitions; **Tim Oliver**, Director, Materials Management. Not pictured: **Tim Burns**, Director, Materials Management

### OUTSTANDING MEMBER AWARD



(L to R): **Steve Ellis**, VP, Supply Chain Services; **Sarah Burdick**, Admin Director, Strategic Sourcing; **Dawn Thackston**, Director, Value Analysis; **Steven Hamilton**, Admin Director, Supply Chain Logistics. Not pictured: **David Blazo**, VP, Pharmacy; **Maria Gilliland**, Admin Director, Procurement and Accounts Payable



Director, Supply Chain Operations at USPI. “Achieving these kinds of results involves collaboration across different teams and aligning efforts toward a common goal, which for us was to drive down supply chain costs while continuing to provide excellent care for our patients and communities.”

### OUTSTANDING MEMBER AWARD

**Franciscan Alliance | Mishawaka, Indiana**

Franciscan Alliance received the Outstanding Member Award for demonstrating exceptional performance improvement using HealthTrust initiatives, contract performance and adoption of new contract categories. Prior to 2021, Franciscan Alliance’s supply chain services were mostly handled locally, in a decentralized manner. With 12 hospitals and more than 400 outpatient locations in Indiana and Illinois, Franciscan Alliance’s Supply Chain division restructured its model to provide an integrated and centralized division with ministry-led subgroups focusing on procure to pay, strategic sourcing, value analysis and logistic operations. It also standardized the organization’s enterprise resource planning platform by using Workday. It created a supply chain governance model for value analysis and supply chain oversight, with C-suite leadership pitching in to remove barriers, improve system contract adoption and help with process changes.

In 2022, these initiatives generated \$47 million in new GPO spend, an 11% growth over the prior year. Franciscan Alliance also realized \$14.4 million in annualized savings for fiscal year 2022—higher than its \$10 million savings target.

A notable achievement was the conversion of several surgical products to HealthTrust contracts, including endomechanical devices at \$1.2 million in savings, and cardiac resynchronization therapy and drug eluting stents, saving \$1.4 million. These were previously seen as untouchable opportunities or challenging physician preference items to convert. Franciscan Alliance saved an additional \$1 million in annual markup savings and rebates by converting to acute/non-acute distribution with Medline, and \$500,000 in document shredding by using a HealthTrust contracted supplier.

“Within Franciscan Alliance, we believe we have much more to do and remain committed to achieving positive results

### PHARMACY EXCELLENCE AWARD



(L to R): **Aaron Ginsberg**, Director of Centralized Pharmacy Services; **Mai Borazjani**, PharmD, Advanced Practice Pharmacist; **Stephanie Erekuoff**, Revenue Cycle Application Specialist; **Gabriela Loaiza**, CPhT, Pharmacy Tech Specialist, Patient Care Coordinator; **Tami McIntyre**, CPhT, Pharmacy Tech Specialist, Patient Care Coordinator; **Tony Jackson**, AVP, Pharmacy Services; **Pamela Letzkus**, Senior Director, Pharmacy Acute Care

through our tenacity, organizational commitment and alignment with HealthTrust. Despite the challenges endured through the COVID-19 pandemic, we emerged stronger and better aligned to deal with the complex issues facing the healthcare industry,” says **Steve Ellis**, MBA, CMRP, VP, Supply Chain Services, Franciscan Alliance.

### PHARMACY EXCELLENCE AWARD

**Scripps Health | San Diego, California**

Scripps Health received the Pharmacy Excellence Award for its Medication Financial Assistance Program. This centralized initiative helps patients who lack drug or health insurance coverage or are unable to afford medications. Clinicians at Scripps Health, a San Diego-based health system with four hospitals and 28 outpatient centers and clinics, saw a need for this, as there were an alarming number of patients at risk of financial toxicity due to high out-of-pocket expenses for critically needed treatment and care. The goal of the Scripps Health program was to make needed medications available that would otherwise be too expensive or would leave the patient with a significant financial burden. This also includes Medicare seniors on a fixed income who are unable to afford the cost sharing and sometimes abandon therapy as a result.

While the organization had been working on this initiative for a number of years, during 2022, the Scripps

Health Financial Assistance Team built an easy and convenient process in the electronic medical record (EMR) for providers, clinic staff, case managers and patients to request financial assistance support. The multidisciplinary team included pharmacy, IT, revenue cycle, ambulatory and hospital operational leadership. The team identified and acquired \$2.4 million in outside funding from private grants and pharmaceutical manufacturers for self-administered medications, and \$35.4 million in free drug or copay reductions to patients' out-of-pocket expenses.

"The Medication Financial Assistance Team is a feel-good endeavor that has become self-funded and business savvy along the way. By applying for not-for-profit grants and free-drug programs, Scripps Health has been able to treat patients who otherwise may go without medication therapy or would result in non-payment for essential services," says **Aaron M. Ginsberg**, PharmD, Director of Centralized Pharmacy Services at Scripps Health. "Within the first 12 months, the team has far exceeded any projected performance indicators."

