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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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#### 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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### THE STATE OF FORMULARIES

Developing product formularies is a complex but highly beneficial process.

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 69,000 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 for three consecutive years.

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## CEO perspective

# Making your missions possible



**The year was 1999. The date was April 28.**

**It was the official launch of the industry's newest GPO: HealthTrust Purchasing Group (HPG).**

Whether you prefer to think in decades (it's two-and-a-half), or as a quarter of a century, we are honored to commemorate 25 years in business. And, while still "HPG" in 2024, we are better known in the marketplace now as HealthTrust Performance Group. The expansion of our capabilities beyond group purchasing has enabled us to meet the changing needs of our member organizations in response to an increasingly complex healthcare environment.

## AN ADAPTABLE PARTNER

I was honored to join HealthTrust in 2008—first as its Chief Operating Officer, and then as President and CEO when Jim Fitzgerald retired in 2012. I am proud of both our legacy and an adaptability that enables us to truly partner with our hospital and health system members through our Advisory Services, empowering them to achieve performance improvement goals for enhanced operations, medical device standardization, purchased services spend optimization, clinical integration, staffing challenges and more.

I am even more proud, however, of how we have rallied to respond when there are time-sensitive, lives-at-stake needs that have arisen over the last 25 years, from emergency response events such as Hurricane Katrina or, most recently, the COVID pandemic. Suddenly, supply disruption, product and staffing shortages, and the need for clinical resources and information required an all-hands-on-deck approach as the world navigated uncharted waters. We came out stronger and more resilient, with risk mitigation strategies to avoid similar supply shortages should we ever face another pandemic or global crisis.

## ADVANTAGE FROM AN INSIDER'S VIEW

It is daily accountability to some of the nation's leading health systems that provides us with an insider's view. None of our competitors has the ability to solve today's toughest challenges through the lens of a trusted partner because we are right there with you—experiencing and solving for the very same challenges. Some of our colleagues have actually delivered frontline patient care while others

have spent decades managing supply costs, warehouses and distribution. This "operator advantage" informs every assessment and recommendation we make to help you achieve improvements in cost, quality and patient outcomes.

## HERE'S TO 25 YEARS

We look forward to celebrating our 25th anniversary with our member and supplier partners during the 2024 HealthTrust University Conference, August 12-14. I hope you are making plans to join us in Orlando for two-and-a-half days of inspiring keynotes, insightful education sessions, thoughtful networking, and important one-on-one conversations with HealthTrust team members and our supplier sponsors and exhibitors.

Know that we value your partnership and are alongside you for the long haul. Our ability to meet the challenges of the future by further evolving our capabilities and solutions is to the benefit of us all. HealthTrust will be there—for the next 25 years and beyond—empowering you to stay focused on your mission of delivering quality patient care. ●



A handwritten signature in blue ink, appearing to be 'Ed'.

**Ed Jones**

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

Members with questions about attending HTU should contact their HealthTrust Account Manager or facility allocation representative. Suppliers who have not yet made their reservation to exhibit at HTU are encouraged to contact [HTUExhibitors@bcdme.com](mailto:HTUExhibitors@bcdme.com) for details and pricing.

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## CMO perspective

# The clinical legacy continues



**When I joined HealthTrust in 2018, I was impressed by the organization's history of product sourcing, which included the influence of clinical evidence and research.**

While the vernacular description “clinically integrated supply chain” would come years later, the concept is a foundational premise of our organization.

## A LITTLE HISTORY

In 1999, HealthTrust's founder and CEO transitioned an advisory board process that was in place at HCA Healthcare to HealthTrust for the benefit of all member organizations. As membership needs have evolved over the course of the last 25 years, so too have our Clinical Advisory Boards.

Additional boards have been created to inform the Pharmacy and Commercial Products portfolios, modeling the success realized from the clinical sourcing process. We are grateful to members throughout the organization who participate in this process to enhance the work of the internal Strategic Sourcing Team by validating proposed contracting strategies, supporting final strategies, and driving compliance within their facilities and health systems once products and services are added to HealthTrust portfolios.

## RESOURCES & COLLABORATION ARE CRITICAL

Part of the impact of the Clinical Services Team is providing members with actionable and relatable resources (such as those listed below) to help bridge the knowledge gap that often exists between clinical and supply chain colleagues within a healthcare system:

- ▶ **Knowledge Insights Library ([hpginsights.com](http://hpginsights.com))**  
Supports members with clinical evidence, physician and clinician insights, conversion tools and an on-demand clinical request service.
- ▶ **HealthTrust Huddle ([huddle.healthtrustpg.com](http://huddle.healthtrustpg.com))**  
Enables all members to have a voice in discussions about various topics—many of which include product conversations. This type of sharing—combined with feedback from the Clinical Advisory Boards and insights from practicing physicians who are part of the HealthTrust Physician Advisor Network—is essential

to the Strategic Sourcing Team in reviewing products, suppliers and emerging technologies.

### ▶ Collaborative Summits

These two-day, topic-centric events provide an immersive think-tank experience that enables members to come together to discuss real-world challenges they are facing.

Most recently, my team hosted the Nursing Workforce 2.0 Summit. More than 30 participants from 10 health systems met in Nashville, Tennessee, to brainstorm ideas on how to leverage technology and innovation within the constraints of nurse staffing and workload.

Participants had 1:1 dialogue with five technology suppliers, heard from experts, brainstormed with colleagues and received insights to help form an action plan for their organization. Attendees left the event with 90-day next steps as well as a network of support. We look forward to sharing staffing summit insights with you in the Q3 edition of *The Source*. In the meantime, be well. ●



A handwritten signature in cursive script that reads 'John'.

**John Young, M.D., MBA, FACHE**

Chief Medical Officer, HealthTrust Performance Group  
Executive Publisher & Editor-at-large, *The Source* magazine

**Does your organization have an issue it would like to solve for that could benefit from a collaboration of colleagues and related experts? Share your thoughts with the HealthTrust Clinical Services team today at [clinical.services@HealthTrustpg.com](mailto:clinical.services@HealthTrustpg.com)**



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## Formulating formularies for high-priced pharmaceuticals

*St. Luke's Health System creates an economical plan for handling new, ultra-expensive drugs*



St. Luke's Health System's contract compliance is among the top for HealthTrust members at **97.95%.**

Pharmacy formularies can be nuanced and complex, often with many moving parts and ongoing challenges, like drug shortages, physician preferences, evolving therapies, reimbursement issues and the addition of ultra-high-cost drugs to the market. **Kelley Curtis**, PharmD, MBA, VP and Chief Pharmacy Officer at St. Luke's Health System, says St. Luke's has been on a mission to streamline and improve its pharmacy formulary management, with an emphasis on handling ultra-expensive drugs.



### ESTABLISHING NEW PROCESSES FOR HIGH-COST DRUGS

Four years ago, St. Luke's Health System—a not-for-profit health system based in Idaho—set up a Medication Value Collaborative Group (a subset of the health system's Pharmacy and Therapeutics Committee) with key

stakeholders in finance, revenue cycle, legal and ethics. When a new medication was requested, the committee would determine the potential impact on the health system, which comprises eight medical centers.

The committee ended up approving most medications under this plan. While it seemed effective, it wasn't the best approach, especially for ultra-high-cost drugs, Curtis explains. To better engage clinicians and the executive team, they began running select new drugs by St. Luke's Health System's Clinical Value Standardization (CVS) Committee, which is primarily composed of physicians. Medications with a potential impact of \$1 million for non-oncology and \$2 million for oncology (whether through a single patient or multiple patients) were run by the CVS committee. "There was this need to get a higher-level, more strategic view of these drugs," Curtis says. "Now, we have more visibility."

Today, new high-cost drugs (most of which are outpatient oncology and infusion drugs) are reviewed and approved

*Continued on page 10*

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by the CVS committee. If there's any pushback, the drug is then rolled up to the executive committee for involvement.

### WORKING OUT THE REIMBURSEMENT ISSUES

The final piece of the puzzle, Curtis says, is the payors—St. Luke's needed to figure out what their reimbursement was going to entail. "We started down a road of connecting with all of our payors in the communities we serve and seeing how we could start to gain more information from them to inform smarter decisions," Curtis adds.

When a new drug is requested for formulary addition, St. Luke's takes four to six months to properly understand the payor landscape. "We do this to bring a more informed picture to the executive team," Curtis explains.

### SEEING RESULTS

**Rodney Brumbelow**, PharmD, MBA, Clinical Pharmacy Member Support Director, HealthTrust IHP, says St. Luke's Health System's contract compliance is among the top for HealthTrust members. He believes this is partially due to their effective formulary management. "They put a lot of focus on what's on contract and staying, if at all possible, with those items," he adds.



While Curtis believes St. Luke's still has progress to make when it comes to effective formulary management—particularly, with monitoring the drug pipeline—she is pleased at the accomplishments so far. "Our formulary guides prescribers, helps us control and manage inventory and provides options based first on safety, followed by efficacy and then by cost-effectiveness," she explains.



### HOW HEALTHTRUST ADVISORY SERVICES CAN HELP

HealthTrust Advisory Services offers a solution to help healthcare facilities build and implement a strategy for their pharmacy program, says **Aigner George**, PharmD, CDE, AVP of Pharmacy Solutions. There are five primary components:



- 1 Operations & inventory
- 2 Leadership & transformation
- 3 Safety, quality & risk
- 4 340B program
- 5 Formulary management & clinical effectiveness

The formulary management portion of the program can help guide facilities in formulary decision-making. "We work with facilities and health systems to devise a formulary management structure," George explains. "We ensure the right key stakeholders are engaged and that the discussion is really around cost and efficacy—leading with clinical effectiveness, then following with cost."

