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Q1 2024 | V 18 NO. 1

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## COMING TOGETHER

7 ways to bridge the divide  
between physicians & supply  
chain decision-makers

## MANAGING WORKPLACE VIOLENCE

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

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## FEATURES



### COMING TOGETHER

Increase the effectiveness of value analysis by bridging the divide between physicians & supply chain decision-makers.

### 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.)

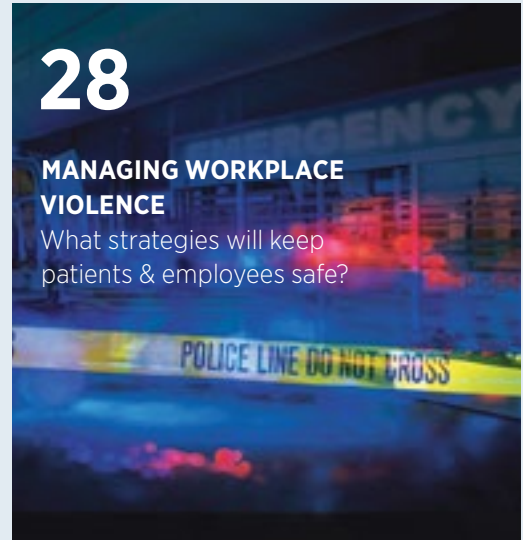
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HealthTrust Performance Group (HealthTrust) is a provider owned and operated performance improvement organization committed to strengthening operational and clinical excellence through an aligned membership model and advisory services that leverage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

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## CEO perspective

# Meaningful impact

## For delivering meaningful economic impact through responsible sourcing, HealthTrust Performance Group received a Supply Chain Diversity Excellence Award from Supplier.io in December.

As described in Supplier.io's 2023 Economic Impact Report, HealthTrust reached the top tier in Economic Empowerment, highlighting our part in creating more than 50,000 jobs at small and diverse suppliers supporting members' business needs. With other leaders in the Supplier.io network, HealthTrust has contributed to more than 1.3 million jobs, \$104 billion in income, and more than \$160 billion in spend with small and diverse businesses last year.

I am proud of our industry-differentiating supplier diversity contracting program, which has grown over the last 20 years to include 115 diverse suppliers and a portfolio of 200 contracts. Congratulations to **Joey Dickson**, HealthTrust Supplier Diversity Officer/AVP, Strategic Sourcing and Purchased Services, and team members **Janet McCain** and **DeAndre Thomas**, who lead these efforts.

### THE RESULTS ARE IN

Finding value in our portfolio and performance-enhancing solutions continues to be a satisfaction driver expressed through our annual member survey. In the third quarter of each year, HealthTrust solicits feedback from members through a 25-question survey that covers the foundational aspects of our relationship. Results from the annual survey enable us to identify opportunities for improvement and to benchmark member satisfaction year over year.

I'm pleased to report that in the most recent survey, we saw a 9.6% increase in the number of responses over the previous year. Thank you to those of you who took the time to complete the survey and share your feedback.

Of participating members, 85% believe that HealthTrust provides superior value in the marketplace. Members also expressed high levels of satisfaction with the quality of products and services in the portfolio, as well as pricing and coverage, leadership and culture, aligned decision-making and the support received through the Member Support, Account Management and Strategic Sourcing teams.

HealthTrust continues to advance our technology capabilities, including improvements to our e-catalog and cross reference information. We've also invested in analytics that enable your organization to model savings

opportunities across the contract portfolio. Of those responding to the survey, 90% are users of the HealthTrust Member Portal. In 2022, our Technology & Innovation Team made significant enhancements to the portal, with 72% of respondents indicating they are either "extremely satisfied" or "satisfied" with those improvements.

### MEMBERS MAKING A DIFFERENCE

*Modern Healthcare* recently announced the "100 Most Influential People in Healthcare" for 2023. Congratulations to the eight CEOs from HealthTrust member organizations who were named to this annual list. They were chosen by their peers and the publication's senior editors as leading voices in the industry, based upon achievements related to business goals, culture and inclusion initiatives, and effecting change that benefits both patients and their communities. Read the list online at [healthtrustpg.com/thesource/meaningful-impact/](https://healthtrustpg.com/thesource/meaningful-impact/).

How are you and your teams making a difference? Have you utilized a HealthTrust solution to achieve successful outcomes? Tell us by March 31 with a nomination to our annual Member Recognition Awards. (See page 51.) Recipients will be celebrated at the 2024 HTU Conference in Orlando, Florida, and featured in the Q4 edition of *The Source*.

I look forward to learning about your achievements. ●



**Ed Jones**

President/CEO, HealthTrust Performance Group  
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## CMO perspective

# Standing in the gap

**As a part of its 2024 Healthcare Workforce Scan, the American Hospital Association discusses the importance of transitioning nursing students from an educational setting to the work environment.** In one example, accredited nurse residencies help to close the gap between academia and clinical practice by teaching novice nurses the skills necessary to navigate both the complex healthcare environment and their role as professional nurses.

I am proud to share that HealthTrust's Clinical Services and Operations teams are helping to bridge a knowledge gap for students in the Bachelor of Science program at Galen College of Nursing's Nashville campus by expanding their practical learning through exposure to clinically integrated supply chain insights and the work of HealthTrust's Advisory Boards. (See page 50.)

In addition to participating in traditional classroom and clinical settings, BSN students can now elect to supplement their learning through exposure to communications and teamwork within HealthTrust. Through this pilot program, they are exposed to leadership initiatives, clinically integrated supply chain strategy and effective collaboration among peers. Discussion continues with Galen leadership engaging HealthTrust subject matter experts in additional curriculum related to communications, leadership, management, evidence-based practice and research.

## THE SUPPLY CHAIN & CLINICAL GAP

Since its inception almost a decade ago, HealthTrust's Clinical Services Team (originally called Physician Services) has curated and created a number of valuable resources designed to support sourcing leaders and supply chain professionals with the best available evidenced-based information to make actionable purchasing decisions on clinical products. New resources continue to be developed and are available to HealthTrust members online through a Knowledge Library launched in 2023. (Read more on page 8.)

In addition, we have elevated our level of clinical service. If a member can't locate what they are looking for to address a problem or need, they can submit a personalized request for support through the Knowledge Library or through our online community site, the HealthTrust Huddle. We are excited about this opportunity to connect members in real time with valuable resources and, when possible, tailor a response specific to their need.

## ADDRESSING THE STAFFING GAP

The workforce crisis continues to touch all aspects of the healthcare industry. One of the most significantly impacted segments of the clinical workforce shortage is bedside nurses. That shortage in turn affects all areas of patient care and operations, including patient safety, care access and financial resiliency.

Participants in HealthTrust's Collaborative Summit on the Staffing Crisis held in February of 2023 expressed a desire for additional collaboration around innovative ways to impact recruitment and retention and how to use technology more efficiently to tackle nurse scheduling. On Feb. 27-28, 2024, HealthTrust will convene nursing, human resources, technology and healthcare executive leaders from across its membership to collaborate and rethink how to solve for the clinical workforce shortage. I look forward to sharing insights and solutions that emerge from this think tank in *The Source* and in programming at the HealthTrust University Conference in August. 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

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### Knowledge in action

*Online clinical resource library helps members make better sourcing decisions*

HealthTrust's Clinical Services Team has a long history of curating available research to arm sourcing leaders and supply chain professionals with the best information available to help make evidence-based sourcing decisions. Through the years, that information has taken various forms—from Clinical Evidence and Technology Reviews to Physician Insights and Conversion Resources.

"Recognizing that we held a wealth of valuable content, the team saw an opportunity to expand its impact by developing an online resource library where members could access practical, digestible information to efficiently aid them in making supply and sourcing decisions," shares **Stephanie Thompson**, PharmD, MBA, VP of Clinical Services at HealthTrust.

#### WHAT'S IN THE LIBRARY?

Launched in April 2023, the Knowledge Library is a digital resource accessible through the Member Portal. "There, members can pull insights that address various clinical questions on important issues members are facing," says **Jenny Werthman**, Ph.D., MBA, RN, NE-BC, Clinical Director on HealthTrust's Clinical Services team.

Users can search for resources and download them as PDFs. They can also ask a clinical question directly in the tool, and the team will do the research and find the answer.

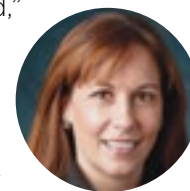
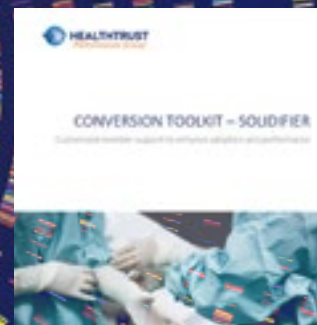
"Our Knowledge Library serves as a bridge from the business to the clinical space," adds Thompson. "People are usually focused on one or the other, so our resources help translate the information so that everyone understands."

Here is a sampling of what members can find in the Knowledge Library:

- ▶ Conversion toolkits
- ▶ Communication templates
- ▶ Value analysis guides
- ▶ Product and category overviews
- ▶ Professional society guidelines within product categories
- ▶ Physician preferences and insights

"We've gotten feedback from members suggesting they are not certain what to do once a contract is live. Members want to know how this will impact their physicians and what the next steps are once a contract is signed," shares **Kim Kelly**, MSN, RN, AVP of Clinical Services. "The Knowledge Library equips members with resources that are evaluated, translated and shared by healthcare professionals who have actually accomplished what they are trying to do. The content is broken down in a way that is both consumable and actionable, so members can easily understand the process, walk through the steps and make sound decisions."

"Resources within the Knowledge Library are more focused and specific to an action than what members might



get out of posting a question to the HealthTrust Huddle or by attending one of our Collaborative Summits,” shares Werthman. “Meaning, for example, if someone needs to understand how to engage the essential stakeholders in a conversion process, or what the available evidence is related to chlorhexidine prep for IV access, the Library is where they can quickly access the information.”

### A TEAM OF EXPERTS AT WORK

Input from HealthTrust’s Physician Advisor network is key to the Library’s value. The Clinical Services Team regularly queries the network of more than 100 Physician Advisors for feedback on specific products and categories of products, including guidance for making a conversion.

When a question arises where there isn’t yet evidence documented in the available literature, the Clinical Services Team turns to member input via the HealthTrust Huddle platform, or they pull an interdisciplinary group together to help solve it. They collect the information, package and post it to the Library for members to benefit from the resource.

If members can’t find what they’re looking for to address a problem or need, they can submit a personalized request for support on either the Knowledge Library or the HealthTrust Huddle. “Whether it’s understanding the differences between two products or how to approach a conversion, we are there to create and tailor resources to assist,” explains Kelly.

“Through developing this online resource library, we’ve learned that healthcare systems all have common problems—and as a result, there are common solutions,” says Thompson. “Sometimes people don’t even know what to ask, so we are happy to be that connection for them. The platform is a great place to see what other organizations are doing and learn best practices from someone who’s already been down a road you’re about to travel.” ●

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## The road to better antibiotic stewardship

### *Standardizing rapid diagnostics could play a major role*

In an effort to reduce mortality and morbidity rates, the 2020–2025 National Action Plan for Combating Antibiotic-Resistant Bacteria from the Centers for Disease Control and Prevention (CDC) recommends furthering the development and implementation of rapid diagnostic tests for identifying antibiotic-resistant bacteria.