## SOCIAL STEWARDSHIP—SUSTAINABILITY AWARD HCA Healthcare Mountain Division | Salt Lake City, Utah

HCA Healthcare's Mountain Division received the Social Stewardship—Sustainability Award for lowering greenhouse gas emissions by eliminating its usage of one specific anesthesia product. As a leading health system in Utah, Idaho and Alaska, the Mountain Division of HCA Healthcare includes 11 hospitals, 10 standalone surgery centers and a freestanding emergency department.

Anesthesia gases are a significant contributor to greenhouse gas emissions related to healthcare, and desflurane has the worst environmental impact of all anesthesia gases. HCA Healthcare's Mountain Division set a goal to remove this gas from all hospitals and surgery centers by October 2022. It succeeded, reducing its anesthetic gas carbon footprint by 95%. In addition, desflurane costs five times more than sevoflurane, so HCA Healthcare greatly reduced its anesthesia costs with this switch. The Mountain Division was the first division within HCA Healthcare to make this change, and its hospitals were the first in Idaho and Utah to do so.

## SOCIAL STEWARDSHIP—SUSTAINABILITY AWARD



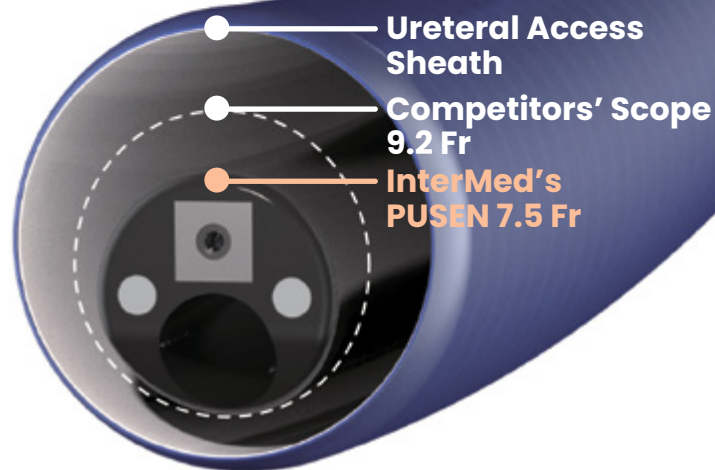
(L to R): **Filip Roos**, M.D., Division Chief Medical Officer; **Janet Zarndt**, Division VP, Pharmacy Services; **Samantha Leonard**, Division Director, Clinical Pharmacy; **Curtis Lancaster**, Supply Chain CEO

"Driving emissions out of operating rooms at hospitals within the Mountain Division of HCA Healthcare by replacing desflurane with sevoflurane has resulted in the equivalent of removing 450 gas-burning vehicles per year from the road. That's something we are very proud of," says **Filip Roos**, M.D., MBA, FASE, Division Chief Medical Officer. Roos, an anesthesiologist, led the project and helped gain support from key leaders and physician champions at the sites.

"This recognition acknowledges that choices we make at work as clinicians can mean so much for the environment, especially compared to efforts made in our personal lives alone—whether it be recycling, the use of electric vehicles, solar panels and more. We will continue this journey by seeking opportunities to decrease emissions related to the second-most offensive medical gas—nitrous oxide," Roos adds. He noted that they were able to drive this positive change in one month within the Mountain Division, and the initiative is now being scaled throughout the HCA Healthcare enterprise. ●

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|----------------------------------|----------------|
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| Distal End Diameter              | 7.5 Fr         |
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\*Reference: 1. Report on file, Pusen PU3033A vs. PU3022A Irrigation Test, August 2023.



# 2024 HTU CALL FOR PROPOSALS NOW OPEN

Seeking forward-looking, innovative thought leaders with positive outcomes from a clinical, pharmacy or supply chain initiative to present at the HealthTrust University Conference (HTU) in 2024.

Proposals for sessions to be considered for presentation at the 2024 HTU Conference are being accepted now through Dec. 28, 2023. Contact HealthTrust to discuss your idea and obtain the link to submit your proposal. Note: Only proposals are due in December; presentation slide decks are not due until June 3, 2024.

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

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

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

### **Important Safety Information**

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

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

\*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**

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

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## HIGHLIGHTS OF PRESCRIBING INFORMATION

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

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

### WARNING

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

- Thrombosis may occur with immune globulin intravenous (IGIV) products, including Octagam 10%. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
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### INDICATIONS AND USAGE

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

### DOSAGE AND ADMINISTRATION

#### For intravenous use only.

| Indication      | Dose  | Initial Infusion rate          | Maintenance Infusion Rate (if tolerated)    |
|-----------------|---|--------------------------------|---|
| Chronic ITP     | 1 g/kg daily for 2 consecutive days   | 1.0 mg/kg/min (0.01 mL/kg/min) | Up to 12.0 mg/kg/min (Up to 0.12 mL/kg/min) |
| Dermatomyositis | 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 osmolality and hyponatremia may occur in patients receiving Octagam 10%.
- Hemolysis that is either intravascular or due to enhanced red blood cell sequestration can develop subsequent to Octagam 10% treatments. Risk factors for hemolysis include high doses and non-O-blood group. Closely monitor patients for hemolysis and hemolytic anemia.
- Aseptic Meningitis Syndrome may occur in patients receiving Octagam 10%, especially with high doses or rapid infusion.
- Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury (TRALI)).
- Octagam 10% is made from human plasma and may contain infectious agents, e.g. viruses and, theoretically, the Creutzfeldt-Jakob disease agent.