George adds that devising a formulary management program is just the start. Often, an initiative is created, but additional steps in the implementation stall. "The next key point is making sure you have some type of measurement to ensure people are moving toward success," George adds. "Our team helps fill in gaps to ensure firm movement toward those successful results."



## THE BIGGEST PHARMACY FORMULARY CHALLENGES

**Kelley Curtis**, PharmD, MBA, VP and Chief Pharmacy Officer at St. Luke's Health System, says some of the biggest challenges related to pharmacy formulary management are:

- ❶ **Drug shortages.** Health systems often have to adjust their formulary on the fly because a drug isn't available. Getting clinicians' input or buy-in when the therapy is changed due to shortages can be a challenge.
- ❷ **Electronic Medical Records (EMR) accuracy.** It's important that what's reflected on the EMR is actually in stock.
- ❸ **Streamlining products.** St. Luke's Health System comprises eight medical centers, so they've had to determine whether every medication needs to be in each location.

- ❹ **Expensive therapies entering the drug pipeline.** If a medication is going to have a big financial impact on the health system, it goes to the CVS committee for review.

- ❺ **Non-formulary prescriptions.** Although St. Luke's formulary structure allows clinicians to prescribe non-formulary drugs, doing so can be difficult.

"Non-formulary medications add cost, and they add supplies to our shelves that could be wasted," Curtis explains. "Trying to strengthen the meaning of the formulary is a journey, and we're trying to take it on in small, but planned steps." ●

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Understanding the total cost of ownership is key to assessing the ROI of robotic devices.

# REVOLUTIONIZING orthopedic surgery

## Evaluating the hardware & software can prevent disastrous financial results

SURGICAL TECHNOLOGY, INCLUDING PREPLANNING SOFTWARE AND ROBOTICS, can improve patient outcomes and help health systems market their orthopedic surgery services.

Technology suites allow orthopedic surgeons to preplan cases, using data from MRI or CT scans. The surgeon can evaluate the patient's anatomy, choose the best implant size, determine the optimal cut positions in a hip or knee resection, or pedicle screw position in a spine procedure.

Patients are also more educated about surgical procedures compared to a decade ago. With orthopedic implants increasingly featured in local news, doctors and health

systems are evolving to meet patient expectations. "The prospective patient might opt for a hospital due to regularly passing a billboard declaring it a Robotics Center of Excellence," says **Brent Ford**, Senior Director, Medical Device Management at HealthTrust. "Their decision could be made by the expectation of the potential benefits a robot might offer during their procedure."

Choosing the best advanced technological solution to meet patient and physician needs is vital. The technology can be costly, with many variables, so it's important to seek



expertise and conduct appropriate research before signing on the dotted line.

## WHY ROBOTICS MATTER

“Through the use of robotic technology, surgeons can enhance precision by utilizing a smaller incision, leading to reduced blood loss and a shorter hospital stay,” says Ford. The procedure becomes less invasive.

The robots can help surgeons make more accurate resections than doing so by hand. For example, when a surgeon resects a section of sclerotic bone, it’s like hitting a patch of ice on the road. The saw blade can deviate to the path of least resistance. Robots can alert the surgeon to these deviations in bony resections.

Robots can also track to .5 mm in some cases, says **Scott Driskell**, Clinical Director, Medical Device Management, HealthTrust. This precision leads to more accurate cuts, allowing surgeons to use implants that can be more stable over



time. He explains that more expensive porous implants let bone grow into the pores of the prosthesis, providing better adhesion and outcomes than cement. But they only work if the cut is perfect, with the right bone to implant contact, and robotics can help.

Robotics especially help surgeons with lower-volume practices. Using robotics and software, these surgeons can improve outcomes to align with the higher-volume operators. Given the increase in the population hitting Medicare eligibility, there will be a greater need for surgeons to provide these types of procedures.

Software and robot-assisted surgery are frequently applied in spinal surgery. These robots aid surgeons in aligning and positioning pedicle screws. According to **Chris J. Stewart**, VP of Medical Device Management at HealthTrust, this technology offers assurance that screws are accurately placed, giving surgeons peace of mind.



*Continued on page 14*

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Smart implants are one of the latest technologies in orthopedics. Implants contain sensors that gather and share post-operative data with the surgeon. Sensors can help the surgeon understand the patient's range of motion, effective placement, the level of wear and tear, and the number of steps the patient takes with the implant. "It provides the surgeon with more intelligence than ever before," says Stewart. Like a smartwatch, it measures those outcomes. These implants also provide the manufacturer with information on how implants work in different patient populations, offering previously unavailable information for future implant development.

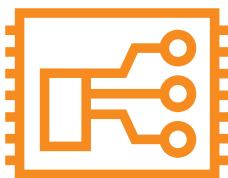
Technologies to watch include augmented reality (AR) headsets or "holographic glasses." Surgeons wear these device headsets, with images projected into the air. With a patient scan uploaded into the software, the surgeon can preplan the case and determine where to place a hip cup, for example.

### HOW TO EVALUATE TECHNOLOGY SUITES

The Medical Device Management (MDM) team at HealthTrust can complete a comprehensive analysis of surgeries performed at a facility or health system, compare them to benchmarking at peer organizations, educate on the pros and cons of the various technologies available and make recommendations based on the many factors important to that organization.

"We're looking at total acquisition cost," Stewart explains. Buyers should know that manufacturers likely have other costs beyond capital expense, whether it be mandatory service fees or per-case disposable costs. The manufacturer may share a pricing model showing that the robot can be paid off faster by increasing the volume of their devices or implants used. If the health system representative is not a subject matter expert, they may not know the historical volumes or be able to predict which physicians will increase utilization. This can result in the facility not being able to pay off the machine, taking a financial hit.

"It's also helpful to understand if a technology is implant-specific or implant-agnostic. Augmented reality technologies are becoming increasingly more common in the orthopedic space. One of the main benefits of AR technology is its implant-agnostic status, as opposed to an implant-specific robot," says **Sam Wudel**, Financial Supervisor on the MDM



team. That includes some augmented reality technologies, so the physicians can continue using their preferred implants. Wudel explains that his team analyzes the case volume for the specific procedure, then factors in whether the robot will stay in a specific operating room or be moved between rooms. If it's only in one room, some physicians may not have access when they need it, which can decrease usage. The chosen implant may increase case costs without additional compensation, and these costs add up over time. This is especially important if the more expensive implant does not improve clinical outcomes.

It is also essential to consider the physician profile for the technology. If the requesting physicians will not be in the system for a long time, it could affect usage and return on investment. If the new technology requires changing implant suppliers, and most physicians are resistant, that could also lead to problems like a lack of physician support, and not meeting utilization rates, which can degrade the supplier's cost-savings provision.

Lastly, a facility will have to consider which payment model makes the most sense for them—essentially, whether the equipment is leased or purchased outright. Some suppliers have more flexibility with cost modeling, as selling a large robot into a health system is a win for a supplier. "It can cement market share for the system to stick with them long term. It's a way to make sure their implants are used day to day," and they may be more open to negotiation, Wudel adds.

Technology is helpful for patients, surgeons and hospitals. But it's vital to understand how the cost will affect the health system. Younger doctors are learning and becoming dependent on the technology, and patients are expecting it. "We're at a tipping point for technologies," says Driskell. "I think it will be mainstream in 15 years." ●



**HealthTrust's orthopedic dashboard tools enable members to track utilization by specific technology, illustrating how a robot could potentially drive costs outside of the capital purchase and the disposables.**

**Learn more by contacting the MDM team at [corp.medicaldevicemgmt@healthtrustpg.com](mailto:corp.medicaldevicemgmt@healthtrustpg.com). Or, if attending HTU in Orlando, visit the MDM team in the HealthTrust Village for a demo.**

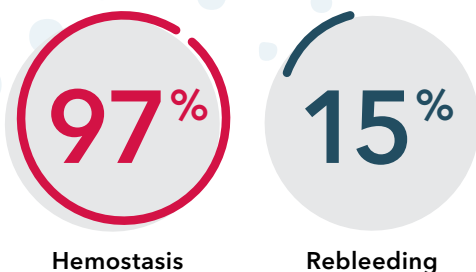


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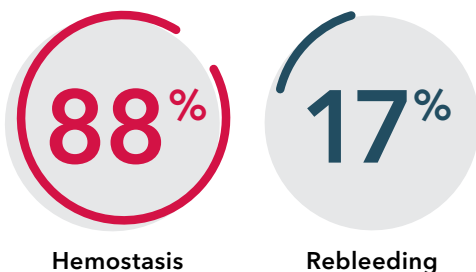
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Malignancy-related bleeding:<sup>1</sup>



Patient group scoring			
8 Overall Rockall score	10 Overall Blatchford score	40% <sup>1</sup>	Predicted rebleeding rates
		40% <sup>1</sup>	Predicted mortality rates

Peptic-ulcer related bleeding:<sup>2</sup>



Patient group scoring			
7 Overall Rockall score	13 Overall Blatchford score	25-40% <sup>3</sup>	Predicted rebleeding rates
		20-40% <sup>3</sup>	Predicted mortality rates

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What our partnership means:

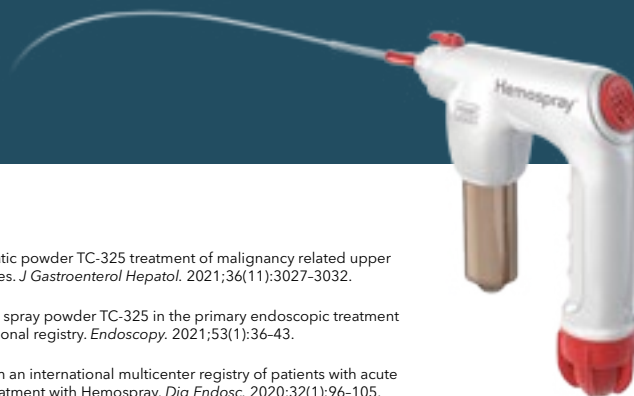
- Supply chain standardization
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**See it in action.**

Watch what happens when Dr. Andy Tau uses Hemospray to treat a Forrest 1a duodenal ulcer bleed.