The CDC defines its goal as reducing the time to identify the pathogen and administer effective antibiotic therapy. Included in that goal is the need to speed up getting the right antibiotics to patients who've had ineffective or suboptimal initial therapy. To that end, a study at a HealthTrust member hospital tested a rapid nucleic acid microarray test. The aim of the study was to determine if the time spent pinpointing effective antibiotic therapies

could be more effective, while reducing the time spent on potentially ineffective or suboptimal initial therapies.

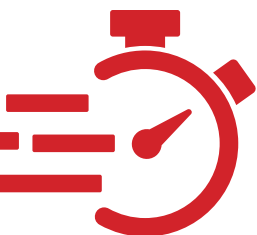
#### IMPROVING TIMELY DIAGNOSES

The test took place at Tenet Healthcare's Princeton Baptist Medical Center in Birmingham, Alabama, comparing the speed and standards of rapid tests. Conventional testing requires growing enough of an organism in culture, and it can take several days before an organism can be identified and tested for antimicrobial susceptibility. Faster tests now



have the capability to yield results in a few hours, utilizing nucleic acid amplification to identify resistance markers in positive cultures.

**Kenda Germain**, PharmD, BCPS, Clinical Pharmacy Specialist, acts as the pharmacy lead for the Antimicrobial Stewardship Committee at Princeton Baptist. She created the policies and procedures around the reporting of Verigene results, determining who would receive the results and how they would be documented, as well as training the clinical pharmacy staff and medical staff on how to interpret them.



**The results were significant: The rapid test took an average of 33 fewer hours than older tests. This could make an important difference in treating bloodstream infections (BSIs). With BSIs, every hour that antibiotic treatment is delayed results in a 7% increase in mortality risk.**

In addition to the human impact of these infections, there is a financial and logistical impact, as time spent on ineffective therapies means more time the patient may need to stay in the hospital. A faster track to an accurate diagnosis and treatment means freeing up beds and staff as well as sending patients home healthier and more quickly.

"I believe the results of this program speak to the value of investing in new technology and ideas to improve patient care," Germain says, "and demonstrates the impact that pharmacists can have on improving outcomes for our patients. By supporting programs like this, Tenet Healthcare is encouraging innovation that improves providers' ability to best care for their patients and demonstrating a commitment to providing top quality care."

### THE NEED FOR STANDARDIZATION

Tenet Healthcare, headquartered in Dallas, operates hospitals, surgical care facilities and provider-based clinics in 28 states. The Ancillary Services team is seeking to improve the implementation and standardization of rapid molecular tests within the Tenet system. "We've identified with our national lab director that there are inconsistencies with regard to vendors and which test each vendor supplies across our facilities," adds **Toby Cooper**, Director for Clinical Pharmacy Services at Tenet. "We are making recommendations to standardize what technology and tests we use in our



facilities. And that's part of the connection with HealthTrust as our GPO [group purchasing organization] partner. It helps us negotiate with those vendors and that benefits the standardization process."

While the less time a patient is in the hospital means less expense for the facility, the rapid tests themselves are not inexpensive, making measures to standardize even more important. "It's more expensive per test than conventional testing," explains **Rick Soto**, Tenet's National Director of Pharmacy Operations, "so that does have to be accounted for when you look at actual cost savings."



Standardizing across the Tenet system would create value in several ways. "One focus of this pilot study was to look at time to effective antibiotic use, and then optimizing antibiotic use," Cooper explains. "We know that the longer it takes to provide effective antibiotic therapy to patients, the more the risk for poor outcomes increases. Our acute care hospital programs are accredited by The Joint Commission. The focus of The Joint Commission is to standardize policy and process and to decrease the potential risks for error or poor outcomes. Standardizing these tests leads to standardized purchasing and procedures, all of which can improve outcomes in terms of patient health and reducing overall costs."

Standardization and implementation of rapid tests also aligns with the goals outlined in the CDC's National Action Plan for Combating Antibiotic-Resistant Bacteria. The plan seeks "improved antibiotic stewardship in healthcare settings" as well as the "prevention of the spread of drug-resistant threats."

Tenet's Ancillary Services team sees the outcome of Princeton Baptist's investigation of rapid tests as providing an opportunity. It will allow Tenet facilities to promote and improve the use of tools available to them as part of Antibiotic Stewardship Programs and best practice efforts. "The appropriate use of antibiotics is a national priority," Cooper says. "I think this highlights the importance of identifying what technologies we can use and what we need to advance. As we identify best practices at Tenet, we can standardize them across the system so patients get the same standard of care they would in any of our acute care facilities." ●

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As ASCs make advances in enabling technology such as robotics, physicians will do more dynamic surgeries in this setting.



# Putting THE TOOLS IN PLACE

## AdvantageTrust helps keep members prepared for a changing market

PATIENTS HAVE HISTORICALLY RECEIVED SURGICAL CARE within the setting of a hospital. However, advances in medical technology and innovative care delivery models are changing that. Techniques, instrumentation and some implant advances have enabled physicians to safely perform specialty procedures traditionally only performed in the hospital setting in ambulatory surgery centers (ASCs).

The shift means that ASC staff now face the cost management pressures that come with the costly medical devices and technologies (e.g., implants and robotics) needed for orthopedic and spine procedures in the nonacute space.

AdvantageTrust, a division of HealthTrust that works with doctor's offices and nonacute surgery centers to help navigate the group purchasing organization (GPO), is helping members structure the agreements in this space to find the best value—a service that is particularly important during this time of evolving care models.





## IMPACT ON THE ORTHO SPACE

“COVID was the primary catalyst for the accelerated migration and expansion to the ASC,” says **Brent Ford**, Clinical Director of Medical Devices at HealthTrust.

During the pandemic, hospitals needed to focus on higher acuity procedures, so ASCs were adapted to take on a broader scope of cases. Today, it’s standard practice for surgeons to perform a broad range of musculoskeletal procedures in the nonacute ASC, including total joint replacements and orthopedic and spine surgeries.

Proponents of the shift in care suggest that having a procedure in an ASC is arguably a better patient experience because patients value the convenience and not having to spend time in a hospital setting. There is also less chance of infection. As ASCs make advances in enabling technology such as robotics, **Chris J. Stewart**, VP of Medical Device



Management for HealthTrust, believes that physicians will do more dynamic surgeries in this setting.

**Reimbursement for surgical procedures performed in an ASC is typically 30%–40% less than what it would be for the same procedure performed in a hospital.**

However, physicians have the opportunity to make more money by taking whole or partial ownership in many surgery centers, says **Scott Driskell**, Clinical Director of Medical Device Management.



“Physicians are moving procedures from the acute care space, where they’re reimbursed a set fee, to the nonacute space, where they potentially have some ownership, and their reimbursement is often higher.”

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Continued from page 13

their fee for service that they receive in the hospital setting, they have the potential to earn more.

“In a hospital, which is a traditional fee-for-service environment, physicians are typically not aware of nor do they care about cost,” says **Adam Bruggeman**, M.D., Chief Medical Officer at Physician Surgical Network Affiliates, spine surgeon and HealthTrust Physician Advisor. But with the shifting care model, physicians can make better-informed decisions, he adds.



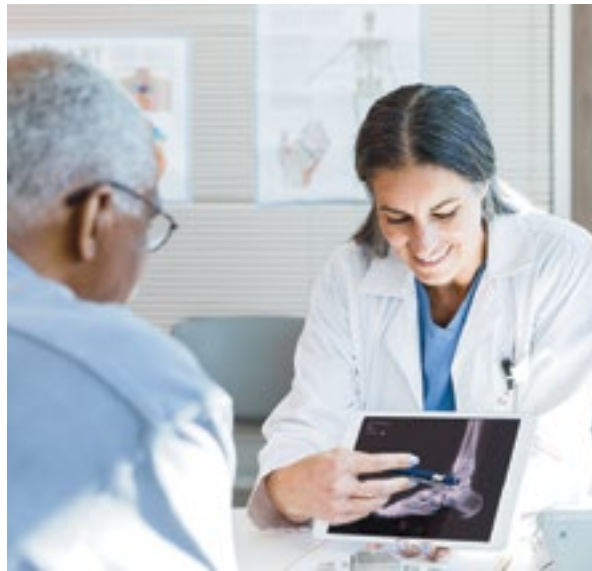
### THE IMPORTANCE OF PHYSICIAN ALIGNMENT

“There is a lot of emotional attachment around products,” says Dr. Bruggeman. A physician may have been involved in designing the implant. Or they may have established trust with someone who works for the implant company and want that individual in the OR.

But if the physician has ownership in an ASC, it becomes a different scenario. “They’re making switches they never made before,” he adds.

No matter the reason, physician alignment on lowering unnecessary variation and value-based care is a welcomed evolution. Suppliers have responded to the care model shift by working with physicians at ASCs to bundle technology and implants for better pricing and higher profitability. Whereas new equipment used to be a capital purchase, suppliers now offer creative payment solutions such as leasing, software-as-a-service payments and pay-as-you-go.

Manufacturers are also creating less expensive, enabling technologies that perform the same functions as much more expensive models. “Suppliers now have smaller robotic platforms that navigate implants to their intended location, augmented reality technology that provides surgeons with image overlays to guide their actions, and options for more minimally invasive procedures, resulting in smaller incisions, quicker recovery times, reduced pain and shorter facility stays,” explains Ford.



“Regardless of size, every surgery center has an opportunity for cost savings.”

– Scott Driskell

Savings opportunities are presented and reviewed with the health system every quarter. AdvantageTrust provides recommendations based on the American Joint Replacement Registry, a repository of orthopedic cases where surgeons report their case utilization. “We can look at their utilization for a specific product and tell them whether it’s outside the norm, and if they’re getting a higher cost, we show them the savings opportunity,” explains Driskell. “Regardless of size, every surgery center has an opportunity for cost savings.”

Hundreds of thousands to millions of dollars may be saved, depending on the organization’s size. The AdvantageTrust team coordinates with the ASC’s sourcing team to ensure they understand what is needed in negotiations.

Every year, new procedures are approved to be performed in ASCs, and the market continues to change as well. The AdvantageTrust team is poised to help members stay on top of it all. ●

### HOW ADVANTAGETRUST HELPS

“At AdvantageTrust, we work with our members to find ways to stay ahead of the care model shift from a contracting perspective,” says **Brennan O’Brien**, VP of Supply Chain and Business Development for AdvantageTrust. Sourcing models that work well in hospitals don’t always work in the nonacute space. Rather than contract by category, small ASCs bundle many of their products together, which differs from traditional sourcing practices. “We help facilities figure out how to work with suppliers and bring contracting value to the procurement,” he adds.

Data experts from AdvantageTrust work with a healthcare facility by setting up a data flow of their spending into an actionable online dashboard.

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# How **SAFE** is the **WATER?**

**Safeguarding systems from the impact  
of corrosion, deposits & bacterial growth**



WHILE THE U.S. HAS ONE OF THE SAFEST SUPPLIES OF DRINKING WATER IN THE WORLD, the Centers for Disease Control and Prevention (CDC) indicates that approximately 7.2 million Americans get sick from diseases spread through water each year. Even the water used for cooling high-rise buildings can cause illness.