### ADVERSE REACTIONS

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](http://www.fda.gov/medwatch).**

### DRUG INTERACTIONS

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

### USE IN SPECIFIC POPULATIONS

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

Revised: July 2021–

#### Medical Affairs:

[usmedicalaffairs@octapharma.com](mailto:usmedicalaffairs@octapharma.com)  
Tel: 888-429-4535

#### Reimbursement:

[usreimbursement@octapharma.com](mailto: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](http://www.fda.gov/medwatch).

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continues—from extreme weather events  
and political unrest to ongoing shortages





of raw materials and emerging viruses. Some healthcare providers are facing uncertainty and costly backorders lasting for months. Predictive analytics, artificial intelligence (AI) and other technological advances are more important than ever in mitigating the disruptions.



These disruptions are impacting all areas of healthcare supply. For example, the American Society of Health-System Pharmacists reports that ongoing and active drug shortages are now at their highest levels since 2014. At the same time, hospitals are exploring ways to improve operational efficiencies at all levels, including in the supply chain.

To face these challenges head on, it's necessary to embrace change and work with new tools and methods. Disruption is now a consistent part of the healthcare industry, says **Ramy Hanna**, Region CEO, HCA Healthcare. "Supply chain disruptions and other complexities are here to stay. For hospitals to successfully navigate the challenges ahead, they need to consider ways to create broader value beyond pricing by looking at nontraditional and transformative approaches."



### EMBRACING NEW SOLUTIONS

The old days of hospitals relying on traditional approaches to optimize their supply chain, such as using physician preference cards to decrease cost per case, are gone, explains Hanna. Now is the time to reassess what's working—and what isn't—and look for new solutions to today's obstacles.

"The focus on solving immediate challenges brought on by COVID-19, labor shortages and supply disruption has caused many hospitals to overlook opportunities to create operational efficiencies," notes Hanna. "It's now forced many to rethink what needs to be done."

Scenario planning is more critical than ever in supply chain management. Relying on old methods of managing the supply chain—such as going on allocation or using a back-up supplier—is no longer enough with the frequency of modern-day supply disruptions.

"We need to be more agile and anticipatory of disruption. Historically, if supplier A was out, we could go to supplier B. Now, A and B could both be out, and we may have to go to supplier C to make it work," says Hanna.

By improving visibility into second- and third-tier suppliers, supply chain leaders gain confidence in the resilience of their supply chain operations and can develop cost-effective solutions. Hanna suggests hospitals identify their strategic partners and work closely to develop feasible contingency scenarios. Key suppliers, HealthTrust and clinicians are all possible partners.

To keep up with industry changes and potential solutions, he recommends hospital leaders engage in continuous learning by visiting other hospitals and integrated delivery networks, attending conferences and engaging with experts for fresh perspectives. "It's easy for hospital leaders to



become comfortable with how they are operating, but that may not be the most efficient,” he adds. “There is a real opportunity here for HealthTrust members to benefit from the collective wisdom found within our broad membership.”

Standardizing inventory and reducing variation in SKUs across hospitals is another opportunity to improve supply chain operations. This allows the supply chain to secure better prices through contract renegotiation, eliminating waste, optimizing storage space and simplifying training. Hanna also recommends hospitals think creatively about how to optimize inefficient operations in three main buckets: people, processes and technology.

Investing in technology such as smart cabinetry can free up staffing resources and allow healthcare workers to focus on patient care. Automation can also be used to manage supplies more efficiently while freeing up staff.

“Hospitals should think creatively about how to optimize inefficient operations in three main buckets: people, processes & technology.”

—Ramy Hanna



## TECHNOLOGICAL TRANSFORMATION

While hospitals and health systems have been implementing technological advances for years, the opportunities that exist now, or will soon exist, are full of possibility. AI, automation and robotics all have enormous potential to improve supply chain operations—improving caregiver job satisfaction and the patient experience while managing staffing constraints, enhancing service excellence, mitigating risk and reducing cost.

HCA Healthcare leaders understand that staying on the cutting edge of technology helps them deliver the best care possible and have implemented a number of new technological tools. For example:

- **Lumere** captures new product requests from physicians, streamlining them by serving as a central repository for all HCA Healthcare product requests. It is also a resource to support evidence-based decisions and is available on any mobile device.