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ENDOSCOPIC HEMOSTAT



1. Hussein M, Alzoubaidi D, O'Donnell M, et al. Hemostatic powder TC-325 treatment of malignancy related upper gastrointestinal bleeds: international registry outcomes. *J Gastroenterol Hepatol*. 2021;36(11):3027-3032.
2. Hussein M, Alzoubaidi D, Lopez M-F, et al. Hemostatic spray powder TC-325 in the primary endoscopic treatment of peptic ulcer-related bleeding: multicenter international registry. *Endoscopy*. 2021;53(1):36-43.
3. Alzoubaidi D, Hussein M, Rusu R, et al. Outcomes from an international multicenter registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray. *Dig Endosc*. 2020;32(1):96-105.



# Show them the NUMBERS

## 7 data points to engage physicians in organizational decision-making

PHYSICIANS MUST FEEL THEY HAVE THE AGENCY TO MAKE AN IMPACT. Access to accurate, meaningful and real-time data is essential to feeling change is possible. HealthTrust Physician Advisor **Michele Ebbers**, M.D., a pediatric urologist at St. Luke's in Idaho, says that sharing data with physicians—whether around new clinical products or organizational quality metrics—is integral to pulling physicians into these important decisions. “Share data that is relevant to the physician’s practice. Allow them to create and track their own data dashboard or to choose their own stats from a selection that the hospital is focusing on,” she suggests. Dashboards might include metrics like infection rates, average lengths of stay, and costs of procedures and materials.



To engage the physicians in your organization, Dr. Ebbers, along with two other HealthTrust Physician Advisors, suggest improving access to these seven data points.

neuro-anesthesiologist at Singular Anesthesia Group, a private practice in Hartsdale, New York.

When considering new products, share existing evidence-based studies and clinical data with physicians. Facilitate discussions between the providers involved in the product’s development and those with experience using it. When looking to switch products, provide physicians with data that demonstrates the new products are efficacious.

When it comes to capital purchases for large medical and surgical equipment such as robotic surgical systems, the technology is changing quickly, so it heightens the need for real-time data. HealthTrust Physician Advisor **Mikio Nihira**, M.D., an OB/GYN at SevenStar Obstetrics and Gynecology, says, “When deciding on the right time to upgrade, it’s important to determine whether there has been enough real improvement and progress in the product’s functionality to make it worth the investment.”



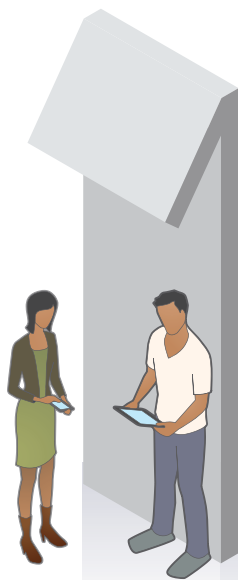
### 1. CLINICAL DATA

Physicians understand that adopting new products is in large part a financial decision, but quality is an important deciding factor. “Data is needed when there is a genuinely novel product being used or being suggested for use at the hospital, and it is also important when considering replacing a product with another that is promoted as equivalent or better,” says HealthTrust Physician Advisor **Christopher Page**, M.D., a



### 2. STAFFING LEVELS

When staffing levels are low due to financial constraints or other factors, quality of care and patient safety may be at risk. “I’m a robotic surgeon working with one of the most advanced surgical options in history,” says Dr. Nihira. “I need two people to help me manage it. If it’s not



done right, the electronics will short out. Low staffing levels affect patient safety, and it's incredibly stressful and burdensome to physicians to have untrained staff managing complex instruments."

Give physicians peace of mind by regularly sharing staffing reports. Communicate any efforts the hospital is making to retain clinicians and clinical-support staff, including financial decisions around standardization and minimizing supply waste.



### 3. QUALITY RESULTS

Continuously striving for improvement by earning quality certifications and special designations aligns with what physicians consider important. Doctors take pride in belonging to organizations that earn national and regional quality rankings, awards and designations because they want to work at a place that is recognized for the quality care it provides.

"If your hospital is trying to improve its Leapfrog scores or earn Magnet designation, regularly share those quality measures with physicians," says Dr. Nihira. "Remember that quality improvement initiatives affect physicians, too, as you might be asking them to make changes such as providing more detail in their documentation, which can be burdensome." Give them opportunities to get involved and share feedback since they are vital members of the clinical team.

*Continued on page 18*

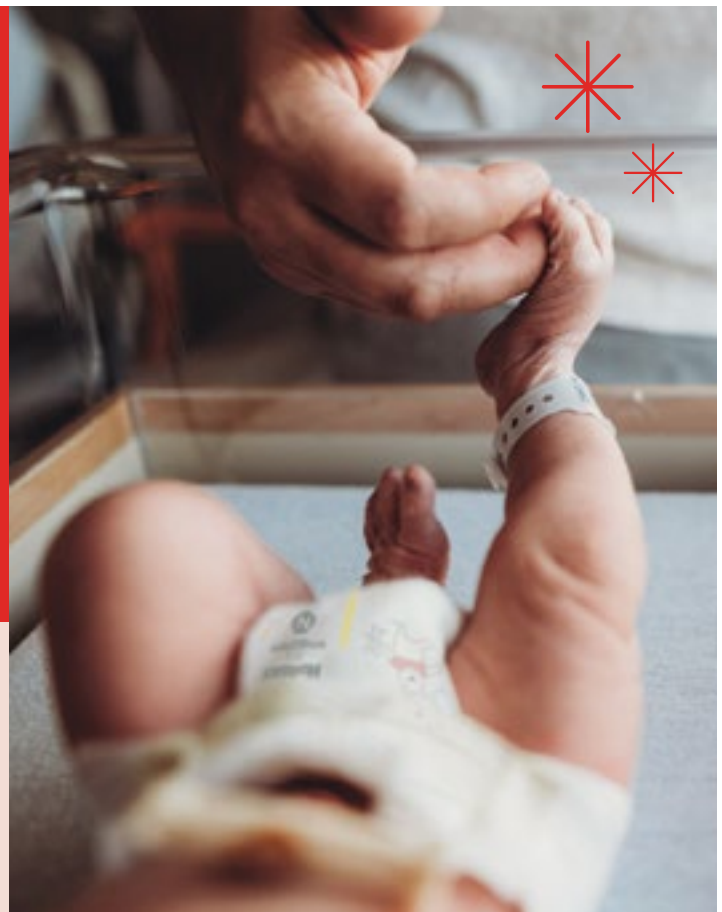
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#### 4. QUALITATIVE DATA

Physicians are driven by qualitative data as well. This can include customer feedback such as patient experience scores and market research on hospital or service line perception.

Experiential analysis is also helpful for physician engagement. Whether it's a new MRI machine, surgical gloves, needles used for peripheral nerve blocks, or even the trays used to hold surgical instruments during procedures, clinicians should be at the table making decisions

about products because they're ultimately responsible for ensuring both patient safety and quality care.

"Surgeons use these products and have preferences, but they also have a real-world sense of what works better for them," explains Dr. Page. "They like to have the opportunity to personally try out a new product."

#### 6. COMPARATIVE DATA

"From a supply chain perspective, it's a good idea to be transparent about how the hospital, service line or department compares to others of the same genetic makeup," says Dr. Ebbbers.

When considering a new product, "I get a little nervous about just looking at what is presented to me by the vendor," says Dr. Page. A competitive matrix is helpful to compare products, just as you would look at multiple reviews when buying a new computer or iPhone.

Members are encouraged to visit the HealthTrust Knowledge Library as a resource for many product, category and evidence-related insights at [hpginsights.com](https://hpginsights.com)



#### 5. COST OF PRODUCTS

While physicians may not view supply costs as a defining factor of their role, providing transparency around the cost of medical and surgical products can help them see the value of supply decisions and the ripple effect they have on hospital operations.

"Physicians understand that they have to help with the effort to save costs in order to make the hospital run more efficiently," says Dr. Page. But while there is a lot of discussion for higher-value items, when it comes to run-of-the-mill equipment, there is often an assumption that no one will notice or care. "The change from a diversity of options for a commodity

item to single-source should be a collaboration between the frontline users and the decision-makers. In my experience, this type of collaboration leads to fewer hard feelings."



#### 7. PATIENT FLOW DATA

Patient flow issues affect physicians in multiple ways. Consider long appointment wait times, surgical start time delays and prolonged hospital stays. Regularly share time-related data that compares your hospital to other similar organizations.

"Physicians are scientists at heart, and data represents a tangible goal," explains Dr. Ebbbers. "We are, by nature, curious, and we are problem-solvers. Giving us accurate information about things we can influence, solve or improve, restores a sense of purpose to our work life and encourages engagement." ●







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Commercial Services team at [commercial@healthtrustpg.com](mailto:commercial@healthtrustpg.com).  
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# octagam® 10%

Immune Globulin  
Intravenous (Human) 10%  
Liquid Preparation

## Preserving Immunoglobulin Integrity

For the treatment of dermatomyositis (DM) in adults and  
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Joseph.Cannon@octapharma.com



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

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

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

### **Important Safety Information**

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

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

\*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

**octapharma**

## HIGHLIGHTS OF PRESCRIBING INFORMATION

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

Octagam 10% [Immune Globulin Intravenous (Human)]  
liquid solution for intravenous administration

Initial U.S. Approval: 2014

### WARNING

#### THROMBOSIS, RENAL DYSFUNCTION AND ACUTE RENAL FAILURE

See full prescribing information for complete boxed warning

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

### INDICATIONS AND USAGE

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

### DOSAGE AND ADMINISTRATION

#### For intravenous use only.

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

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

### DOSAGE FORMS AND STRENGTHS

Solution containing 10% IgG (100 mg/mL)

### CONTRAINDICATIONS

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

### WARNINGS AND PRECAUTIONS

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

### ADVERSE REACTIONS

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

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

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

### DRUG INTERACTIONS

The passive transfer of antibodies may:

Confound the results of serological testing.