**The estimated cost to fight infectious disease from waterborne pathogens in the U.S. is \$2.39 billion annually.**

While the country has made some progress in preventing waterborne disease over the last century, these new estimates provide a better understanding of the size and scope of the issue.

Water conservation and waste reduction efforts have been on the radar for many health systems concerned with improving their environmental impact. However, water treatment initiatives should be added to the list of priorities.

“Neglecting to treat or the improper treatment of water and related equipment can impact the health, safety and comfort of patients and employees,” says **Tyler Anderson**, Supplemental Disinfection Market Manager with Chem-Aqua, Inc. “In addition to providing comfortable temperatures, healthcare organizations need to ensure their facilities’ cooling towers, chillers and boilers are operating efficiently to both comply with regulations (health, safety and environmental) and keep the systems free from the impact of corrosion, deposits and microbiological growth,” he explains.



## THE BURDEN OF WATERBORNE DISEASE

New waterborne disease challenges have emerged from aging infrastructure, chlorine-tolerant and biofilm-related pathogens, and increased recreational water use. CDC research indicates that most hospitalizations and deaths related to infectious waterborne diseases were caused by biofilm-associated pathogens (nontuberculous mycobacteria, *Pseudomonas* and *Legionella*).

In its water management toolkit ([cdc.gov/legionella/downloads/toolkit.pdf](https://www.cdc.gov/legionella/downloads/toolkit.pdf)), the CDC defines Legionnaires’ disease as a serious type of pneumonia caused by *Legionella* bacteria that live in water. Legionnaires’ disease is on the rise in the United States, with reported cases increasing by nearly four and a half times since 2000. People can become sick from inhaling contaminated water droplets from building water systems that are not adequately maintained.

Healthcare facilities often serve populations at the highest risk for Legionnaires’ disease, including the elderly

or people who have certain risk factors, such as those with chronic conditions, weakened immune systems and current or former smokers. These facilities may also have large complex water systems that promote *Legionella* growth if they are not properly maintained.

Water treatment supplier Nalco Water, an Ecolab Company, published “Hospital Water: An Overlooked and Controllable Source of Healthcare-Associated Infections,” an online paper summarizing scientific literature that supports a programmatic approach to reduce the risk of healthcare-associated infections due to pathogens from water systems.

## HELP IS AVAILABLE

“Healthcare facilities can benefit from a water management program to reduce the risk for Legionnaires’ disease associated with the buildings’ water systems and devices,” says **Lauren Nicholson**, Corporate Account Manager with Barclay Water Management, Inc. These programs help to pinpoint those areas or devices within a facility where *Legionella* might grow or spread to people so the risk can be reduced or mitigated. *Legionella* water management programs are now an industry standard for large buildings in the United States, with special considerations for healthcare facilities.



Comprehensive water management services from HealthTrust-contracted suppliers support healthcare facilities in mitigating the risk of waterborne pathogens and safeguarding equipment in the water treatment process.

“Teams from these organizations are experts in guiding healthcare facilities in all aspects of developing, documenting and implementing water treatment plans through comprehensive onsite analysis, consulting and monitoring,” shares **Lucy Madura**, HealthTrust’s Director of Strategic Sourcing Commercial Products, Facilities. “These suppliers have programs to protect your critical water systems, promote safe and reliable equipment operation, and reduce the total cost of operations,” she adds.



“Having an effective and comprehensive water management program in place for minimizing the potential for *Legionella*, *Mycobacteria* and other waterborne pathogens is critical to helping facilities identify risks and create plans for mitigating future outbreaks. Water treatment suppliers can assist with developing treatment programs consistent with guidelines from CTI (Cooling Technology Institute) and ASHRAE (American Society of

Heating, Refrigerating and Air-Conditioning Engineers) and supporting facilities through offerings such as cooling tower cleanings and other mitigation efforts,” says **Chris Connolly**, Corporate Account Manager for the Commercial and Institutional Group with ChemTreat, Inc.



“With recent Legionella outbreaks being linked directly to cooling towers, it’s essential that you understand the ‘what’ and ‘how’ in reducing risk for Legionella in a cooling tower,” shares

**Eric Myers**, a Senior Technical Consultant with Institutional Water Safety Services, an independent business group of Nalco Water. “Whether it’s understanding regulations in the state of New York or industry-accepted best practices, companies like Nalco can help you develop the right solution to achieve compliance and manage operational risk.”



Hospitals looking for tools to minimize Legionella bacteria in their drinking water systems need to know about supplemental disinfection, the permitting process, ongoing regulatory testing and reporting. Healthcare facilities routinely install effective supplemental disinfection on their incoming water for waterborne pathogen control. This strategy often comes with permitting and compliance requirements per state and federal agencies, including the Environmental Protection Agency (EPA).

“Maintaining and operating a healthy and disease-free water system goes beyond the regular application of chemicals,” explains

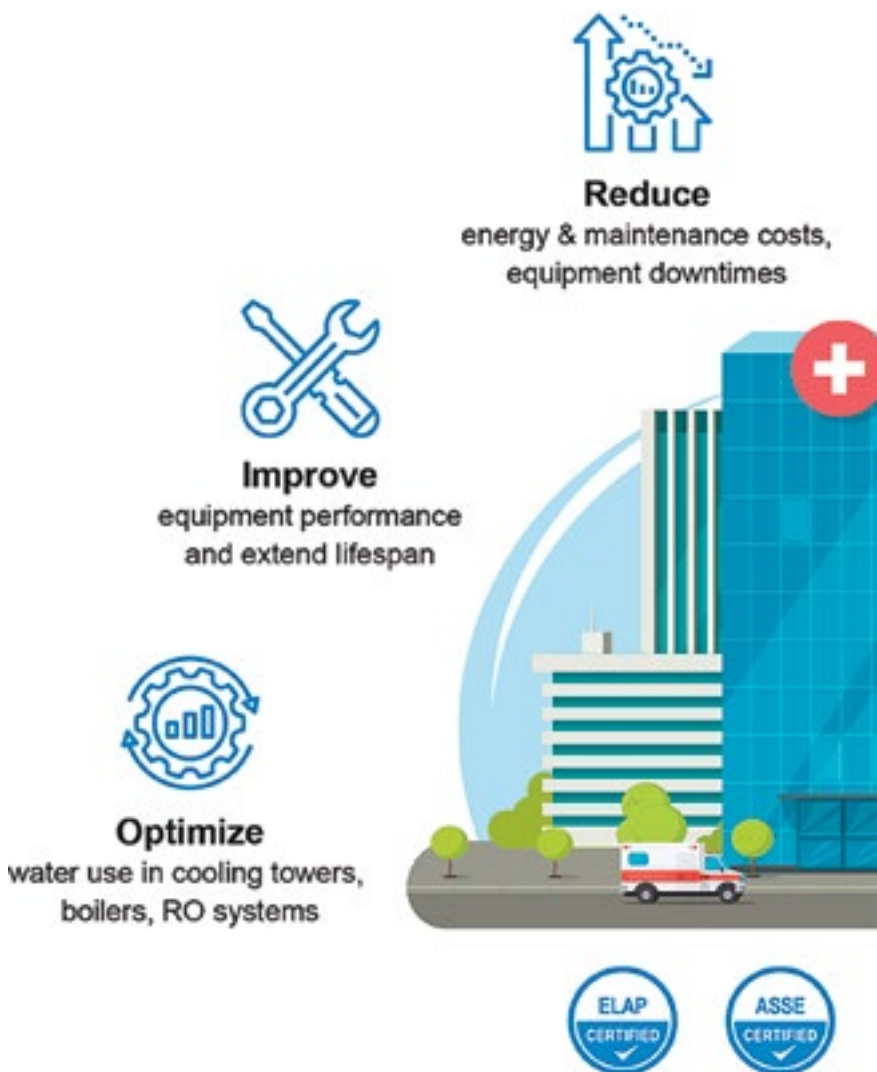
**Mike Dodson**, CHFM, Director of Garratt-Callahan’s Water Safety Group, who is ASSE (American Society of Inspectors of Plumbing and Sanitary Engineers) 12080 Certified in Legionella Water Safety & Management. “Knowing



a system is safe and thinking a system is safe are two very different circumstances.

The ASSE has created a certification program that clearly defines a new standard, and we have more than 200 ASSE 12080 Certified team members who can assist healthcare facilities in the implementation of an ASHRAE 188-2018 water management program,” he adds. ●

## WATER TREATMENT SOLUTIONS FOR HEALTHCARE, LIFE SCIENCES & PHARMA FACILITY MANAGEMENT



Source: Garratt-Callahan Co.



“Maintaining & operating a healthy & disease-free water system goes beyond the regular application of chemicals.”

– Mike Dodson



### Comply

with pharma manufacturing,  
healthcare regulations



### Monitor

water quality precisely  
and consistently



### Mitigate

risk to personnel, patients  
and visitors to your facility



## TREATMENT SUPPLIERS ON CONTRACT

HealthTrust's contracted water treatment suppliers assist healthcare facilities by:

- ▶ Reducing Legionella bacteria & other waterborne pathogen risk to staff, patients & visitors
- ▶ Providing water quality monitoring on a consistent, constant basis
- ▶ Optimizing water used in cooling towers, boilers & reverse osmosis (RO) systems
- ▶ Implementing programs to reduce water use & improve lifespan, maintenance costs & system performance to extend the useful life of boilers, chillers, cooling towers, condensers, sterilizing equipment & other capital assets
- ▶ Ensuring & managing water quality systems to comply with pharmaceutical manufacturing & healthcare regulations
- ▶ Enabling facility compliance with JCAHO (Joint Commission on Accreditation of Healthcare Organizations), OSHA (Occupational Safety and Health Administration), EPA, ASHRAE, CDC, CMS & other regulatory agencies

Learn more about these Water Treatment Suppliers by visiting their contract packages within the HealthTrust Member Portal:

**Barclay Water Management  
Contract #86576**

**Chem-Aqua  
Contract #7104**

**ChemTreat  
Contract #7271**

**Garratt-Callahan  
Contract #3968**

**Nalco Water, an Ecolab company  
Contract #3923**

# The revitalization of a VALUE ANALYSIS PROGRAM

## How Lifepoint Health & HealthTrust took a deep dive to optimize operations

LIKE MANY HEALTHCARE NETWORKS, Lifepoint Health needed a more efficient and effective multidisciplinary approach to supply management and the networkwide alignment of its value analysis program. HealthTrust's VP of Clinical Resource Management, **Vicki Alberto**, RN, and her team were ready to help.



HealthTrust's team worked with Lifepoint to outline the organization's specific approach, and it specifically assessed the governance and structure around the value analysis team (VAT) across the individual locations and system level.

"There were two strategic supply chain priorities that Lifepoint established: enhancing value analysis at the facility level and creating or aligning system efforts with facility-level value analysis," Alberto explains. "The goal became improving the alignment between the two levels."

HealthTrust proposed a system-level value analysis governance and structure that included service line representatives from each division. A value analysis program must be a collaborative effort between subject matter experts, materials management/supply chain, finance and a health system's GPO [group purchasing organization]. Executive leadership support is also critical to the success of the program.