*Continued on page 38*



## Choice Changes Everything

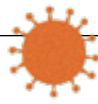
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Continued from page 36

- ▶ **OneRecall** is the organization's new source of truth for recalled items. Instead of receiving recall information by mail, staff members responsible for managing or ordering the item are notified directly by email or phone call. Notifications include all the information needed.
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- ▶ **CompuTrition** is a food service automation tool. It automates order-taking, production and menu planning and integrates with other tools to consider dietary restrictions and allergies for each patient order. Optional add-ons include Tray InMotion, a tray tracking and patient identification tool, and OnTray, a self-directed ordering application that patients can use on their personal devices.

### UP-LEVELING TRADITIONAL TOOLS

"New" technologies also improve existing tools to impressive new levels, pushing the boundaries of what's possible.

Take the traditional physician preference card, which lists a surgeon's tools, supplies and room setup for a specific procedure. New products are added to cards without removing older products, leading to waste and overstocking.

Currently, tools on the market can give a retrospective look at six months to a year of data on any given case and by doctor and provide preference card maintenance recommendations. This ensures the necessary items and quantities are available for a procedure without overstocking, which saves money and simplifies the process for physicians and nurses.

But reviewing those recommendations is a manual process, and that's where **Ron Powell**, CEO Supply Chain, National Group, HCA Healthcare, sees potential for value.

"There is so much trust in the provider preference tool we use that the nursing organization has said, 'If it meets these certain parameters, then make the change. You don't need us to review it,'" he says. "If we could have the tool further developed, so that when those criteria are met, it updates the card, and no human has to touch it, that would enable the people involved to go do other higher-level, value-added services."

Powell adds, "In the future, we need more AI-driven solutions that constantly look at our data in the background, review our spend and either automatically make adjustments or flag exceptions to an appropriate user or manager."



### PREDICTING THE FUTURE WITH ANALYTICS

In the aftermath of COVID-19 and other disruptions, HCA Healthcare, like many other hospitals and health systems, is looking into ways to further predict and prepare for external events.

"We're trying to get farther upstream and see what's happening with our manufacturers, know what's happening with raw materials, understand from where the next shortage may come and be able to make some predictions," explains Powell. "This is taking us down paths of gathering new data and looking at it differently than we've ever looked at it before, so we can anticipate shortages that we didn't see coming."

COVID-19 demonstrated the vulnerabilities across all industries of relying on products only manufactured in certain areas of the world. Could AI, for example, be used to analyze global weather trends or political insecurity and predict when and how production might be impacted?

The full scope of predictive data analytics in the supply chain is just starting to be discovered. Powell sees potential for using AI and data analytics to better predict what supplies a hospital will need, for example, by identifying trends in disease growth and the products and supplies typically needed to treat that patient population. This data can help hospitals identify vulnerabilities in their supply chain, and, if manufacturers had access to this data, it could help them better meet anticipated demand—a win for both hospitals and manufacturers.

Using predictive analytics to improve existing tools is also being explored. For example, AI tools that manage staffing levels based on predicted patient volume have been in use at HCA Healthcare and other hospitals for a number of years. But imagine taking that tool further so that it could predict the acuity level of patients and match that to an appropriate level of staff. And then, another step further: to predict the type and quality of supplies staff will need to care for those patients.

"We're not going to get there overnight, but these are the things that we're talking about and many of our members are talking about. We need to be able to think that far ahead using data and the power of AI to drive this," says Powell. ●

**FOR MORE INFORMATION ON OPTIMIZING YOUR OPERATIONS** and driving value back into the supply chain, contact your HealthTrust Account Manager or email [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com) to start the conversation.



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**- Jay Kirkpatrick, CMRP, Vice President,**  
Supply Chain Operations, Lifepoint Health



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FOR EVERY HOSPITAL AND HEALTH SYSTEM IN THE U.S., LABOR IS THE LARGEST COST. As these costs have continued to increase over the last several years, organizations are under more pressure than ever to judiciously manage staffing.

"Labor costs are typically 50% to 55% of a hospital's total operating costs," says **Tim Armstrong**, Manager of Advisory Services



at HealthTrust Workforce Solutions. "And, as everyone is well aware, there is a labor shortage on top of that."

Hospitals need innovative strategies to manage labor costs. That's why HealthTrust Workforce Solutions created PLUS (Productivity Labor Utilization System) Benchmarking, a new web-based subscription service that enables health systems to compare their operations to leading hospitals across the country through quarterly reporting and identify any performance gaps as well as opportunities for improvement.

"We want to help hospitals manage and control those costs as well as ensure they are using the resources they do have," says Armstrong. "It's all about having the right people in the right place at the right time."

### GETTING BEYOND WASTE & BURNOUT

HealthTrust's PLUS Benchmarking tool allows organizations to see how they compare to their peers by providing volume-based metrics. This allows hospitals to see if they are overstaffed or understaffed compared to similar facilities. It gives them a target so they can develop a meaningful budget and create staff schedules that are in line with their peers.

"PLUS Benchmarking simply is a way to help healthcare leaders manage and maximize their largest expense," says **Rich Lopez**, VP of Advisory Services. "If you only benchmark internally, you might be missing opportunities. For example, you could be staffed 20% higher than other hospitals around the country of similar size, scope and complexity. In the healthcare industry, we are unable to withstand a lot of waste, so we need to minimize it wherever possible to maximize every dollar."