Interfere with the immune response to live viral vaccines, such as measles, mumps, and rubella.

### USE IN SPECIFIC POPULATIONS

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

Revised: July 2021

#### Medical Affairs:

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

#### Reimbursement:

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

#### Drug Safety:

For all inquiries relating to drug safety, or to report adverse events, please contact our local Drug Safety Officer:

Tel: 201-604-1137 | Cell: 201-772-4546 | Fax: 201-604-1141 or contact the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).





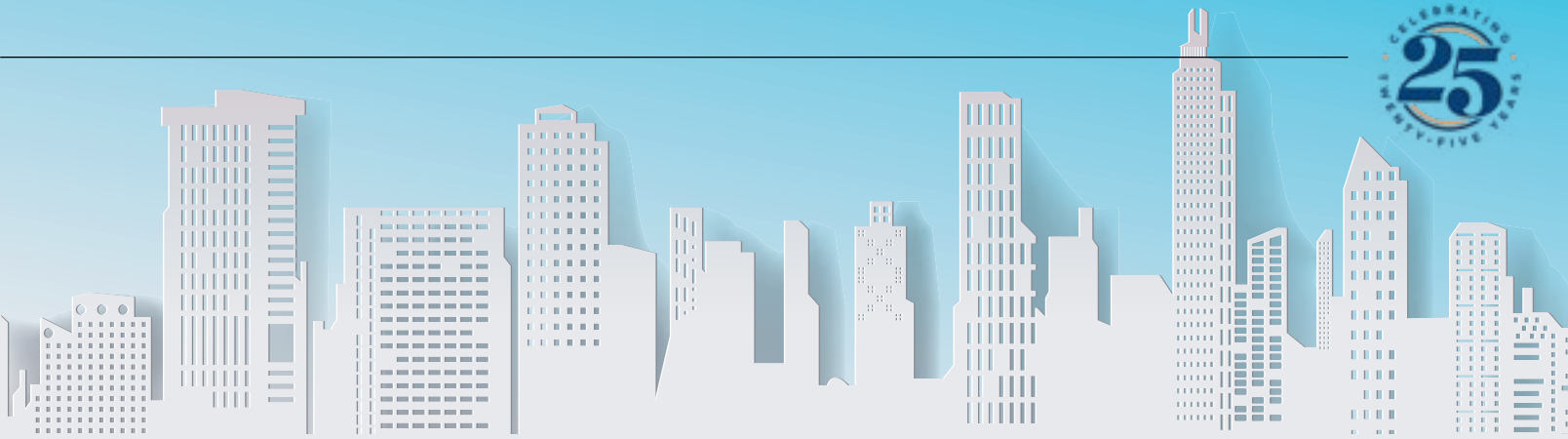
# FINDING VALUE

**HealthTrust's  
Commercial Services &  
Products portfolio  
offers savings in  
surprising categories**

**at  
every turn**







A HOSPITAL IS LIKE A MUNICIPALITY. Most of the products and services a city needs to operate 24 hours a day, seven days a week, a hospital needs as well, explains **Allen Wright**, HealthTrust's SVP of Strategic Sourcing for Commercial Products. With this in mind, HealthTrust has developed the industry's most comprehensive offering of nonclinical products and purchased services to improve member performance in addition to the HealthTrust med-surg and pharmacy GPO offerings.

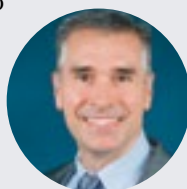


"We are on a mission to assist our members with expense management across the entire healthcare provider campus," explains Wright. "Our operator experience combined with member engagements have enabled the development of an extremely comprehensive set of solutions to help members address the breadth of their expenses."

HealthTrust's Commercial Services & Products portfolio spans across five primary segments consisting of indirect expenses, purchased services, facilities and energy, food services and information technology. It champions almost 400

supplier contracts across more than 160 categories with a roadmap to build 30 new categories solutions in the near future.

"It's a very diverse and expansive portfolio with unique solutions that other GPOs don't necessarily offer," shares **Guy Wagner**, VP of Strategic Sourcing. "We want to expand awareness to make sure all of our members realize how much we have available. For those responsible for finance and accounting, we have Treasury Solutions to support accounts payable, which includes credit and ACH



electronic payment programs and accounts receivable. For people in a hospital's marketing or education functions, there are solutions to support both media and training responsibilities. For hospital staff who coordinate travel for their facility's colleagues, we have a Travel Management program that offers competitive services for airfare, rental cars and hotels. In the operations area, our food agreements can create value for providers and increase patient satisfaction with solutions that work for self-operated or outsourced facilities. And we also have solutions that can help providers with their outsourced EVS, patient transport or facilities operations. HealthTrust's IT agreements cover value-added resellers (VARs), equipment manufacturers, professional services and other organizational IT needs. Our contracted products and services literally touch every area of a hospital system's operations."

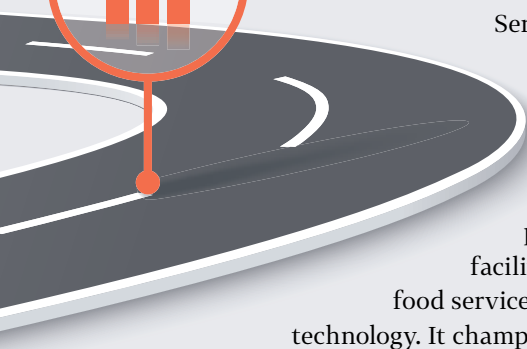
## ENERGY & FACILITIES SOLUTIONS

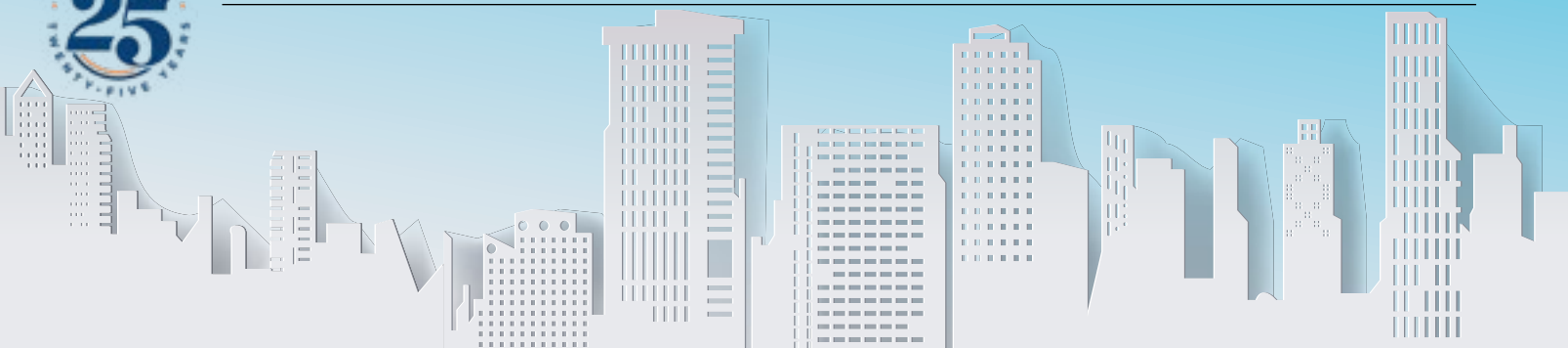
HealthTrust's energy and facilities solutions offer members easy and quick opportunities to realize savings and efficiencies. On the energy side, the team provides an assessment of members' energy usage, needs and goals; negotiates competitively priced energy supply contracts, assists with risk management planning, and even helps resolve billing errors.

On the facilities side, one of the biggest opportunities for continued savings is for members to take advantage of HealthTrust's offerings in the maintenance, repair and operations (MRO) category, says **Nikko Giovino**, AVP, Strategic Sourcing Commercial Products, Energy & Facilities for HealthTrust.



From the most straightforward solutions to implement (such as low VOC paint, acoustical ceilings and sustainable flooring) to those with the largest, longest impact (electrical distribution, elevator and mechanical services), savings can be found. "We have extremely competitive pricing in our Facilities and Construction portfolio," Giovino adds, "with the opportunity for members to customize based on their usage, geography and size. It is also an extremely quick conversion."





## PURCHASED SERVICES CONTRACTS

A number of clinical and nonclinical services are covered through the Purchased Services category—from blood products, laundry and linens to security staffing, medical device repair and language/interpretation services. (See sidebar on page 26.) The Purchased Services portfolio continues to expand as well. Members who take advantage of contracts in the portfolio can, on average, reduce operating costs by 8% to over 20%.

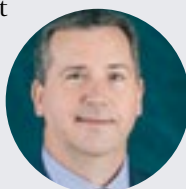
In recent years, this category has seen remarkable growth due to more member use and engagement. “We get feedback from our member Advisory Boards so we can better understand possible areas of opportunity to add suppliers or categories,” says **Christina Katamay**, AVP of Purchased Services.

HealthTrust’s strategic partner, Valify Solutions Group, advises members on where they can find value. “Our goal is to provide healthcare leaders with clear insight into their spend, which can ultimately optimize the patient experience,” shares **Andy Motz**, VP of Advisory Services for Valify.