It's imperative to tap your resources at all levels and from departments across the organization. "Pulling your nursing and surgical leadership from throughout the system is important," says **Dee Norton**, RN, Lifepoint Health's Clinical Operations Director. "Our system-level value analysis team is not just the corporate level making decisions;



it's us involving leaders from each of our hospitals. We want to collaborate to make it successful."

Once the structure was established, the focus turned to creating an implementation process for value analysis initiatives. "We were charged with standardization, hoping to drive value, while considering best practices and patient outcomes," explains HealthTrust's **Julie London**, RN, BSN, Senior Director of Clinical Resource Management. "However," she adds, "there were no processes in place for decision-making or implementation."



### SEVEN STEPS TO IMPLEMENTATION

To provide a standard implementation process to use across the Lifepoint Health system, HealthTrust created a seven-step process:

- 1 Introduce the initiative
- 2 Make clinical decisions
- 3 Validate supplier availability & cross-referencing
- 4 Develop implementation materials & launch process
- 5 Engage supply chain operations
- 6 Provide support for the implementation (such as facilitating launch calls with supplier &/or supply chain & clinical leaders prior to or during the launch, & coordinating follow-up calls with facilities to understand what is going well & where more support is needed)
- 7 Track compliance

They also set a 90-day product conversion deadline. After 90 days, the SKUs associated with replaced products are deactivated in the ordering system to make it more likely for clinicians to comply with product changes.

## WHAT HEALTHTRUST'S ASSESSMENT FOUND



During their deep dive, the HealthTrust team found a number of areas in which Lifepoint could improve:

- ▶ While there were VATs in most facilities, no system-level value analysis program existed to model alignment between corporate & facility-level VAT activities.
- ▶ Existing value analysis initiatives were primarily focused on new products.
- ▶ Without a system-level methodology in place, there was misaligned decision-making, a lack of clinical input or evidence review in decision-making & a lack of metrics to ensure accountability & track progress.
- ▶ Managing the VA process was often overwhelming for team members.

## THE RESULTS

While this system-level value analysis methodology is still in its early stage at Lifepoint, the health system is seeing more compliance with supply chain initiatives, increased standardization across the system and more efficiencies that lead to savings. They're also finding more clinicians and leaders who want to be part of VATs.

Lifepoint is still identifying lessons learned, but some things are already clear. Asking questions and constantly communicating are key steps, especially during the

implementation process. Clear and consistent communication has improved engagement between value analysis leaders and clinicians. "As we move forward down this new path, we continue to gain momentum by improved collaboration between supply chain and clinicians," says Norton. "It's a very exciting time and I'm proud to be a part of it." ●

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# Contract data for the win

## HealthTrust's data team revitalizes contract management for Orlando Health

WHILE MICROSOFT'S EXCEL WAS A GAME-CHANGER for supply chain contract management when it was released nearly 40 years ago, today's rapidly evolving supply chain necessitates a much more sophisticated approach. That's why Orlando Health, one of the largest health systems in Florida, turned to HealthTrust.

**Corey Trautman** joined Orlando Health as Senior Director of Data Integrity & Innovation in January 2022 and soon realized that the health system needed to update the entire master contract system.



At the time, there was no central repository for contracts. An analyst had to gather details about contracts from HealthTrust's database, access local contracts from a third-party supplier every two weeks and then update the master contract file in Excel. The process took 34 hours. "There were just so many manual steps, and with endless tasks to complete, there was no way it would ever be accurate. By the time it was done, the master file was already outdated," Trautman says.

### STREAMLINING PRICING

In addition to wanting a more accurate and less onerous process to manage contracts, Orlando Health sought a simple way to figure out pricing, identify types of contracts and determine if suppliers were charging the correct prices. "We needed to find a solution that could answer those questions and allow us to have up-to-date contract data at our fingertips," Trautman explains.

What Orlando Health needed was a virtual master contract dashboard, and to get it, the health system turned to HealthTrust, its own IT team and Orlando Health's citizen developer team. "If we had to go through a formal IT process to build it alone, it would have taken much longer. The HealthTrust data team is amazing," Trautman says. "They delivered everything we asked for and then some."

Using Power BI, Microsoft's data visualization software, the partners created a virtual contract master that automates HealthTrust's daily data feeds. It also aggregates Orlando Health's GPO and local contracts and includes important attributes such as supplier part numbers, contract start and end dates, expiration alerts, corporate

and multi-tier pricing, and more. "We have an 84% match on supplier part numbers, and we're working with HealthTrust to get to 100%," Trautman says.

### SIMPLIFYING SUPPLIER APPROVAL

HealthTrust worked with Orlando Health to create a digital workflow to ensure the hospital system is always operating with the most current and complete contract and price information available. The Orlando Health Supply Chain Data Integrity and Innovation team then built a contract workflow app that connects to its enterprise resource planning (ERP) system. The app enables the Orlando Health sourcing team to streamline the supplier approval process and to know at a glance who the active suppliers are. "As soon as we have a signed contract and it's active, it now 'magically' appears on the dashboard," Trautman shares.

In addition to having a user-friendly, systemwide repository for all contract data, other benefits include:

- ▶ The elimination of a time-consuming manual process
- ▶ Easily identifiable contract types
- ▶ Visibility into contracted items, associated pricing & price discrepancies

With the proven effectiveness of the virtual master contract dashboard, Orlando Health is looking to what it can do next. Future enhancements, Trautman says, are "the fun stuff." The tool has the potential to allow healthcare organizations to:

- ▶ Achieve marketplace excellence through contract & item enrichment
- ▶ Become ERP agnostic
- ▶ Quickly identify contract compliance on par & inventory
- ▶ Add case & physician preference card contract compliance
- ▶ Leverage data for strategic sourcing initiatives
- ▶ Question & monitor changes in contracted items
- ▶ Automate tier optimization

A review of the supply chain data showed a 50% reduction in price discrepancies and other savings as well, freeing up resources for higher-value tasks. "We have all kinds of insight," notes Trautman. "There are just so many different things you can do once you have the data." ●



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VALUE ANALYSIS INITIATIVES CAN HELP HOSPITALS AND HEALTH SYSTEMS improve patient care while reducing supply costs. Engaging physicians in this process, securing their buy-in and benefiting from their clinical expertise is crucial to a successful value analysis program.

However, supply chain leaders often struggle with formally involving physicians in value analysis processes and programs. At the 2023 HealthTrust University Conference, three HealthTrust Physician Advisors joined HealthTrust's Chief Medical Officer, **John Young**,

M.D., MBA, FACHE, to discuss best practices for engaging physicians in value analysis in a panel discussion titled, *Bridging the Divide*. "I've been doing this for about 25 years, and I don't think there's ever been a time when the financial and the business piece have dominated the conversation equal to the clinical piece," Dr. Young said. "And that's what we're trying to bridge."

Their discussion led to seven key principles teams can follow when closing the gap between supply chain and clinicians.

**1 | Begin with low-hanging fruit.** To ease physicians into the value analysis process, identify opportunities for change in areas that are integral to their day-to-day work, but simple to adapt to.

**Bert Altmanshofer, DPM**, a podiatric medicine specialist practicing in Duncansville, Pennsylvania, said it starts with laying the foundational groundwork, just like you would at home. "What do I tell my family? First, we can shut off the lights when we're not using them. We can fix the leaky faucets. These are easy things we can do, so those were the basics that we started with," he said.

Beginning with the fundamentals at his facility led to more widespread change. "We then developed strategies and lists of

FIRST OF A TWO-PART SERIES

## 7 ways to foster physician engagement with supply chain decision-makers to bolster value analysis

1. Begin with low-hanging fruit.
2. Use data to win physicians over.
3. Establish shared decision-making.
4. Take action.

# COMING



# TOGETHER

**5. Establish alignment on shared goals and culture, rooted in trust.**

**6. Bring together a collaborative multidisciplinary team, including a physician champion.**

**7. Standardize your definitions.**

wants and needs. As subspecialty groups, we had to start looking at the wants-versus-needs list and grow from there,” he added. “For us, that was huge. It got everybody involved, making sure everybody expressed an opinion.”

## **2 | Use data to win physicians over.**

Dr. Young recommended being direct and transparent while leveraging data and evidence to engage physicians. This is the approach that HealthTrust takes when its Advisory Services team works with members on value analysis engagements. “With benchmarking and utilization data we can show them that their cost per case is high compared to everyone else’s,” he said. “You can then gently but collegially use peer pressure to drive those outliers down. No one wants to be the most expensive doc per case in the hospital.”

**Elise Denny, M.D.,** FACS, an otolaryngologist practicing in Knoxville, Tennessee, said physicians are universally driven by the core value of wanting what’s best for



patients, backed by science. “Physicians are data-driven. If you present the data and the logic, for the most part, you can win them over,” she said. “One physician on our staff wants things done in the next 24 hours. Everybody attributes it to ego, but what’s driving that ego is a belief in providing the best patient care. When we got him to look at the data on how this impacts the entire healthcare system, we were able to bring him around.”

Dr. Altmanshofer explained how the data piece has been a game-changer for his organization: “Suddenly, there were reports. There were expectations. We set goals and explained how we were going to achieve them,” he said. “We were able to say, ‘Listen, if we meet these marks, we’re going to be able to add employees, we’re going to cut down on the call schedule for our nurses in the OR, we’re going to be able to shift people around a little bit.’ ”

**3 | Establish shared decision-making.** Instead of using a top-down approach, create structures, processes and accountability around shared decision-making that allows physicians to affect change and have their voices heard.

“Physicians want three things. They want autonomy. They want respect. They want to be heard,” said Dr. Denny.

“When you’re talking with colleagues about something concrete, like choosing one particular implant over another, it can be an extremely difficult conversation,” said **Aron Wahrman**, M.D., MBA, a plastic surgeon

at the Perelman Center for Advanced Medicine in Philadelphia. “But as long as they feel their opinion is valued and they have a voice, you can work through these difficult conversations—even if the choice may not be the one they ultimately wanted.

You can suggest that down the road, when we examine the outcomes data, if we are not doing as well with this choice of implant, then we’ll re-examine.”



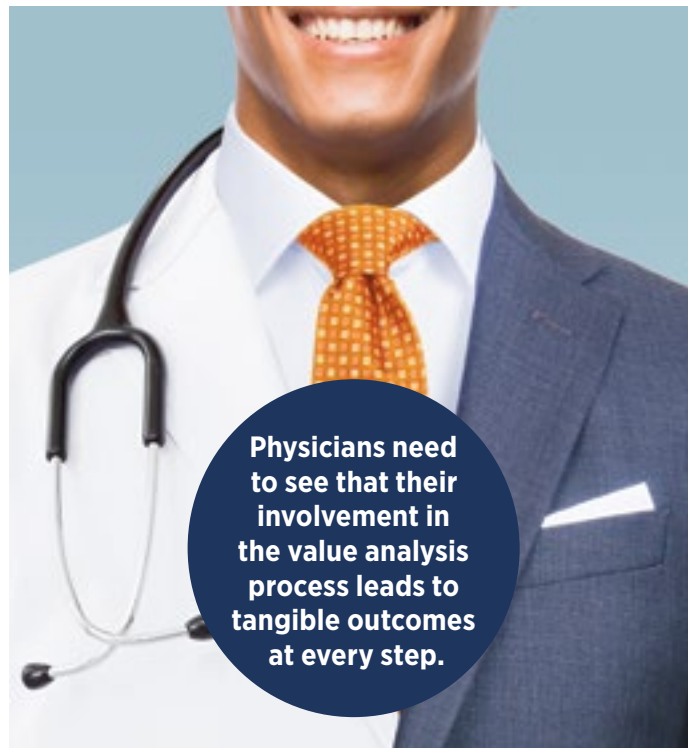
**4 | Take action.** Physicians need to see that their involvement in the value analysis process leads to tangible outcomes at every step. “We learned that one of the worst things you can do is engage physicians, have them do a bunch of data analysis and sit through multiple meetings, only to have nothing happen. There has to be action because, otherwise, you’ll lose them,” said Dr. Young.