The innovative system compares volumes and allows hospitals to see which departments may have staff at risk for burnout by comparing their working hours spent per patient to other similar hospital departments or units. On the other hand, a hospital may find that one department is understaffed while another is overstaffed, allowing them to see that labor spending is out of line. Too many people staffing one unit might mean that they can be reassigned to another unit that needs help.

"If you look at a medical/surgical unit and its numbers, you may find that its staffing is 35% lower than its peers," says Lopez. This data can justify concerns that the unit is understaffed, which may lead to burnout. "Turnover is expensive. The goal is to be staffed appropriately—not too high and not too low," he explains.



PLUS Benchmarking helps uncover process issues and other operational concerns that might have a domino effect. “The system serves as a diagnostic tool to help you dig in and see where you might have a problem,” says **David Morgan**, AVP of Advisory Services. “For example, the emergency department might be backed up because there are no beds, and there are no beds because you are short on housekeepers.”



One of the benefits of using HealthTrust’s software instead of other labor utilization and cost management tools is that PLUS Benchmarking includes both investor-owned and not-for-profit facilities, representing the mix of the HealthTrust membership.

“The tool is designed to meet a health system’s unique needs and easily organizes and produces data in various formats,” notes Armstrong. “Hospital staff provide the data points, and our team maps them and builds out the automated tool.”

## BUILDING ON AN EXISTING STRENGTH

The Advisory Services team at HealthTrust Workforce Solutions has experience ranging from 10 years to over 30 years working with hospitals on benchmarking analysis. They are excited to now offer a more self-service process. “We’ve done this work with many clients over the years, and it has been a manual, labor-intensive process,” says Lopez. “We wanted a web-based subscription service so organizations can compare and look for savings on an ongoing basis.”

The ultimate goal is to expand PLUS Benchmarking to include all HealthTrust members’ data so the tool is as meaningful and valuable as it can be.

“We currently have over 200 hospitals in our database and strive to grow that to include all HealthTrust member data. I would like to note that all hospital data has been de-identified,” says Lopez. “More data equates to improved accuracy because it allows hospitals to slice and dice the data better.” Note that peer data is reported at a combined level and can’t be tied back to any specific hospital in the database.

PLUS Benchmarking can also help hospitals and health systems make critical staffing decisions on whether or how to grow a certain area by comparing them with other organizations to determine if they are as lean as they can be.

“This allows a hospital to proceed on a new venture with eyes wide open and to clearly understand why, for example, your operations may cost 20% more. It enables an understanding of why you’re investing in the service to drive growth versus having to question a manager about the expense,” adds Lopez.



## COMPARING DEPARTMENT-LEVEL OPERATIONAL LABOR COSTS

PLUS Benchmarking allows users to view information at the department or unit level, as well as at the facility level. Virtually every department within a hospital is included in the tool.

There are three main data points for each department: hours worked, dollars and volume. Volume data depends on the type of department. For example, in an ICU or medical/surgical unit, the volume metric is equivalent to patient days. For a labor and delivery unit, one might measure the number of deliveries. For housekeeping, it might be the square feet that need to be cleaned.

“The goal is to come up with department level benchmarks; as an example, in a surgical unit the 50th percentile peers may be operating at let’s say 9.65 worked hours per patient per patient day,” says Armstrong. “If the surgical unit in your facility is currently at 10.93 worked hours per patient per day, the benchmark will then show the variance in either full-time employees or dollars.”

The tool isn’t looking at the individual staff level, but rather the total number of hours worked in that department per patient day. For example, for a patient in a bed for 24 hours, if a hospital is using 11 hours across the entire department and the peers are operating at eight hours, that shows that you are using three more worked hours per patient day.

*Continued on page 44*

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\*Central line-associated bloodstream infections

<sup>1</sup>2014 Prevantics Clinical Compendium: <https://pdihc.com/resource/prevantics-skin-antiseptics-clinical-compendium-copy/>  
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*Continued from page 42*

“What you would hope to see at that point is for the leader to define the target budget for that department and decide if they need or want to be closer to eight worked hours per patient day,” says Armstrong. “If the decision is yes, we want to move our budget to match those peers, then update your staffing grid to hit that target and thereby reduce the number of hours spent per patient day.” PLUS Benchmarking enables leaders to make evidence-based decisions on staffing up or down based on the number of patients compared to like hospital units.

The hard part is determining why you’re spending three more hours than the peers. “Sometimes it’s because when the patient census is low, staff aren’t being reallocated,” says Morgan. “A department leader might see that staff had a tough morning because they started out with 20 patients, then later in the day they had 10, so the leader decides to keep the staff on even with the lower volume. Or, maybe there are functional challenges such as staff has to walk long distances to get basic supplies and the unit needs some reorganization.”

Regardless of the root causes, it doesn’t change the fact that a lot of hospitals are in danger of closing. Earlier this year, the Center for Healthcare Quality and Payment Reform found that 631 rural hospitals are at risk of closing in 2023.