The Valify technology provides the data categorization that allows insight into a health system’s spend. It also helps organizations identify savings opportunities and points them in the right direction for contracting options in the HealthTrust contract portfolio.

Valify Advisory leverages HealthTrust’s experience, knowledge and relationships to develop strategies that fit members’ unique needs in purchased services. “Part of our Advisory Services promise is that we are not just going to come in and tell you what to do,” explains Motz. “We’re going to learn how you operate and come up with a solution that is best for your hospital or IDN.”

For example, the Valify team worked with a member to maximize its contracted interpretation services spend. The Valify technology identified that the member spent more than \$5 million annually on eight interpretation services suppliers. They created and handled an RFP process for the member and negotiated new rates.



## DIVERSE SUPPLIERS

In the last decade, more and more healthcare organizations have set diversity goals. To help them meet those goals, they’ve turned to their GPO to aid them in identifying diverse suppliers, says **Joey Dickson**, AVP of Strategic Sourcing and Chief Supplier Diversity Officer for HealthTrust. “It’s not always easy to identify diverse businesses because many of them are small, local businesses without national reach,” he says.



HealthTrust leverages its nationwide relationships to identify which suppliers are owned by diverse populations. “By having the Supplier Diversity Program in existence, we’re making available to our members a portfolio of diverse companies across a broad spectrum of categories,” Dickson explains.

The HealthTrust team also asks its suppliers to tell them about their tier 2 relationships with diverse suppliers because those downstream relationships can count toward members reaching their supplier diversity program goals.

“If members are trying to achieve a set amount of diverse spend, we want to make sure that we’re helping them accomplish that as best we can by directing them to suppliers we’ve added to the portfolio or point out more opportunities, maybe with the companies they’re already working with,” Dickson says.

Members can also use the Valify technology to gain valuable insights into their diverse vendor spend. Motz shares, “Valify identifies supplier diversity according to 17 different classifications, enabling you to drill down into spend by category/subcategory and to monitor and align purchasing decisions toward your organization’s diversity goals.”

**TO LEARN MORE ABOUT THE VALUE of the Commercial Products portfolio or Valify, email [commercial@healthtrustpg.com](mailto:commercial@healthtrustpg.com)**

*Continued on page 26*

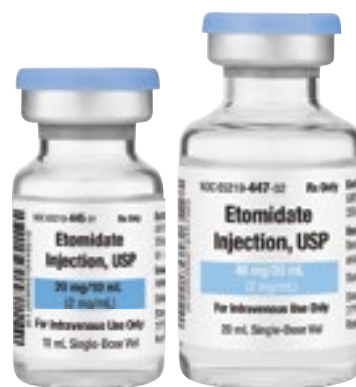
# Etomidate Injection, USP

## HealthTrust Contract #4531

Fresenius Kabi USA, LLC is proud to announce our sole source award with HealthTrust for Etomidate Injection, USP.

Please review the product information below and inform your local wholesaler of this change.

Fresenius Kabi appreciates your business. Please contact your local representative with any questions.



## PRODUCT INFORMATION

Unit of Sale NDC Number	65219-445-22	65219-445-10	65219-447-20
Award	Private Label	Sole Award	Sole Award
Description	Single Dose Vial	Single Dose Vial	Single Dose Vial
Strength	20 mg per 10 mL	20 mg per 10 mL	40 mg per 20 mL
Concentration	2 mg per mL	2 mg per mL	2 mg per mL
Fill Volume	10 mL	10 mL	20 mL
Container Size	10 mL	10 mL	20 mL
Closure Size	20 mm	20 mm	20 mm
Unit of Sale	10	10	10

## WHOLESALE ITEM NUMBERS

AmeriSource Bergen	1028-6273	1026-0779	1026-0881
Cardinal	5894167	5741087	5741095
McKesson	2891125	2349827	2349835
Morris & Dickson	348953	104527	107581

- AP Rated
- Preservative free
- The container closure is not made with natural rubber latex

Please see full prescribing information available at:  
[www.fresenius-kabi.com/us](http://www.fresenius-kabi.com/us)



Fresenius Kabi Label  
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## FOUND IN TRANSLATION

Within the Purchased Services category of Commercial Services and Products, lies a sleeper savings opportunity for members: language/interpretation services.

“Many people want the in-person or on-site interpretation, which is very costly,” says **Eric Clapp**, Senior Contract Manager at HealthTrust.

“We work with members to come up with effective solutions that reduce costs while respecting their desire for a personal touch.”



The HealthTrust team begins the process by listening, says **Joey Dickson**, AVP of Strategic Sourcing and Chief Supplier Diversity Officer. “Once we understand how they utilize the service, that helps us figure out where to target for a savings opportunity.”

Valify’s technology app offers further insights into language/interpretation services spend, says **Andy Motz**, VP of Advisory Services. “Members often don’t realize they use that many suppliers in the same space,” he adds.

The Advisory Services team can help members consolidate their suppliers without losing the security of having fallback options—identifying and negotiating with a primary supplier and secondary and tertiary suppliers, so an interpreter is always available. This provides peace of mind for members, in addition to savings. Advisory Services helped one member consolidate from eight suppliers to three contracted suppliers and saved half a million dollars annually on its language/interpretation services spend.

Savings can be even greater when members consolidate their suppliers across the enterprise instead of just by facility. But savings opportunities most often come from reducing in-person or on-site services, Clapp explains. “There are some instances where it’s beneficial to have someone on-site for the interaction between the patient and the physician,” he explains, “but there are many more instances where it’s not needed. When you bring an interpreter on-site, you’re paying by the hour with a minimum two-hour charge, whether you use the service for two hours or just 15 minutes. With video or over-the-phone interpretation, you’re charged by the minute, so you’re only paying for what you use.”

Dickson adds that as part of the Affordable Care Act, any healthcare provider receiving federal assistance must provide limited English proficiency patients with a medically qualified or certified interpreter. “Facilities are susceptible to fines if they use someone who is not certified to provide these translation services,” he says.

Likewise, adds Clapp, under the Americans with Disabilities Act and the Rehabilitation Act, healthcare providers need to have certain documents already translated and available to patients. Not providing those documents has resulted in lawsuits against providers. HealthTrust helps members avoid those risks by educating members about these language/interpretation requirements.

“We want to partner with members to drive savings,” Clapp says, “and help them avoid costly federal fines or lawsuits.” ●

Visit the HealthTrust Member Portal to learn more about the translation services on contract:

**Amercian Sign Language Services**  
Contracts #74097, #87986

**CyraCom**  
Contract #2905

**Stratus Video**  
Contract #16406

**Braille Works, International Inc.**  
Contract #57056

**Language Line Services**  
Contract #75388

**Verbatim Languages Inc.**  
Contracts #74095, #87985

**CulturaLink**  
Contract #6225

**Language Services Associates**  
Contract #2926





# Supporting the Value of a **Diverse** **Supply Chain** for 25 Years

## HealthTrust's Supplier Diversity Program is recognized among the best in healthcare

Diversity in the supply chain is not just a goal, it's a necessity. And, it is part of the foundation on which HealthTrust built its reputation a quarter of a century ago.

Diverse businesses are experiencing remarkable growth. With more than 200 contracts in our diversity portfolio and spend through 115 diverse suppliers surpassing \$500 million, HealthTrust is promoting innovation, increasing competition, and helping our members meet the needs of the communities they serve.



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[healthtrustpg.com/in-the-news](https://healthtrustpg.com/in-the-news)

Learn about our diversity program's industry award

Contact Deandre Thomas, with HealthTrust's Supplier Diversity Team,  
at [deandre.thomas@healthtrustpg.com](mailto:deandre.thomas@healthtrustpg.com) to start or enhance your diversity contracting program.

WITH THE CONTINUING IMPACT OF SUPPLY CHAIN CHALLENGES on hospitals and health systems, a strong and healthy working relationship among physicians, supply chain managers and executive leadership is crucial.

At the 2023 HealthTrust University Conference, HealthTrust's Chief Medical Officer **John Young**, M.D., MBA, FACHE, hosted a panel featuring three HealthTrust Physician Advisors to discuss best practices for bridging this divide.

"Everyone is aware of the global factors impacting supply chain, whether it's inflation, labor shortages, logistics, raw materials, the war in Ukraine (and now the one in Israel)—the list goes on," Dr. Young said. "But do you think your physicians are informed about how this global supply chain has impacted their day-to-day lives?" Dr. Young and the session's panelists suggested that the answer to that question was 'no.'

They suggested these tactics to build and improve relationships between physicians and supply chain and executive leadership:

- 1 **Engage** early to align around common goals & mission
- 2 **Focus** on trust & understand motivations
- 3 **Facilitate** open communication to share concerns
- 4 **Collaborate** to drive patient-centered decisions
- 5 **Leverage** evidence & lead with quality & patient safety issues
- 6 **Ensure** transparency of cost & goals
- 7 **Include** frontline clinicians & other staff in decisions
- 8 **Preserve** physician autonomy & respect

HealthTrust Physician Advisors **James Bruffey**, M.D., FAAOS; **Vijay Chilakamarri**, M.D., FACC; and **Jason Mouzakes**, M.D., FAAP, shared their experiences and perspectives on creating strong working relationships between physicians and leadership at their hospitals.



PART TWO OF A TWO-PART SERIES

# A UNITED

## Bridging the divide between suits & scrubs



# FRONT

**Aligning around common goals & a shared mission can help to build mutual understanding & trust.**

## COMMON GOALS & MISSION

Strong relationships between clinicians and leadership are built on a foundation of trust and transparency. Historically, this relationship has experienced some tension, but ensuring all parties understand they are trying to solve the same problem, even if through a different lens, can start to alleviate that tension.