Dr. Denny also stressed the importance of progress. “I like seeing three actionable items at the end [of every meeting]. So we’ve not wasted your time, but respected your time,” she said.

Ongoing action can be motivation to remain engaged, explained Dr. Young. “One of the reasons members re-engage our teams is because value analysis is a continuous process. New products, technology and pharmaceuticals come along frequently, so you change, adapt and modify,” he said. “We work to show these value analysis teams that it’s not a rigid structure. It’s an opportunity to open another door.”

**5 | Establish alignment on shared goals and culture, rooted in trust.** Agree to a common mission and vision for the value analysis process, which should also align with the overall goals of the organization. Clinicians are more likely to participate when patient outcomes and quality of care are at the forefront of the process.

“A shared mission and culture of trust comes from the top down, with confidentiality built in. If you disagree with your team member, you don’t go tell everyone. It doesn’t serve anything, other than to reflect poorly on you,” Dr. Denny said.



Physicians need to see that their involvement in the value analysis process leads to tangible outcomes at every step.

“We saw a change in our facility around the culture of safety. We require our value analysis team members to go on patient safety rounds once a quarter,” Dr. Altmanshofer explained. “From that we helped to spread this culture and value and started to understand the integration: Why do you do this in the unit? Why do you do this on the dock? As we looked at those things, we realized how well all of the pieces fit together.”

**6 | Bring together a collaborative multidisciplinary team, including a physician champion.** Value analysis teams should include all the relevant stakeholders, including physician and nursing leaders, service line heads, IT support and, ideally, a member of the executive team.

Dr. Wahrman recommended taking advantage of the expertise and first-hand experience of clinicians. “You want people who are familiar with a particular device. We get a sense from our own use and what’s in the literature as to what is on the horizon, and what may be comparable but potentially more cost efficient,” he added.

Finding your physician champions to build support and influence change is also crucial. “You can be a brilliant clinician, but it doesn’t necessarily mean you’re going to be good at collaborating, building teams or having these kinds of conversations,” explained Dr. Young. “You have to find people who are interested, share the vision and who will roll up their sleeves and get to work.”

“Value analysis is a continuous process. New products, technology & pharmaceuticals come along frequently, so you change, adapt & modify.”

– John Young, M.D., MBA, FACHE

**7 | Standardize your definitions.** In healthcare, the value equation—value equals outcome divided by cost—is far from a simple math problem, Dr. Wahrman said. Cost can be easily measured, but questions abound around how to attach numbers to value and outcomes.

“If a cardiologist performs a stent procedure, how do you measure the outcome? Is it by how many more years a patient had or by how many more ‘good’ years they had?” asked Dr. Wahrman. “Many things go in to measuring value and outcome, but it’s far from being standardized.”

That’s where a strong value analysis program comes in. HealthTrust has developed analytical and tracking tools that support the value analysis process. With access to a proprietary database of more than 1,000 demonstrated best

practices, HealthTrust’s Advisory Services team can assist your organization in establishing a robust value analysis process or enhancing an existing program. Methodologies focus on engaging physicians and key stakeholders to equip them with a repeatable and sustainable process to stay ahead of cost and quality pressures.

Increase the effectiveness of your value analysis program with best practices from HealthTrust Advisory Services. ●

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# Managing

# WORKPLACE VIOLENCE

What you can do to keep patients & employees safe

WHEN **GREGORY E. NEAL, M.D.**, COVERED EMERGENCY ROOM SHIFTS as a general surgeon, he sometimes saw trauma patients become combative. “The incidents were usually drug- or alcohol-related,” says Dr. Neal, who is now the Medical Director for Wound Care at The Surgical Center in Nashville, Tennessee, and a HealthTrust Physician Advisor. In an emergency setting, anticipating any potential violence can put a doctor, nurse or other staff member on edge, starting with the first encounter with a new patient. “There’s an anxiety level of, ‘Who am I dealing with?’ ”



## THE SCOPE OF THE PROBLEM

Workplace violence is increasing in healthcare settings across the country, according to a 2020 Bureau of Labor Statistics report.

**In the healthcare industry, the number of nonfatal occupational injuries and illnesses due to intentional actions by another person that resulted in time away from work rose from 8,180 in 2011 to 15,230 in 2018. That is almost triple the rate seen in other industries.**

Workplace violence can be wide-ranging, according to The Joint Commission. It can appear as “an act or

**43%**

of healthcare workers experienced some violence during the COVID period, including physical (9%), verbal (48%) & emotional (26%).



threat occurring at the workplace that can include any of the following: verbal, nonverbal, written or physical aggression; threatening, intimidating, harassing or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients or visitors.”

The COVID-19 pandemic made it worse. A meta-analysis of studies published from 2020 through October 2022 in PMC COVID-19 Collection showed that 43% of healthcare workers experienced some violence during this period, including physical (9%), verbal (48%) and emotional (26%).

“It’s certainly becoming more prevalent,” says Dr. Neal. “There are a lot of behavioral changes that have emerged as a result of the pandemic, while others are related to society and social media.”

The most common areas for hospital workplace violence are the emergency department, psychiatric units, waiting areas and long-term care or geriatric units, according to the Centers for Disease Control and Prevention (CDC). “I have seen verbal and physical abuse by behavioral health patients in the hallways of the hospital and EMS bay as they are brought in from the community,” says **Ahmad B. Maarouf**, M.D., MBA, Chief Medical Officer, HCA Houston Healthcare Kingwood, and a HealthTrust Physician Advisor.



### IMPACT ON HOSPITAL STAFF & PATIENTS

Workplace violence affects all types of staff members, but some are at higher risk. The PMC study showed more than double the rate of physical violence for nurses compared to physicians (13% versus 5%), while the two groups experience equal levels of verbal violence.

Abuse, no matter the type, can significantly impact clinicians, leading to their own physical and psychological trauma. It can also distract from patient care. “People can lose confidence in their job, become less engaged and start searching for exit opportunities in response to workplace violence,” explains Dr. Maarouf. A majority of emergency room physicians told the American College of Emergency Physicians (ACEP) that workplace violence impacts patients in other ways. It can cause a caregiver to pay less attention to the care plan if they are in fear of their own safety. Workplace violence can also result in workers’ compensation claims and morale issues.

### BEING MINDFUL OF WHO’S INVOLVED

While some might assume most violent encounters stem from the patient or family member directed at the healthcare worker, workplace violence can involve any combination of people.

The American Society for Healthcare Risk Management highlights examples of aggression in healthcare settings:

- ▶ Patient-to-staff violence
- ▶ Visitor/family-to-staff violence
- ▶ Staff-to-staff violence/harassment
- ▶ Physician/third-party-professional-to-staff violence/harassment
- ▶ Stranger/nonemployee-to-staff violence





Facilities ranking in the top 25% for a culture of safety have a **68%** higher level of engagement compared to those in the bottom 25% for safety culture.

## SAFETY IS TIED TO BETTER ENGAGEMENT & CARE

The first step in addressing workplace violence is recognizing it in your own workplace and seeing how it impacts your staff's physical and mental well-being. When staff members feel safe and perceive a strong culture of safety, there is greater engagement, satisfaction and retention. Facilities ranking in the top 25% for a culture of safety have a 68% higher level of engagement compared to those in the bottom 25% for safety culture.

That engagement and culture allow caregivers to deliver better care to patients. A study in the *American Journal of Nursing* showed that when RNs rank their organizations in the top 25% for perceived workplace safety, the organizations experienced a 27% higher rate of job satisfaction and 22% higher overall rating from the Centers for Medicaid & Medicare Services (CMS). It also led to a 52% lower rating of patients perceiving gaps in their nurse-related care.

And it's not just about perceptions. Organizations in that top quartile demonstrated 5% higher CMS overall hospital quality ratings versus those in the bottom quartile.

## SUPPORTING STAFF & PROTECTING PATIENTS

While it may be unrealistic to think we can eliminate workplace violence altogether, hospital leadership can prepare for it, helping mitigate its occurrence and harm. Staff members should participate in hands-on training exercises and have a plan in place to support patients and staff members when workplace violence occurs.

The Joint Commission has put forth the following recommendations for hospitals:

- ▶ Conduct annual work site analyses for workplace violence prevention programs
- ▶ Establish processes to monitor & investigate workplace violence & other injuries
- ▶ Train staff on workplace violence issues & maintain workplace violence prevention programs

Understanding where violence most often occurs in the hospital and providing examples of common scenarios can help leaders prepare role-playing and de-escalation educational activities. Behavioral response teams and security personnel should be trained in de-escalation and ready to rapidly deploy when needed.

Dr. Maarouf says his facility has procedures in place to help identify high-risk patients and implement measures to ensure safety. "For example, our trauma patient population is vulnerable to patient-on-patient violence. We ensure that patients who are involved in the same incident are separated, and the rounding nurse leader helps keep them under close observation," he explains.

When workplace violence does occur, the impacted patients or staff members should receive immediate support. "The new generation of healthcare workers is more likely to report verbal abuse than the prior generation, which will help transform the culture," Dr. Maarouf says.

*Continued on page 32*





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1. Mwipatayi BP, Ouriel K, Anwari T, et al. A systematic review of covered balloon-expandable stents for treating aortoiliac occlusive disease. *J Vasc Surg.* 2020;72(4):1473-1486.e2. doi:10.1016/j.jvs.2020.01.084
2. Mwipatayi BP, Sharma S, Daneshmand A, et al. Durability of the balloon-expandable covered versus bare-metal stents in the Covered versus Balloon Expandable Stent Trial (COBEST) for the treatment of aortoiliac occlusive disease. *J Vasc Surg.* 2016;64(1):83-94.e1. doi:10.1016/j.jvs.2016.02.064



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MCV00110393 REVA / PN 011978 Rev AA

Continued from page 30



“This is likely due to training them to recognize workplace violence and address it through the appropriate reporting channels.”

Preparing for potential workplace violence with strategies and protocols to tackle the issue head-on is critical to a healthcare organization’s ability to fulfill its mission: quality patient care. A culture of safety is one step, as is maintaining oversight of the processes in place. “We need to encourage reporting through consistent processes to help change the culture from acceptable to zero tolerance of workplace violence,” Dr. Maarouf adds. ●

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**Contract #2709**

**HSS Inc.**  
**Contract #7069**

**PalAmerican**  
**Contract #45512**

For more information, contact your HealthTrust Account Manager or visit the HealthTrust Member Portal.

## IS FEDERAL HELP ON THE WAY?

Hospital and healthcare workers aren’t the only ones who recognize the dangers of workplace violence. Legislators are aware of it, too. In April 2023, legislators introduced H.R. 2584. The bill, Safety from Violence for Healthcare Employees (SAVE) Act, was introduced during the previous Congressional session in 2022 and awaits advancement this session.