## MANAGING WORKFORCE DAILY TO REMAIN VIABLE

It is critical for organizations to manage their labor costs every day. “It isn’t enough to manage the budget month to month; leaders should be matching staffing levels to demand on a daily basis,” says Lopez. If volume is down, then hospitals need to reallocate staff to where they are needed. The same is true in the other direction. “This is done in other industries all the time. With hundreds of hospitals in danger of closing, it’s about survival.” Hospital leaders must manage labor costs in order to pay their expenses, purchase new equipment and offer their staff raises.

“Think of benchmarking as knowing the speed limit, and then it’s up to you to pump the brakes or give it more gas by staffing to actual needs,” explains Armstrong. PLUS Benchmarking lets you take the guesswork out of it and use data to make good decisions.

Besides benchmarking software, some nursing organizations, respiratory therapy organizations and other



**When organizations begin to utilize benchmarking to identify opportunities with a goal of improving performance, they can often save 6%–9%, conservatively, on their labor costs.**

professional organizations advise on staffing levels that can often be more generous. These are additional data points that you can use to make decisions on your hospital’s staffing needs.

“Some groups are only focused on what’s best for their members, but we look out for the hospital as a whole,” says Lopez. “We believe it’s better to rely on a tool like PLUS Benchmarking and compare yourself to like peers across the country using real hospital performance. It is what will help the organization survive and remain a viable and healthy workplace.”

In addition to comparisons with outside entities, the tool also offers system comparison. “A health system can compare its respiratory therapy staffing across the enterprise to see if one hospital is doing well while another is struggling, and perhaps they can work together to solve the issue,” says Morgan.

## SHARING YOUR DATA & SAVING MONEY

The bottom line is when organizations begin to utilize benchmarking to identify opportunities with a goal of improving performance, they can often save 6%–9%, conservatively, on their labor costs. That means if a hospital’s labor costs are \$100 million annually, the PLUS Benchmarking program could save them \$6–\$9 million.

“Each time we go to a hospital looking for opportunity, we always find it,” notes Armstrong. “Recently, we helped a small hospital in Alaska identify potential labor savings of 13% of their total FTE costs.”

Currently, PLUS Benchmarking has over 200 hospitals in its dataset and the goal is to increase it to 2,000. “We need more HealthTrust members to partner with us to help make the tool more valuable by providing additional data,” says Lopez. While there is a cost to subscribe, members can expect a high return on investment in terms of conserving labor costs. ●

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# Addressing the healthcare STAFFING CRISIS

## HealthTrust members share best practices for staff efficiency & retention

THE UNPRECEDENTED WORKFORCE CRISIS FACED BY HOSPITALS AND HEALTH SYSTEMS NATIONWIDE as a result of the pandemic was well documented. “And the staffing challenges that existed prior to COVID-19 were only exacerbated by the pandemic,” says **Kim Wright**, RN, AVP, Clinical Services at HealthTrust.

That’s why, in February 2023, HealthTrust hosted a two-day interactive summit to help participants better understand the drivers of this crisis, explore shared opportunities and incorporate innovative solutions into



action plans. Summit participants included leaders in nursing operations, talent acquisition, human resources and workforce optimization from 11 acute care health systems and two ambulatory surgery centers.

In a panel session at the recent HealthTrust University Conference, four of those Summit participants—Orlando Health, Surgery Partners, Lifepoint Health and HCA Healthcare—shared key insights and updates on their action plans. Here are some of the highlights:

### CREATING EFFICIENCIES

After the summit, the team at Orlando Health decided to focus on workforce optimization and redesign, starting with simplifying the documentation process for nurses. They discovered that nurses were spending a third or more of their time working in Epic, the electronic health record (EHR) system used at Orlando Health. By redesigning their admission navigator, they reduced the required rows of data from 379 to 120.

*Continued on page 48*





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“It is essential to collaborate across all areas of our operation to make sure we’re including everyone’s perspective.”

–Sandra Vincent, MBA

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“What we did in 2019 is not going to work for us now or in the future,” explains **Sandra Vincent**, MBA, Vice President, Human Resources, National Group Market for Surgery Partners.



The team identified a strong need to improve the messaging and technology that candidates experience during recruitment. For example, they are working on improving the website by adding videos to increase engagement and finding ways to deliver information in smaller-sized pieces.

“If we don’t optimize our processes, they’re going to go to the next location,” says Vincent.

Vincent adds that being a part of cross-functional teams at the summit was especially helpful: “It was a reminder that it’s not only about HR, but also connecting with IT and the operators. It is essential to collaborate across all areas of our operation to make sure we’re including everyone’s perspective.”

## INNOVATIVE STAFFING

At Lifepoint Health, the focus was on tackling two problems: staff retention in the OB departments and finding internal capacity to support and build a virtual nursing platform.

Fourteen of Lifepoint’s facilities have fewer than 300 births a year, and this low volume can impact staff satisfaction and retention. But what if the organization could identify the OB staff with the skills, expertise and capacity to provide virtual nursing support for patient admission, discharge and transfer support to other departments within the system?