“When you put a group of physicians and administration in one room, it is surprising to me how many times there’s a bit of an adversarial atmosphere,” said Dr. Chilakamarri, Chief of Cardiology at Lutheran Health Physicians in Fort Wayne, Indiana. “The recognition that we are all on the same side was very important for our team. Building relationships took a while, but trust was fundamental, and the fact that we are here to create a win-win situation for everybody—for the physicians, the patients and the hospital network—had to be verbalized.”

Aligning around common goals and a shared mission can help to build mutual understanding and trust, but only if all parties are transparent about what they need and want from the others. “Without transparency, it’s almost impossible to collaborate,” said Dr. Mouzakes, an ear, nose and throat specialist and the interim Hospital General Director at the Albany Medical Center Hospital in Albany, New York. “If your executive team or your supply chain team is working toward a different set of goals that are not coordinated, all the work we do will potentially be for naught—which, for physicians, can create distrust.”

Dr. Bruffey, an orthopedic surgeon at Scripps Health in San Diego, added, “We had to trust them to listen to what we were saying, and they had to trust us to understand that we also have a vested interest in not only doing what’s right for our patients, but also doing what’s best financially for our health system. Ultimately, that is also good for us as physicians.”

## SHARED DECISION-MAKING

Scripps Health recognizes the value of engaging physicians in decision-making and is committed to improving its existing processes.

“Our system is trying to determine how to involve us as physician leaders,” explained Dr. Bruffey. “They’ve got to trust us to be able to make decisions that are good for the health system, but also provide the correct process for us to share in the decision-making. We’ve got to place trust in our physician leaders to make decisions that allow them to be most effective at what they do.”

Scripps has past successes to build on. About a decade ago, it created physician-led service lines. “We recognized that it was not in the system’s best interest if there was no



physician involvement in the decision-making for supply chain activities with regard to the implants, biologics and capital equipment. When those things are not meshed with what the physicians need and want, you tend to waste more money,” shared Dr. Bruffey.

Dr. Bruffey warned against engaging physicians in the decision-making process without structures and accountability to ensure their perspectives are valued and taken seriously. “As a physician, nothing is more frustrating than when you go through a very long value analysis process, and you have no say in the decision at the end.”

## OPEN COMMUNICATION

“I have learned in my leadership position that you can’t overemphasize the importance of communication,” said Dr. Mouzakes, who pointed to the value of regularly scheduled meetings to convey important information, address challenges and build trust.

Albany Medical Center starts its day with a safety brief, where issues affecting patient safety, including supply chain, are reported. “The entire hospital system is aware, on that brief 10-minute morning call, if there’s been a change in the status of supplies. As a surgeon, it’s absolutely mission-critical to know,” Dr. Mouzakes explained.

Dr. Chilakamarri acknowledges that he hasn’t always recognized the importance of physicians being aware of supply chain issues. “COVID was a big learning experience in this regard. Before, it sometimes felt like it was a chore that physicians were made to do. However, once COVID hit, we were surprised to see how many things were impacted. Simple things that you wouldn’t even think were an important part of your procedure—like tubing, syringes and IV lines—had a major impact. Nothing can actually happen without those supplies.”

To respond to the disruptions caused by COVID, Lutheran Hospital increased the frequency of safety huddles and invited representatives from supply chain to the meetings.

The cardiology department now holds three safety huddles every week, each with a different focus. For example, interventional cardiologists, cardiac surgeons, nurse coordinators, the cath lab director and the cath lab inventory manager attend a huddle focused on structural heart procedures scheduled for that week. This ensures all the required equipment is available when needed.

“If you’re able to communicate with the supply chain team and physicians, it reduces a lot of heartache that can happen when you are starting a procedure in the cath lab and find out that something’s on back order,” said Dr. Chilakamarri. “By knowing in advance, you can change your procedure or learn to use something different.”



## FRONTLINE CHANGE AGENTS

Recently, physicians at Scripps Health led the change in how the hospital trials capital equipment. Previously, there was a requirement that funding for equipment be identified before a trial. Now, equipment is trialed first to see if it’s a good fit for the team. “It’s way more cost-effective for our system because you’re not having to identify a million dollars of funding, for example, on a capital piece of equipment that we’re not going to buy anyway because the physicians don’t like it,” explained Dr. Bruffey.

That’s just one example of how a strong relationship between physicians and leadership can empower physicians to act as change agents with tangible benefits. Other frontline team members can also offer fresh perspectives and solutions that might otherwise be overlooked. “We have a radiation tech as part of our team, and they can tell you where there’s a lot of waste and learnings that you would probably not even pay any attention to,” shared Dr. Chilakamarri. “The first few times that we met, there was a bit of resistance from administration and physicians to taking advice from somebody on the front line. But once we were open to their suggestions and could temporarily take off our physician or MBA hats—that’s when we really benefitted.”

## BRINGING GREAT MINDS TOGETHER

Over the past two years, physicians and leadership at Albany Medical Center Hospital have worked together to tackle financial challenges. “Our CEO launched our path forward with intentional transparency, engagement and collaboration,” said Dr. Mouzakes. “He created dyads and working relationships between the administrative side and physician leadership. That was really impactful, and it showed that we can get things done as a team.” For example, nursing leaders, ancillary support leadership, supply chain, anesthesia colleagues and surgeons collaborated to optimize operating room utilization.

**The result of all this collaboration and hard work? A \$75 million improvement on losses from 2022 to 2023. This year, they are aiming to break even.**

“One of the worst things that we do is operate in silos when we have such creative and innovative minds around the table,” shared Dr. Mouzakes. “As long as your organization has collaboration and communication that is open, transparent and trusting on all fronts, then it is a formula for success.” ●



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# THE STATE OF formularies



Source: HCA Healthcare

## Developing product formularies is a complex but highly beneficial process

WITH HUNDREDS OF THOUSANDS OF PRODUCTS ON THE MARKET, it's overwhelming to determine which ones are the right fit for a healthcare system. After all, a hospital doesn't need six different brands of bedpans or three different receiving blankets. To make product selection more efficient, most facilities use formularies—a preselected set of products endorsed by a healthcare system.

Limiting product variation not only improves outcomes clinically, but also improves outcomes operationally, says **Jared Dougherty**, DNP, MBA, RN, CNML, CCRN-K, Senior Director of Clinical Resource Analysis at HCA Healthcare Supply Chain.



“With so many suppliers and so many different products out there today, it can feel a bit like a jungle trying to find the right product to support patients within your health system,” says Dougherty, who works with HealthTrust on HCA Healthcare’s nursing formularies. “Formularies take a lot of work on the front end, but at the end of the day, they make everything much easier.”

## REDUCING PRACTICE VARIATION FOR CLINICIANS

One of the biggest benefits of formularies is they reduce practice variation for clinicians, explains **Missy Pennington**, BBA, RN, AVP of Clinical Resource Analysis for HCA Healthcare’s Supply Chain.

Several years ago, some facilities saw an increase in the hospital-acquired infection



rates from indwelling urinary catheters. Data has found these infections can stem from catheter insertions. So the team decided to switch to a product that offers a step-by-step process for catheter insertion.

This standardization is critical, especially for an organization as large as HCA Healthcare, which employs thousands of clinicians. For example, if a nurse moves facilities or starts working on a different floor, Pennington says, they're using the exact same product. This, in turn, streamlines education, as there are fewer products on which to educate and train nurses and doctors.

### WORTH THE COST

With the large number of acute care facilities and surgery centers that HCA Healthcare operates within the U.S., Pennington says it was an investment to switch the catheter insertion trays across the country. However, doing so reduces patient infections, which in turn reduces readmissions and average lengths of stay. As Pennington explains, "We are trying to lessen the number of patient infections by driving

nursing best practices, even at a higher cost of the supply."

HCA Healthcare's switch to more expensive catheter insertion trays dispels the myth that formularies are primarily centered around cost. "People unfamiliar with formularies always assume they're just the cheapest products," Pennington says. "That's not how we build formularies. We are cost conscious, but if the best value product does not meet the clinical need, it's not going to be on a formulary."

### OPERATIONAL BENEFITS

While selection for some formulary products, like the catheter insertion trays, is more clinically driven, other product selection can be more operationally driven. For instance, plastics is a category in which operations and cost are more often taken into consideration, since products like basins and medicine cups have little clinical impact.

"None of the color variation and very little of the configuration of the items themselves has any difference in

*Continued on page 34*







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clinical value,” Pennington says. “The formulary determines the best-value product that a facility would routinely use that meets the clinical need first, and then the financial need.”

A formulary approach to selecting products makes clinicians’ jobs easier, but it also improves a health system’s overall operations, says **Matt Porter**, AVP of Supply Chain Solutions at HealthTrust.

For example, if you have a warehouse with 2,500 items versus 10,000, there’s an entirely different level of overhead involved with storing those products. “The fewer products you can stock and store, the better,” he adds. “When you look at some of the duplicity in this industry, it begs for some standardization and, ultimately, a formulary approach.”



An added bonus of formularies: They often lead to thriving supplier relationships. Porter says having the buying power and pull of an existing relationship often leads to a higher level of communication and commitment. “When you’re committed to the vendor, the vendor is going to be more responsive,” he explains.

## COMPLIANCE IS KEY

Formulary compliance is essential because it reduces practice variation for clinicians, improves operational efficiency and maintains good financial balance, Dougherty says. But external factors often complicate things. Sometimes, products are back-ordered. Or, there are shortages, which was commonly seen at the height of the COVID-19 pandemic. Dougherty explains that it wouldn’t be surprising if compliance has been down nationally over the past few years due to the lingering effects of COVID.