The goal of the SAVE Act is to help prevent violence against hospital workers. It would impose legal penalties or prescribe jail time for those assaulting or intimidating healthcare personnel when they are performing their work. “It would make violence to healthcare workers a federal offense,” explains **Gregory E. Neal**, M.D. The bill provides protections for those who commit violent acts while incapacitated due to mental, intellectual or physical disability.

The SAVE Act would also provide \$25 million in grant funding over 10 years for programs to reduce violence at hospitals. The funds could be used for training, increasing coordination efforts among state and local law enforcement agencies and technology for violence prevention.

The bill’s next step is to move forward into committee.

The American Hospital Association supports the bill, stating in an April letter to its sponsors: “Despite the proliferation of workplace violence and its deleterious effects on our healthcare system, no federal law protects the healthcare workforce from assault or intimidation. In contrast, federal laws criminalize assault and intimidation against aircraft and airport workers. Vigorous enforcement of these statutes has helped create a safer traveling environment, deter violent behavior and ensure that offenders face severe consequences for their actions. Your bipartisan legislation, modeled after the federal statute protecting aircraft and airport workers, would make it a federal crime to assault or intimidate a hospital employee and, as a result, interfere with the ability of that employee to perform their duties. Enhanced penalties would apply to acts that involve dangerous weapons, result in bodily injury or are committed during an emergency declaration.”

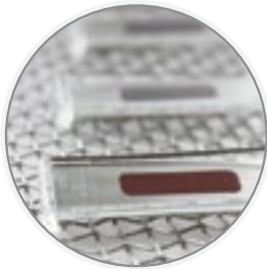
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# What's new in INFECTION PREVENTION?

Innovations in vaccine formulation may help prevent a “tripledeemic”




**58,000-80,000**  
children younger  
than the age of 5  
are hospitalized  
annually because  
of RSV.

RESPIRATORY VIRUS SEASON IS UPON US, and with flu, respiratory syncytial virus (RSV) and COVID-19 potentially circulating simultaneously, the impact on patients, staff and healthcare facilities can be considerable. But for the first time, vaccines for all three viruses are available to help reduce severe disease and protect others. Here is what healthcare organizations need to know about infection prevention this year.

## THE FIRST RSV VACCINES

One of the biggest recent changes in infection prevention is the introduction of the RSV vaccine. RSV is a common childhood illness that usually causes mild, cold-like symptoms. It's also the leading cause of hospitalization in infants. The Centers for Disease Control and Prevention (CDC) estimates 58,000-80,000 children younger than the age of 5 are hospitalized annually because of RSV.

The impact of RSV on babies and young children has been recognized for some time. But understanding its impact on other vulnerable populations is a more recent development. “In the past, RSV was thought primarily to be an illness of young children. If adults got RSV, we thought of it as a mild illness. But, over the past five or six years, PCR (polymerase chain reaction) and antigen testing have gotten better. As we test more adults, we're finding that RSV can lead to more



The CDC estimates that each year, **60,000–160,000** adults over age 65 are hospitalized with RSV, & **6,000–10,000** die from the virus.

serious illness in older patients, especially those with underlying medical conditions,” says HealthTrust Physician Advisor **William Sistrunk**, M.D., FACP, an infectious diseases physician at Mercy Hospital in Springfield, Missouri. The CDC says each year 60,000–160,000 adults over age 65 are hospitalized with RSV, and 6,000–10,000 die from it.



Two recombinant protein vaccines for RSV are now available for adults over the age of 60: RSVPreF3 (GSK’s Arexvy) and RSVpreF (Pfizer’s Abrysvo). The CDC recommends that people age 60 and older have a shared clinical decision-making conversation about the RSV vaccine with their healthcare provider, based on the presence of any chronic health conditions that may increase their risk of severe RSV illness.

“Like with most vaccines, you may not be able to prevent a person from getting RSV. The goal is to prevent somebody from getting severely ill, requiring hospitalization and potentially dying from these viral infections,” explains Dr. Sistrunk.

Abrysvo is also approved for people who are 32 to 36 weeks pregnant during the RSV season. The vaccine creates antibodies passed to the fetus to protect against severe RSV disease for the first six months after birth.

Also recently approved is nirsevimab (brand name: Beyfortus), a ‘vaccine-like’ preventive antibody product that offers protection from RSV to babies whose mothers did not receive the RSV vaccine during pregnancy.

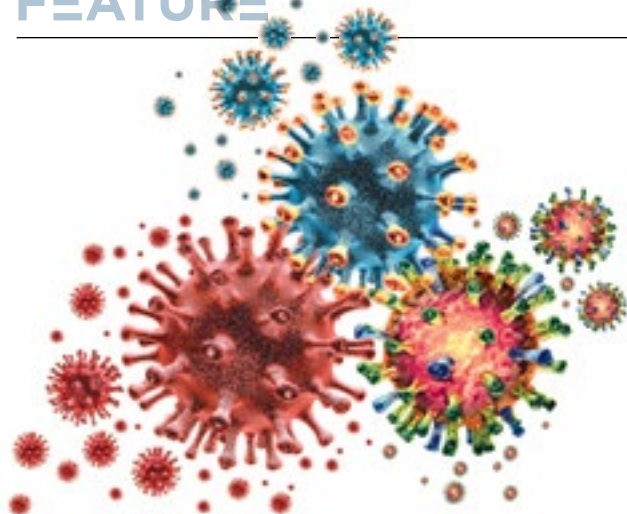
The Advisory Committee on Immunization Practices (ACIP) lists nirsevimab among its vaccine recommendations, though it is not a true vaccine. “Inclusion in ACIP’s vaccine schedule encourages coverage by insurance companies and by federal vaccine programs for children,” explains **Kate Cook**, PharmD, CAHIMS, BCMAS, Director of Clinical Information, Pharmacy Services at HealthTrust.



### NEW CDC RECOMMENDATIONS FOR THE FLU SHOT

Annual flu vaccines are developed to protect against the four main type A and B influenza viruses most likely to spread and cause illness during that flu season. “There are many flu vaccines on the market, and they all have different nuances. Some of them are egg- or cell-based and others are recombinant or adjuvanted,” says Cook. “Because there are so many differences in the flu vaccine space, we offer HealthTrust members an evidence review document that breaks down some of the clinical evidence and options.”





This year, the CDC changed its guidance around egg-based vaccines for people with egg allergies, stating that additional precautions in monitoring allergic patients are no longer needed. This decision increases access to the flu shot for people with egg allergies, since egg-based vaccines are still the most readily available.

The CDC stands by the recommendation it officially made in 2022, that people age 65 and older receive an “enhanced” (i.e., high-dose, recombinant or adjuvanted) flu vaccine. While these vaccines provide a greater level of immunity and are preferred for this age group, any age-appropriate vaccine is acceptable if an “enhanced” vaccine is not currently available.

Because the 2023–2024 season is the first full season since that recommendation, **Keith Teelucksingh**, PharmD, BCPS, BCIDP, Senior Director of Clinical Pharmacy Expense Management at HealthTrust Supply Chain, expects to see an increase in the number of these vaccines administered. “Large acute care systems have to prebook their orders early with manufacturers, so the timing of ACIP’s recommendation in 2022 didn’t give them the opportunity to fully embrace that recommendation. But that’s one of the shifts we’ve seen this year in terms of ordering influenza vaccines,” he explains.

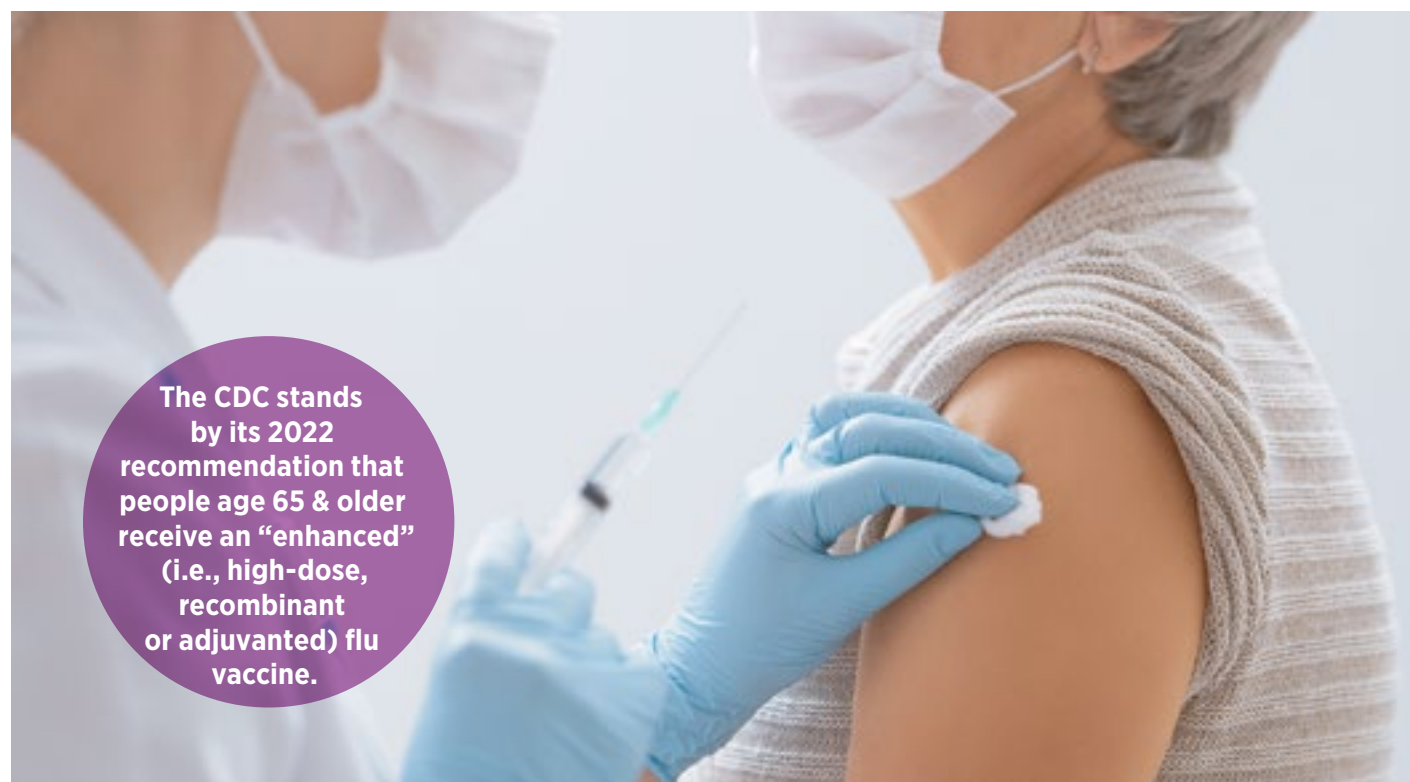


### EVER-CHANGING COVID-19 GUIDELINES

While COVID-19 isn’t limited to the fall and winter, the colder weather keeps people inside more, which increases the risk of outbreaks and makes vaccination as crucial as ever. “COVID doesn’t respect the normal respiratory viral season code. It just does what it wants to when it wants to, and it’s very difficult to predict when prevalence will emerge,” says HealthTrust Physician Advisor **S. Shaefer Spires**, M.D., an infectious disease physician with Infectious Disease Consultants in Georgia.