While designing this virtual nursing program, the Lifepoint team had to keep several important factors in mind when determining their ability to successfully implement such programs within its critical access hospitals. “We learned it was important to engage financial partners early in the planning process, along with an

*Continued on page 50*

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engaged executive and clinical leadership team,” says **Michelle Watson**, MSN, RN, Chief Nurse Executive and Senior Vice President, Clinical Operations for Lifepoint Health.

“Another takeaway was the need for strong project management support along the way for a major project like this to help keep the focus, drive momentum and reach our goals,” says Watson. She also notes that in the face of pressing workforce challenges, it is even more important for project teams and leaders to be nimble and have the ability to pivot quickly, particularly if any key players should change during the design and implementation phases.



## IMPLEMENTING CHANGE

HCA Healthcare’s team kicked off an extensive recruitment and retention effort across 21 facilities.

“We ended up spending more than 300 hours talking to staff & leaders to really zero in & identify the secret sauce to retaining staff.”

—Marianna Heacock, MHS, RN

“We looked at high performers who had been able to maintain their retention through the pandemic,” says **Marianna Heacock**, MHS, AVP of Nursing Performance & Operations for HCA Healthcare. “We ended up spending more than 300 hours talking to staff and leaders to really zero in and identify the secret sauce to retaining staff.”



They found that facilities with low nurse turnover consistently embrace best practices, including using care team roles, such as patient care technicians, externs and licensed practical nurses, to support new nurses, providing shadow opportunities in other units and implementing flexible scheduling.

They’ve now further developed their action plan to replicate the experiences of these high performers to the rest of HCA Healthcare. Heacock recommends starting small when it comes to implementing big changes such as alternate models of care. For example, HCA Healthcare started its LPN practice model at just one facility—Horizon Medical Center in Tennessee—three years ago, and it now has close to 2,000 LPNs practicing in its hospitals. ●



**SHARE YOUR STAFFING BEST PRACTICES** by posting to the HealthTrust Huddle at [huddle.healthtrustpg.com](https://huddle.healthtrustpg.com). Need strategic staffing assistance for your organization? Contact your HealthTrust Account Manager or email [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com) to start the conversation.



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# A strategic vision for PHARMACEUTICAL LEADERSHIP

## Key takeaways from HTU's Executive Pharmacy Exchange

DATA ANALYTICS, WORKFORCE CHALLENGES AND PHARMACIST LEADERSHIP ARE KEY AREAS of interest for managing today's pharmaceutical enterprise. These topics were covered in the Executive Pharmacy Exchange panel discussion at the HealthTrust University Conference in July.

Moderated by **Aigner George**, PharmD, AVP, Pharmacy Solutions at HealthTrust, the discussion featured pharmaceutical leaders from HealthTrust and two member organizations who provided their insights: **Michael Epshteyn**, PharmD, MSM, VP of Pharmacy Services, HealthTrust Supply Chain, Gulf Coast Division of HCA Healthcare, and **Jonathan Lakamp**, PharmD, BCPS, Chief Pharmacy Officer for Mercy Health. **Heather Weese**, VP of Pharmacy for Community Health Systems also contributed content.









### DATA ANALYTICS ARE FUNDAMENTAL TO PROVIDING INTELLIGENCE

The plethora of data available to pharmacy practices is a treasure trove that can be used to tell the pharmacy's story, often through data visualization. Lakamp uses data visualization tools to "make sure the right data feeds into the data model at my fingertips in near real time, to really bring it together in one place." It doesn't matter which data tool is chosen, as long as the organization supports and makes use of it.

Epshteyn shares that his organization uses Power BI to compare specific drug usage in multiple contexts, including current versus prior years, as well as utilization per facility. From this data, leaders can then determine if and what protocol changes should be made. A system like this collects data from different sources, displaying it in one place. Being able to access the information this way, "instead of trying to print multiple manual reports and do the crosswalks," allows leaders to provide monthly reports quickly and accurately to the CFO, Epshteyn says.

Epshteyn also uses data and analytics to prevent drug stockouts and improve the nursing experience. Since switching to a web-based platform for the automated dispensing cabinets, they can anticipate stockouts and address any issues. He presents data to nursing executives at the division level, "because they're very concerned with how disruptive it would be for nursing colleagues if they had 10 to 20 medications to administer to the patient with the morning pass, and one or two of them were not available," he explains. The data helps them advocate for appropriate pharmacy staffing, and to be proactive about refilling items before stockouts happen.

### WORKFORCE CHALLENGES

The 2022 American Society of Health System Pharmacists National Survey of Pharmacy Practice in Hospital Settings study showed that 64.4% of hospitals were using pharmacists to fill some technician responsibilities and shifts, and in another study showed that 25% of pharmacy technicians were likely to leave their employer within 12 months. Combined with increasing pharmacist shortages and other labor challenges, this is a big issue for hospitals, George shares.