Because shortages or supply chain disruptions can happen at any time, it’s important to remain agile. For

example, if a supplier switches a product or something goes on backorder, you need to pivot.

“You never want to lock yourself into a product so completely that you’re entirely dependent on it,” Dougherty says. “You want to maintain enough agility between formulary items and relevant cross references from other suppliers.”

## IT TAKES A VILLAGE

Dougherty, Pennington and Porter agree that collaboration is the most important component of creating and managing formularies. Key stakeholders from all areas of a health-care system must be involved in the decision-making process.

When people feel their opinions have been heard and valued, the benefits will be more impactful. Porter says it’s crucial to know what the clinicians need and want, as well as knowing how the product impacts everyone along the supply chain. For example, if employees on the receiving dock say the product packaging is often damaged in the shipping process—that’s relevant information. “Everyone has something to contribute when it comes to making smart decisions for a formulary,” Porter says.

It takes significant time and effort to create a formulary of products that are optimal for a healthcare system. But that doesn’t mean the work is done once the formulary is created.

“You’re never really done,” Porter says. “It’s an ongoing process. What’s your scorecard to measure vendor or product performance? When you get a bad score, you do better research, and you get more people involved to figure out how you can improve.” ●

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# The sustainability landscape is GETTING GREENER

## What you need to know about changing healthcare regulations

IN THE MONTHS AHEAD, NEW ENVIRONMENTAL POLICIES AND REGULATIONS are expected to impact many organizations, including hospitals and health systems. For example, in March, the U.S. Securities and Exchange Commission announced new climate reporting standards requiring many publicly traded companies to disclose Scope 1 and 2 emissions, if deemed material. While California is the first state to implement climate disclosure laws, other states are expected to follow suit. And The Joint Commission has implemented a voluntary Sustainable Healthcare Certification (SHC) program for U.S. hospitals, reflecting the importance it places on reducing environmental impacts generated by America's healthcare system.

The good news for our members is that taking concrete action on sustainability initiatives can bring many other benefits to hospitals, health systems and potentially to the communities they serve. Reducing emissions reduces energy costs, and many sustainability initiatives contribute to building a resilient healthcare system, which is increasingly important as natural disasters become more frequent.

“Hospitals are in varying stages of their focus on these initiatives. Regardless of where they are in their sustainability journey, HealthTrust is a trusted partner to help them navigate their options. A number of the solutions we offer will help them meet sustainability regulations,

*Continued on page 38*

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provide resiliency in the event they need it, and, in some instances, save money,” explains **Nikko Giovino**, AVP, Strategic Sourcing Commercial Products, Energy & Facilities at HealthTrust.



### MEMBERS INFORMING DECISIONS

HealthTrust’s Commercial Products team continues to grow its sustainability offerings in response to members’ needs. The work of the HealthTrust Energy team goes beyond sourcing energy (electricity and natural gas) to also advising on energy efficiency initiatives and helping members to identify incentives and rebates for capital projects. Members have access to HealthTrust’s contracted suppliers that offer equipment such as LED lighting, solar panels and energy efficient boilers/chillers, as well as a national agreement with Bernard ProStar, a turnkey energy infrastructure provider that designs and builds high-efficiency systems.

In 2023, HealthTrust created an Energy Sustainability Committee. The committee comprises 18 member hospitals/health systems with subject matter experts who help guide the expansion of HealthTrust’s sustainability offerings. This includes vetting additional products and services and making recommendations about whether or not those solutions should be added to the HealthTrust contract portfolio, making them available to the broader membership. “It’s an avenue for us to understand the opportunities for environmental contracting solutions—everything from emission reduction resources and services for creating efficiencies, to tangible products such as LED lighting or low VOC paints, to technology tools, software and platforms for tracking and reporting progress on their initiatives,” adds Giovino.

The committee also serves as a forum to enable members to share best practices and discuss pertinent regulatory news related to sustainability in healthcare. Recently, the Energy Sustainability Committee identified related software and platforms as a priority to help members prepare for the upcoming regulations mentioned previously.

### THE 411 ON SUSTAINABILITY SOFTWARE

Sustainability software enables hospitals and health systems to collect, measure, analyze and report on environmental, social and governance (ESG) performance and impact. It can also help save money, for example, by reducing manual data entry costs or by identifying overcharges from energy or waste management providers. “There are real cost savings often uncovered by using the

“There are real cost savings often uncovered by using the software that can well exceed a member’s investment in the technology.”

– Nikko Giovino

software that can well exceed a member’s investment in the technology,” Giovino explains.

For members at varying stages of their sustainability journey, we are often asked where they should start. “Before tackling large, expensive projects, such as installing a microgrid or battery storage, we suggest using the sustainability software to understand their baseline emissions or to assess if their building’s heating and cooling systems are performing optimally,” says **Lucinda Madura**, Director, Strategic Sourcing Commercial Products, Facilities at HealthTrust.



The software can offer insights into how retro-commissioning or more regular maintenance can improve the efficiency of existing equipment such as boilers and generators. Scenario planning—a powerful feature of many sustainability platforms—can determine ROI timelines on capital projects and help members determine possible pathways to achieving net zero carbon emissions.

“It can help them determine if a solution implemented in their facility is going to make an impact and evaluate if the investment is worth it. It’s a way to assess whether the money will be well-spent and effectively move them toward meeting their goals,” Giovino adds.

### CHOICE OF 3 CONTRACTED SOLUTIONS

HealthTrust currently has contracts with three sustainability platforms: nZero, SitelogIQ and Key Green Solutions. Each automates data collection and includes a dashboard that helps identify key metrics, such as total carbon emissions, energy use and water consumption. A trend indicator uses historical data as a baseline to identify trends over time. Each platform can also report Scope 1 and 2 emissions and conduct scenario planning.

Madura recommends keeping your sustainability goals in mind when evaluating software. Each platform has unique attributes that make it a better option depending on your areas of focus and where your organization is on its sustainability journey. “Key Green has a module focusing specifically on waste, whereas SitelogIQ focuses more on retro-commissioning. nZero is really strong around goal setting and what-if scenarios,” she explains.



## GET TRACKING

Each option is comparably priced. Madura recommends doing a demo with at least two of the suppliers, keeping in mind the onboarding, set-up time and work required for each before choosing one.

HealthTrust's Member Portal holds information on all three sustainability software options. "It shows what each dashboard would look like if you selected that supplier. It highlights similar, as well as unique, attributes across the three suppliers in addition to their pricing structures," says Madura.

"As members use the software we have on contract, they're going to find many opportunities for savings," adds Giovino. "And when it comes to sustainability, it moves their organization toward achieving its goals and helps position them to be ready to respond to regulatory pressures around the environment." Members are encouraged to visit the HealthTrust Knowledge Library ([hpginsights.com](http://hpginsights.com)) as a resource for many product, category and evidence-related insights. ●

Visit the HealthTrust Member Portal to compare features among the on-contract sustainability software suppliers:

**Key Green Solutions – Contract #105835**

**nZero – Contract #106753**

**SitelogIQ – Contract #106913**

**FOR MORE INFORMATION** on sustainability software suppliers, contact your Account Manager or email the HealthTrust Commercial Services team at [commercial@healthtrustpg.com](mailto:commercial@healthtrustpg.com)



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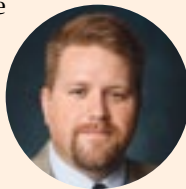


# Can DISTRIBUTION start with DIY?

## Self-distribution can strengthen the supply chain if the conditions are right

NO ONE KNOWS BETTER THAN THOSE IN HEALTHCARE how the supply chain turmoil over the last five years has impacted the industry—from raw ingredient supply and diversions to pandemic-related shortages and inflation. It has been unstable and unpredictable, making it hard for healthcare providers and their supply chain teams to adequately plan.

It's no surprise then that many healthcare leaders wondered how they could build a more stable, secure and resilient supply chain, says **Jason Hanson**, VP, Strategic Sourcing and Supply Chain Solutions, HealthTrust. Inevitably, he says, the question arises: Is self-distribution right for my health system?



At first glance, self-distribution seems simple, he explains. “But most healthcare leaders will tell you it’s not for everyone and it is harder than you think. However, it can be worth the effort. Leaders of organizations operating this model will tell you it saved their systems during COVID.”

Many factors determine the level of success a health system will have with self-distribution. How can you determine if self-distribution is a good fit for your health system? Start by asking yourself the following questions:

### DO I HAVE ENOUGH MEDICAL SUPPLY VOLUME TO JUSTIFY SELF-DISTRIBUTION?

HealthTrust found that \$75 million in medical supply throughput with good product standardization can sustain an efficient operation that delivers total cost of ownership value to an organization. Depending on the complexity and structure of the model, the ROI can be anywhere from just a few months to a couple of years.

### HOW CLOSE DO HOSPITALS NEED TO BE TO ONE ANOTHER TO MAKE SELF-DISTRIBUTION VIABLE?

“When we design a distribution network, we try to limit the one-way distance to between 200 and 225 miles, max. This helps ensure smooth delivery operations and avoids

*Continued on page 42*

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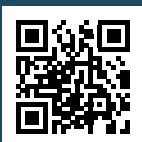
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situations where traffic congestion or accidents can prevent a driver from returning to the distribution center on the same working shift,” Hanson says.

### DO WE HAVE SUFFICIENT EXECUTIVE SUPPORT?

Moving to self-distribution is a major operational change. You need executive support not just at the IDN level, but also at the regional or hospital level, and it must be sustained for the long-term. It takes time to get self-distribution running efficiently. Without leadership committed for a minimum of five years, success is difficult.

### WHAT IS THE ORGANIZATIONAL CULTURE?

If your IDN operates as a loosely connected group of individual hospitals running independently and making decisions unilaterally, self-distribution may be challenging. A culture with a shared vision and mission across all the hospitals is crucial for supporting self-distribution.