*Continued on page 38*



The CDC stands by its 2022 recommendation that people age 65 & older receive an “enhanced” (i.e., high-dose, recombinant or adjuvanted) flu vaccine.



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*Continued from page 36*

Vaccination guidelines for COVID-19 are complex and updated often, explains Cook, who recommends checking the CDC website regularly for new information. “The pediatric space is more nuanced, but generally, if you were previously vaccinated, the CDC recommends that everybody over the age of 6 months get one dose of the newly updated 2023–2024 vaccine,” she adds.

COVID-19 vaccines are no longer provided for free by the federal government. Still, coverage is available through insurance providers and federally funded programs like Bridge Access and Vaccines for Children for the uninsured.

## STRATEGIES TO STOP THE SPREAD IN HEALTHCARE SETTINGS

Infection prevention measures in hospitals and health systems are crucial to reducing the spread of viruses and other illnesses to staff and patients. Hospitals and health systems should continue to use standard procedures during all patient care and transmission-based precautions, as needed. Infection prevention measures should be well-resourced, with administrative, training and financial support in place. Healthcare workers should be encouraged to stay up to date with all recommended vaccines and to stay home when they are sick.

“We can’t do anything about how many sick people come through our doors. The only thing we can do is keep ourselves and our patients safe by not transmitting illness to them,” says Dr. Spires.

Vaccination, masking, testing, isolation and other measures all play a role in prevention, but how this is tackled can vary between hospitals. “Each facility is doing it differently based on the culture in the hospital. In some areas, it’s better to do less and have better compliance, whereas other locations may have a higher proportion of immunocompromised patients requiring more conservative and universal approaches to infection control measures,” adds Dr. Spires.

At Mercy Hospital in Springfield, Missouri, testing is used with symptomatic patients so that appropriate preventive measures can be taken. “We’ve encouraged using the quad test to identify if a patient has a contagious pathogen and if we need to isolate them to prevent the spread of these illnesses to other patients and staff at Mercy. Depending on the infection, there’s a particular type of isolation that we use,” says Dr. Sistrunk.

## THE CHALLENGES FACING ROLLOUT

With the threat of a “tripledemic” combination of flu, COVID-19 and RSV circulating at the same time, supply

disruptions remain a possibly daunting challenge for hospitals and health systems.

“The healthcare system should expect supply disruption during this time and should anticipate having to implement mitigation strategies. In the worst-case scenario, this will mean reserving treatments for the patients at the highest risk of adverse outcome,” says Teelucksingh. “Supportive therapies and personal protective equipment are the biggest pain points for hospital systems, especially when they have a more active respiratory season, COVID-19 or RSV.”

Teelucksingh recommends health systems keep an adequate inventory of medications and other supplies and make sure they’re being used appropriately by providers. He also suggests keeping abreast of virus activity within their communities through county, state and federal sources.

With this year’s new RSV vaccines, Teelucksingh expects to see some struggles as providers learn how to navigate and implement the guidance for their use. In October, supply challenges already changed the previous guidance after unexpected demand for the new RSV antibody product limited its availability. Initially, it was recommended for all babies younger than 8 months during the RSV season, but the CDC changed its recommendation for 100 mg doses so that infants at the highest risk for severe RSV disease are prioritized.

A successful rollout of the new RSV vaccines will be impacted by a lack of general awareness about RSV. “Even though cases of RSV have been growing in recent years, the public doesn’t necessarily think that this is a risk for them. The education piece will play a huge role in getting over this hurdle,” says Cook.

Public education is key to implementing any vaccination program, especially with the growing vaccine hesitancy and fatigue many people are experiencing. “A portion of the population has demonstrated some vaccine hesitancy, and COVID exacerbated that,” says Cook. “Not all patients will seek vaccination, but if we provide people with the most up-to-date information in an easy to read and digestible format, then at least we can help them to make informed decisions.”

Outpatient providers like pharmacies play an important role in public education and increasing access to vaccines. “We’re now seeing many pharmacies administer vaccines, which is different from the past,” says Dr. Sistrunk. “And, in an effort to get more people vaccinated, the more places that offer them the better.” ●

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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.**

\*Store octagam® 10% for 36 months at +2°C to +8°C (36°F to 46°F) from the date of manufacture. 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: 11/2023. GAM10-0452-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

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- For patients at risk of thrombosis, renal dysfunction or renal failure, administer Octagam 10% at the minimum infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

## INDICATIONS AND USAGE

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

## DOSAGE AND ADMINISTRATION

### For intravenous use only.

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

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

## DOSAGE FORMS AND STRENGTHS

Solution containing 10% IgG (100 mg/mL)

## CONTRAINDICATIONS

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

## WARNINGS AND PRECAUTIONS

- IgA-deficient patients with antibodies against IgA are at greater risk of developing severe hypersensitivity and anaphylactic reactions to Octagam 10%. Epinephrine should be available immediately to treat any severe acute hypersensitivity reactions.
- Monitor renal function, including blood urea nitrogen and serum creatinine, and urine output in patients at risk of developing acute renal failure.
- Falsely elevated blood glucose readings may occur during and after the infusion of Octagam 10% with testing by some glucometers and test strip systems.
- Hyperproteinemia, increased serum 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:

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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).





# ELEVATE your SAVINGS

## How two health systems found significant purchased services savings with Valify

HOSPITALS AND HEALTH SYSTEMS OFTEN STRUGGLE with supplier management and lack visibility into their purchased services spend, which leads to inefficiencies and increased costs. Valify—a strategic partner of HealthTrust—and the team supporting it offers proven methods to help change all that. “Valify helps hospitals and health systems quickly and easily understand their data and where accounts payable (AP) spend is going,” explains **Andy Motz**, VP, Advisory Services and Custom Contracting, Valify Solutions Group.

The team recently helped Ardent Health Services and Community Hospital



Corporation (CHC) find opportunities that have generated tangible financial benefits.

### HOW IT WORKS

Valify collects AP spend and sorts it into 1,400 different categories. “This enables you to see when you have multiple suppliers providing the same services within your hospital,” Motz explains. “It presents opportunities for standardization of suppliers and also shows you high-level benchmarks comparing your spend in the category to other users of Valify.”

For a 30-hospital system like Ardent Health Services, assessing category spend systemwide is challenging. “We’re



spread out across six states,” says **Cairo Wasfy**, Chief Resource Officer at Ardent Health Services. “Hospitals are far from each other, even within the same market.”

One issue that revealed itself when Ardent began to use the Valify tool was the lack of standardization across the IDN’s biomed purchased services. HealthTrust found that getting a handle on this member’s biomed spend through standardization could result in significant savings. “At Ardent, we spend about a billion dollars on purchased services. If we save 10%, that’s a hundred million dollars in cost reduction,” Wasfy says.



### IDENTIFYING THE INCONSISTENCIES

By using Valify, Ardent saw the cost variation among its hospitals and benchmarked its facilities against others nationwide. The tool also allowed Ardent to benchmark within its system, explains Wasfy. “That’s significant because you start to see a lot of variations in costs among your facilities that are the same size.”

The Valify tool allowed Ardent to pinpoint places to make changes. To take the next step, Ardent turned to the Valify Solutions Group. “I think sometimes people look at Valify as only a tool for benchmarking,” says Wasfy. “It’s not just a benchmarking tool; it’s truly the team behind it that helped us save even more money.”

Valify Solutions Group helped Wasfy and his team make sense of its data, examined what others like Ardent were doing and determined which of those best practices could be used at Ardent’s facilities. The group even connected Ardent’s team with peers to get a further understanding of what worked or didn’t work for them.

“It’s a tremendous undertaking,” Wasfy shares. “But in my opinion, if we didn’t have the tool, it would be an extremely difficult process to collect the data and to try and benchmark it.”

### MAKING INFORMED DECISIONS

CHC, an organization that supports 142 hospitals nationwide, was an “early adopter” of the Valify tool. “We wanted to have the cutting-edge technology to gain visibility into spend and purchased services,” says **Jon Pruitt**, CHC’s SVP, Supply Chain. The Valify tool allows CHC to deliver significant results for its hospitals.

When Lane Regional Medical Center in Zachary, Louisiana, joined the CHC network, CHC used the Valify tool to identify multiple opportunities to minimize spend. One of



**The Valify process resulted in contracts awarded to two different laundry contractors & a savings of more than 10%.**

those opportunities was to find the medical center a new elevator contractor. The medical center had used the same contractor for more than 40 years, and the contract was on auto-renew.

Valify identified three HealthTrust-contracted suppliers, and CHC put an RFP out to bid. “We went to bid thinking we were going to see double-digit percent savings,” says Pruitt. “We were surprised and happy to deliver Lane Regional an estimated 48% savings opportunity.”

When LA Downtown Medical Center asked CHC to help it find savings for its laundry and linen spend, CHC used Valify to understand its business. “They had different types of entities: an acute care hospital, a behavioral hospital and a small critical access hospital—and they all had different needs,” says Pruitt.

CHC used Valify to benchmark, which informed them what kind of laundry and linen contracts were needed to meet the varying needs of LA Downtown’s facilities. The process resulted in contracts awarded to two different suppliers and a savings of more than 10%.

“As a result of that success,” Pruitt says, “we were gained the trust to go after other categories for CHC. With Valify, we delivered significant savings and results.” ●

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# SUSTAINABILITY

## at the 2023 HealthTrust Connect event

### Sharing strategies to minimize the environmental impact of the supply chain

NEARLY 50 SUPPLIERS AND THEIR REPRESENTATIVES convened in Nashville, Tennessee, in October to showcase their contracted healthcare construction and facilities management products and services to HealthTrust members, their trade partners and others as part of the 2023 HealthTrust Connect event. Hosted by the organization's Commercial Products team, the event featured networking and knowledge-sharing through interactive breakouts and a supplier exhibition hub with a focus on sustainable products and implementation solutions.

Sustainability expert **Libbi Lee**, a partner with McKinsey & Co., delivered the keynote address, sharing that society is at an inflection point in its transition to net zero carbon emission goals. She suggested healthcare organizations and their supplier partners could forge parallel and related paths toward net zero emissions. (Visit [healthtrustpg.com/thefsource/climate-crisis](https://healthtrustpg.com/thefsource/climate-crisis) for more information.)

Lee also moderated a live Q&A panel about future demands for new products and technology and how healthcare providers and suppliers can reduce their climate footprint. Joining her for the discussion were **Shay Rankhorn**, Partner, FD Energy Solutions; **Damian Skelton**, VP of Facilities and Construction, Hospital Sisters Health System; and **Andy Wommavovah**, National Director for Facilities and Construction Services, Trinity Health.

#### BRIDGING HEALTH & ENVIRONMENT

More than 70% of a health system's greenhouse gas emissions are embedded in products and services they buy, according to Practice Greenhealth. Hospitals can serve as responsible stewards by considering the total cost of ownership of products, cutting down on their own

impact and encouraging suppliers to do the same through sustainable procurement.