### ADDRESSING THE ISSUE HEAD ON

One of the ways HCA Healthcare is working to address this is by conducting employee engagement surveys twice a year, says Epshteyn. From these surveys he's seen that pharmacists have an interest in career development for different titles and responsibilities, not just for increased financial compensation. In response, HCA Healthcare has established additional pharmacy positions, including the advanced clinical pharmacist role, to recognize those who have completed a residency and become board certified. "We want a way to reward colleagues who are taking that additional step in continuing to grow, but also offer additional value to the organization," Epshteyn says.

HCA Healthcare is also offering different residency types, including a management leadership residency. In addition, it is starting a combined two-year residency and master's degree program in partnership with the University of Houston. "The main goal is to develop our own leaders that we're going to retain as employees. We don't want them to leave," Epshteyn says.

Lakamp shares the importance of ensuring that pharmacists are working in a professional environment. Allowing them greater responsibilities, like participating in clinical care, is one way to do this. Mercy added some dedicated clinical specialist roles, in addition to staff pharmacist roles. Some pharmacists want to take on leadership roles managing others, but not all do. Those who want non-management advancement opportunities can be put in charge of a process or take on additional responsibilities at off-site locations, with new titles and additional compensation.

Technician shortages are also top of mind. Lakamp has focused on recruiting and retention efforts like increasing compensation and modifying career ladders. Some technicians are pharmacy or nursing students, and their time in the role is limited. Others have a career role in the unit, so providing growth opportunities is important. Mercy introduced specialist roles for those demonstrating different competencies, such as sterile compounding

or chemotherapy. They have different levels for technicians in purchasing and procurement, with additional responsibilities or the chance to manage people. “It illustrates what we can do to support our techs more professionally,” Lakamp explains.

Even within the confines of a hospital, pharmacists need to share what they’re doing with other departments and with leadership overall. It’s important to communicate the pharmacy’s strategic vision and accomplishments outside of the team, so other service lines understand the positive impact and efforts the pharmacy is making. With all departments interested in funding for raises and projects, pharmaceutical leadership must be part of the solution. That might mean finding ways to save on drug costs and letting other leadership know how that was done, to help fund internal pharmacy priorities. Communicating these efforts can help a pharmacy advocate for its staff members, including for new titles and compensation. ●



Aigner George, PharmD, moderates the 2023 Executive Pharmacy Exchange during the HealthTrust University Conference.

**LISTEN TO THE HTU PROGRAM** by clicking on the program title at [education.healthtrustpg.com/calendar/2023-healthtrust-university-conference](https://education.healthtrustpg.com/calendar/2023-healthtrust-university-conference). For more information on HealthTrust Pharmacy Solutions, contact [aigner.george@healthtrustpg.com](mailto:aigner.george@healthtrustpg.com) or your HealthTrust Account Manager.

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# Recognizing EXCELLENCE

## MEMBERS RECEIVE PRACTICE GREENHEALTH AWARDS

Five HealthTrust member health systems and facilities were recently named to the Top 25 list in Practice Greenhealth's (PGH) 2023 Environmental Excellence Awards.

The annual awards honor outstanding sustainability achievements in the healthcare sector.

Top 25 is PGH's highest honor and is bestowed upon facilities that are leading the industry in all-around sustainability performance, demonstrating comprehensive programs and illustrating how sustainability is entrenched in their organizational culture.

Congratulations to the following HealthTrust member health systems and facilities that received this 2023 recognition:

- ▶ **Boston Medical Center**
- ▶ **Hackensack Meridian Hackensack University Medical Center**
- ▶ **Hackensack Meridian Jersey Shore University Medical Center**
- ▶ **Hackensack Meridian Ocean University Medical Center**
- ▶ **Lakeview Hospital**



**FOR A FULL LIST OF WINNERS** in all categories visit the PGH site at: [practicegreenhealth.org/membership/awards/2023-practice-greenhealth-awards-winners](https://practicegreenhealth.org/membership/awards/2023-practice-greenhealth-awards-winners)

## SUPPLIERS RECEIVE EXCELLENCE AWARDS

Four suppliers were recognized with awards during the HealthTrust University Conference in July. The HealthTrust Supply Chain Board reviewed nominations and selected winners.


"The Supplier of the Year Awards acknowledge the outstanding commitments, support and spirit of partnership these suppliers deliver to the membership," said **Michael Berryhill**, President of GPO Operations for HealthTrust Performance Group. "We appreciate their assistance and transparency in light of the inflationary pressures, shortages and disruptions in the healthcare supply chain, and acknowledge their contributions to strengthening providers' resilience in serving their patients and communities."



- ▶ **Clinical Supplier of the Year: Agiliti**
- ▶ **Commercial Supplier of the Year: Insight Direct USA**
- ▶ **ESG Supplier of the Year: Merck**
- ▶ **Pharmacy Supplier of the Year: Meitheal Pharmaceuticals**

**READ MORE** about these winners online at: [healthtrustpg.com/in-the-news/healthtrust-performance-group-recognizes-suppliers-of-the-year-for-2023](https://healthtrustpg.com/in-the-news/healthtrust-performance-group-recognizes-suppliers-of-the-year-for-2023)





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