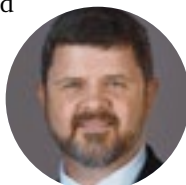
Now more than ever before, consumers prefer products and suppliers committed to reducing their environmental impact. "We have demonstrated commitment to sustainability that enables our member health systems to create healthier environments within their buildings. This has increasingly been what a number of them have asked for when deciding which suppliers to purchase products from in this space," says **Paige Dodson**, Senior Director of Facility Infrastructure Solutions and the event leader for HealthTrust Connect.

"Health systems are evaluating products and their manufacturers much more holistically, and the conversation has expanded far beyond price. Members want to know what suppliers are doing to bridge the gap between human health and environmental responsibility. They are asking for more transparency around responsibly sourcing materials and manufacturing processes that reduce waste, minimize energy consumption and maximize opportunities for reuse and/or recycling at the end of a product's lifecycle," explains Dodson.

#### SUSTAINABLE PRODUCTS & SERVICES

"HealthTrust Connect was a forum for members and colleagues to have one-on-one conversations with a number of our contracted suppliers,"

says **Nikko Giovino**, AVP, Strategic Sourcing Commercial Products & Energy. "Providers find that many of the contract categories within the Facility Infrastructure Solutions (FIS) portfolio are useful outside of new construction projects and routine operations. The portfolio is vast and includes contracts for everything from sustainable furniture, energy-efficient heating and cooling equipment, LED lighting and low VOC paint to energy-as-a-service (EaaS) solutions, to water treatment (see page 16), building assessments and the procurement of deregulated natural gas, electricity and facility services."



In addition to the sourcing of energy in deregulated markets, the HealthTrust Energy Team offers a utility bill pay service, which ensures on-time payments and provides valuable utility reporting. The Energy Team also works individually with members to discuss energy efficiency initiatives, sustainability and renewables that can further reduce members' energy costs and/or utilization. HealthTrust has a national agreement with Bernard ProStar (BPS) to provide EaaS solutions for member facilities. BPS partners with the HealthTrust Energy Team to address both the supply and demand aspects of utilities. While BPS focuses on demand, the HealthTrust Energy Team looks at the supply side and how a facility purchases its utilities, hedges risk and manages the utilities. ●

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# A REFRESHING PARTNERSHIP

Discover how your organization can save with a beverage consultant

ARE YOU OVERSPENDING ON THE BEVERAGES offered within your facilities? Turns out, most health systems are. “While they may be getting a decent deal on the product itself,” says **John**

**Claytor**, AVP, Food and Nutrition Services at HealthTrust,



“the real question is, do they have the business intelligence to know, for example, whether they have received the best value from the local bottlers that would service their accounts?” HealthTrust’s partnership with Enliven, a beverage consultant, can help HealthTrust members understand just that.

The team at Ovation Healthcare thought they were lacking this level of insight and turned to Enliven for an analysis. “After looking at our overall usage with dual vendors in this space, we worked with Enliven to take this category out to RFP,” says **Kim Milliken**,

Ovation’s Director of Strategic Sourcing. The outcome? Enliven negotiated an



agreement with just one supplier, resulting in better service and significant financial savings.

“We work with hospital executives to identify what they are spending today and what the savings opportunity could be if they partner with a major soft drink supplier,” explains

**Tim Harms**, CEO of Enliven.

“We also negotiate price controls so that pricing is capped for several years.”



## PRICE SAVINGS & PROGRAM SUPPORT

Enliven is HealthTrust’s only approved beverage consultant, and it focuses solely on negotiating and managing pouring rights programs.

**Enliven has represented more than 1,000 hospitals, negotiating at least \$1 BILLION in total beverage contract savings within various industries.**

Its beverage database provides the Enliven team access to industry-specific deal terms

*Continued on page 48*



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Xanitos' annual employee education program, the [Environmental Services Skills Fair](#), has earned the [AORN Seal of Recognition](#). Composed of topics including infection prevention, safety, waste stream, general/specialty area cleaning/disinfection and patient experience, the Xanitos Skills Fair is designed to elevate compliance and employee engagement.

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*Continued from page 46*

and financial benchmarks, allowing them to identify the best pricing possible. Its analysis includes accounting for health system initiatives such as sustainability, rebates, vending commissions, marketing dollars, new equipment, price protection and monthly reporting.

Another benefit of partnering with a beverage consultant is program management. “They size up the opportunity on the front end, run the negotiations and then manage the whole partnership on the back end,” adds Milliken. Enliven takes the workload off of the hospital’s supply chain team by handling all invoices and any product or service issues with the selected beverage supplier. Its monthly reporting to Milliken’s team also includes new and often previously unknown data and insights into this category.

### PRODUCT SELECTION & INSIGHTS

Health systems are often surprised to hear that beverage negotiations are less about trading volume for price than they are with other suppliers. “Beverage companies view themselves as marketing firms—they create and market brands. What they are ‘after’ is not your beverage volume; it’s the 24/7 access to your patients and staff who consume their products,” Harms adds.

Despite concerns over not having a big enough selection with just one supplier, “people are generally happy about the variety of products available,” Milliken shares. “Outside of grocery or convenience stores, most restaurants, movie

theaters, theme parks, hotels or stadium-type venues don’t offer both [Coke and Pepsi] beverage brands, so there’s typically no expectation of choice between sugary soda brands.”

Recent trends also show that most beverages consumed at healthcare facilities are not sodas, but waters, sparkling waters, teas, juices and energy drinks. The industry’s three primary beverage companies—Coca-Cola, PepsiCo and Keurig Dr. Pepper—have extensive product portfolios with hundreds of beverage options. “Of our top 10 products selling at retail, only two are sodas; and two of the top five are waters,” Milliken says. “This trend has only accelerated in recent years, so it makes us less dependent upon preferences toward a single brand of soda.”

Milliken encourages health systems to explore the beverage partnership. “Enliven has been a great partner, and they will do all the heavy lifting for you,” she adds. With meaningful savings and a well-run experience, Ovation re-signed with Enliven when their first agreement ran to term.

There are no program costs, either. “Enliven only earns a percentage of the verified savings we can negotiate. If we don’t save you money, we don’t earn a dime,” Harms says. ●

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# The power of COLLABORATION

## Nursing students gain valuable knowledge about the healthcare supply chain

EXAMPLES OF SUCCESSFUL PARTNERSHIPS can be found in just about any area of life. The significance of collaboration among healthcare and academia can't be understated, as it has led to amazing advances throughout history, including those in research, medications and medical devices, to name a few.

A clinically integrated supply chain is the goal of progressive health systems looking to maximize cost, quality and outcomes. Such integration is the impact of successful value analysis teams, who rely upon the

collaboration of supply chain leaders as well as the physicians and clinicians who use products on the front lines of care delivery to help in decision-making and purchasing processes.

"There is tremendous power in the words 'partnership' and 'collaboration,'" shares **Carla McKenzie**, Ph.D., MSN, RN, Dean of the Galen College of Nursing's Nashville Campus. "That is the essence of how we added a new component to our Bachelor of Science in Nursing (BSN) curriculum at Galen's Nashville campus." The idea started off with a collaboration between colleagues at Galen College of Nursing and HealthTrust Performance Group.



## IGNITING A SPARK

Two members of HealthTrust's Clinical Services Team were discussing knowledge process gaps that often exist for new nurses with their VP, **Stephanie Thompson**, PharmD, MBA. HealthTrust colleagues, AVP **Kim Kelly**, MSN, RN, and Director **Jenny Werthman**, Ph.D., MBA, RN, NE-BC, shared that when in nursing school, they did not have coursework on the healthcare supply chain and its role in ensuring product availability for quality patient care. An understanding of how the products get to a facility and who makes purchasing decisions is not a typical component of an RN's training.

Thompson recalled her time pursuing a doctorate of pharmacy degree and the positive impact both residency programs and mentoring had on her. As



“Not only are we educating nurses about the healthcare supply chain, but we are also helping them to feel empowered to collaborate with supply chain partners in the hospitals where they work to bring value to their patients.”

– Jenny Werthman, Ph.D., MBA, RN, NE-BC

the discussion continued, the team envisioned a scenario in which knowledge of a clinically integrated supply chain and the work of HealthTrust's Advisory Boards could be shared with students at Galen to expand their practical learning.

## AN IDEA TAKES FLIGHT

The Clinical Services Team approached McKenzie with the idea. With experience as both a nurse educator with HCA

*Continued on page 52*

# 2024 MEMBER RECOGNITION AWARDS CALL FOR NOMINATIONS

The awards recognize individuals or teams who have gone above and beyond to deliver measurable improvements in the following categories:

- Social Stewardship (for achievements in Supplier Diversity, Organizational DEI, Sustainability or Community Outreach)
- Outstanding Member
- Operational Excellence
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- Pharmacy Excellence
- Innovation



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Nominate now online at [bit.ly/2024-member-awards](https://bit.ly/2024-member-awards)

Deadline for submissions is March 31, 2024.

For more information, contact [HTUawards@healthtrustpg.com](mailto:HTUawards@healthtrustpg.com)



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*Continued from page 51*

Healthcare and in academia, McKenzie has a passion for education, mentoring and nurse development, and she was intrigued by this potential partnership.

The team at Galen agreed that nurses often begin their careers without an understanding of the particulars related to how products and equipment are selected and ordered, where they are stored, why they are organized the way they are and other logistical considerations. Clinical leadership within both organizations felt it was a natural fit to enrich the BSN students' experience by exposing them to some of the critical supply chain work that goes on behind the scenes.

### THE PILOT PROGRAM

The Galen team has discussed ways it could engage HealthTrust colleagues in curriculum related to communications, leadership and management, evidence-based practices and research. In a new pilot program, BSN students can now elect to supplement their learning through exposure to communications and teamwork within HealthTrust. They are able to see how it applies to leadership initiatives, clinically integrated supply chain strategy and effective collaboration among peers.

Students in the program are invited to attend HealthTrust Advisory Board meetings related to products used for nursing, surgery, cardiovascular services or radiology. Participating students gain a real-world understanding of a product category and the impact a product change can have on a facility, leadership and the nursing staff. The experience culminates in a collaboration between students and HealthTrust Clinical Services as they create and present posters illustrating the effective communication and teamwork necessary to implement a product change within a facility.

### MAKING AN IMPACT

The program has had a positive impact on student experience and understanding. "The poster presentations," McKenzie says, "have challenged our students' creativity. We are giving them the opportunity to think on their feet and collaborate as part of a team."

From a nurse educator's perspective, Galen instructor **Ashley Nason**, MSN, BSN, RN, agrees, adding, "It is critically important when building a student's



confidence to have them participate in real-world processes, interact with nursing and healthcare leaders and receive the feedback that comes from such learning."

Werthman adds, "Not only are we educating nurses about the healthcare supply chain, but we are also helping them to feel empowered to collaborate with supply chain partners in the hospitals where they work, bringing value to their patients."

Students from this first cohort will graduate in July 2024. They have provided positive feedback on the pilot learning experience, citing an increased understanding of value-based decision-making related to product selection. They also report a newfound appreciation for the level of communication and clinical knowledge involved in making those decisions.

"It's overwhelming to step into a facility as a new nurse," says Kelly. "Our hope is to empower students with meaningful experiences and knowledge. Giving them exposure to what happens in product selection and how they can get involved also shows that their voice is important and that they can make a positive impact."

Leadership within both organizations look forward to seeing how the partnership continues to evolve. ●

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