### DO WE HAVE THE FINANCIAL BASIS TO DO THIS?

A self-distribution operation can ultimately save your IDN money, but it requires a significant commitment of capital up front and taking on some long-term liabilities, such as investing in a distribution facility, using warehouse management systems, starting inventory and purchasing material-handling equipment.

### ARE WE APPROPRIATELY STAFFED?

This is an area where healthcare leaders may stumble if they don’t fully understand the labor needed to run a self-distribution operation efficiently and effectively. For example, purchasing teams will have exponentially more transactions to manage and issues to deal with, requiring more full-time employees compared to purchasing from a prime med-surg distributor. The accounts payable staff will also be moving from one distributor invoice per hospital per day to 25 to 50 manufacturer invoices per day at the distribution center.

**Self-distribution requires the use of a warehouse management system. These systems are expensive & require technical expertise.**

### DOES OUR IT STAFF HAVE THE TECHNOLOGY & CAPABILITIES?

Self-distribution requires the use of a warehouse management system. These systems are expensive and require technical expertise. If you don’t have confidence that your current IT group has the skills or bandwidth, you’ll need a plan to bring in new talent or outsource a significant portion of the setup and ongoing work, which can be expensive and potentially even prohibitive to the project.

Going the self-distribution route is not simple, but it could be worth it, Hanson explains. “When designed properly and aligned to the organizational vision with the ‘why’ kept at the center of the project, self-distribution can be a competitive advantage and a strategic differentiator that brings significant operational and financial value to the IDN.” ●

**It can be an intense undertaking to determine if self-distribution is the right move for your organization. To learn more, contact your HealthTrust Account Manager or [jason.hanson@healthtrustpg.com](mailto:jason.hanson@healthtrustpg.com)**





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# GENERATIONS of nurses

## When providing care is a family affair

MAY IS NATIONAL NURSES MONTH, DEDICATED TO HONORING the more than four million nurses who provide care and compassion every day across the United States. As with many professions centered on helping others, one generation's dedication can inspire others within the family's line to follow a similar path for years to come. While the strain from the pandemic may still be felt most by nurses on the front lines, those dedicating their lives to service are resilient.

Here, *The Source* pays tribute to families of nurses whose commitment to care spans multiple generations.

### A CALL TO SERVE

"As long as I can remember, our family has always put people and service to others first," recalls **Angie Mitchell, RN, AVP, Supply Chain Operations for Hospital Sisters Health System** based in Springfield, Illinois. "Whether it was law enforcement, military, ministry, teaching, nursing—our career paths have been ones of service."

Mitchell and her mother both graduated from nursing school at St. Luke's Hospital in St. Louis, Missouri. The school boasts an impressive number of families trained in nursing, including 48 sets of sisters; 14 mother/daughter pairs; 13 sets of cousins, and more. Mitchell graduated in 1981 and her mother in 1948.

Her mother's demeanor, which Mitchell describes as compassionate, dedicated, intelligent and confident, inspired Mitchell to follow in her footsteps. "Growing up, she was a nurse in a general practitioner's office, and many of my classmates and their families went to this physician," she says. "So many of them and their parents would often tell me how much my mom put them at ease when they came in for a visit." Her mother even helped a neighbor with his asthma treatment at home when he couldn't afford weekly doctor visits.



### LASTING CONTRIBUTIONS

**Judy Schimmel, RN, BSN, Category Sourcing Administrator for Surgery at Franciscan Alliance in Mishawaka, Indiana,** graduated with a nursing degree from Purdue, as did her mother, grandmother and aunt. They share the profession with several other relatives as well. "I always wanted to be a nurse," Schimmel says. "It started with being in a big family



and living on a farm. Wanting to help people was solidified with my mom working in surgery and my grandma working in OB."

Schimmel's mother helped establish a gynecological surgery unit and the Child Passenger Safety Program, which provided and fitted car seats and educated parents on safety. In her tenure, they helped more than 10,000 infants and children with properly fitted car seats.

### PASSION & PURPOSE

**Kristin Cole, RN, BSN, RHCNOC, Chief Nursing Officer and Chief Operations Officer at Springhill Medical Center** in Springhill, Louisiana, is a third-generation nurse. Her grandmother began her nursing studies at 44, while overcoming cancer and facing the death of her husband. She persevered in her career while raising three children, two of whom became nurses. Several nieces and nephews have also followed this path.



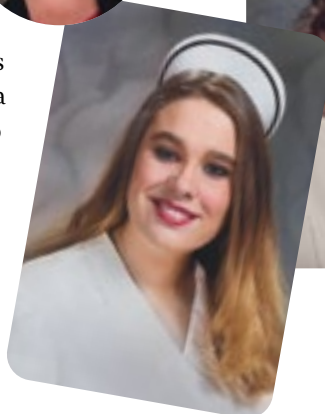
Cole's mother, Karen, became a nurse when Cole was 8 years old. "Because of her integrity and dedication to helping lessen the stigma around mental health services, she quickly became the manager of a mental health inpatient program," Cole explains. "Today, my mother continues in this position at Springhill Medical Center and has helped expand the availability of mental healthcare to outpatient settings. She also worked many weekends at a neonatal intensive care unit."

Cole adds, "My mother taught me the power of treating each person and family as a whole and not just for their physical illness. After seeing the success in nursing for both my grandmother and mother, I knew I wanted to be a nurse."

### NURSES LEADING NURSES

Nursing has been a family affair for HCA Healthcare's Chief Nurse Executive **Sammie Mosier**, whose mother was also a nurse. "She would come home from work and talk about her patients and the impact she made. I had a lot of pride in her and wanted to follow in her footsteps," Mosier shares.

Mosier began her nursing journey providing patient care in the hospital med-surg environment. She transitioned into the ICU and ER departments and then took



on leadership roles as a manager, director, ACNO and as a hospital Chief Nursing Officer—all within a seven-year span.

Having been a part of HCA Healthcare for more than a quarter of a century now, Mosier credits the organization with enabling her career growth. "I was pretty aggressive when it came to accomplishing goals and wanting to have a larger impact on nursing, in general," she reflects. "I quickly understood that I could make an even bigger difference for patients and the profession through leadership."

### SHARED REWARDS FOR GENERATIONS TO COME

For these families, nursing has provided stable, meaningful careers that are as challenging as they are rewarding.

"Where else can you pick and choose where and how often you work?" Schimmel asks. But even more important than the financial benefits, she adds, is the sense of purpose and care. "Nursing is the care of the whole person—body, mind and soul. That is where the fulfillment comes."

Cole agrees that it is a privilege to provide care to patients in need and build camaraderie with other nurses. "I continuously find motivation in my supportive coworkers, improving the health of the people in our communities and the appreciation expressed from patients and their families," she says.

When asked if they would like to see the family tradition of nursing continue, all four enthusiastically say 'yes,' adding that while healthcare has changed significantly in recent years, the need for nurses has not. "Healthcare can't exist without nurses," Mitchell says.

"Nursing is still the most relevant, financially stable profession. It will never go away, and no one can ever say it's boring," Schimmel adds.

Cole has two daughters and would be happy to see them become nurses. "After spending over 13 years as a nurse, I would love to be able to share this passion with them," she says. "The good days far outweigh any tough days in a nursing career. Knowing you can positively impact so many and have the love and support of your community—I honestly can't think of a better career choice than nursing." ●

Share your family's story with us. Email [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com) for publishing consideration on *The Source* content hub.





# WOMEN WE ADMIRE

**Roz Holloway is recognized for  
supply chain leadership**

“A DYNAMIC LEADER AND A DRIVING FORCE IN THE HEALTHCARE SOURCING AND SUPPLY CHAIN INDUSTRY” is how **Rosalind (Roz) Holloway**, MBA, is described in an article published in the December 2023 issue of the *Journal of Healthcare Contracting* (JHC). Holloway, General Manager, ROi, and Vice President of Global Sourcing & Manufacturing for HealthTrust, was part of the publication’s “Women Leaders of Supply Chain” feature, which shared how she is “known for developing effective teams and achieving sustained results worldwide.”

A proponent of collaboration and teamwork, Holloway shares that a major reason for her professional success has



been the strong support from family and friends, and the exposure to stimulating leaders and colleagues throughout her career. “I remember the line lead who taught me how to run a CNC (computer numerical control) machine at my first job out of college, and I am grateful for my current team and leaders whom I sincerely respect and appreciate,” she told JHC. She believes that people innately want to help each other. It is from this viewpoint that Holloway leads and inspires others.

To stay ahead of the curve, Holloway prioritizes continuous learning and keeping up with supply chain and environmental news and trends. But she credits her team



and colleagues for contributing most to her growth. “We have a brilliant group of individuals who bring different perspectives to the table, leading to better decisions overall,” she adds.

Holloway serves as the chief executive of ROi, which is made up of three brands: Regard Medical Supplies, Regard Clinical Packaging Solutions and ROi Supply Chain. She primarily focuses on global sourcing, stabilizing international supply chains, and steering a team of healthcare supply chain professionals who are experts in clinical practice, regulatory compliance, manufacturing, data utilization and global sourcing. Healthcare providers trust Holloway and her team to help them achieve the best value when adopting new products and technologies and to navigate supply chain disruptions and changes.

**The best part of Holloway’s job is when she & her team help healthcare partners solve supply chain challenges that lead to more satisfied clinicians & patients.**

The best part of her job is when she and her team help healthcare partners solve supply chain challenges that lead to more satisfied clinicians and, ultimately, patients. “As a provider-owned company, ROi, like HealthTrust, focuses on making healthcare missions possible,” explains Holloway. She views value analysis as a journey that uses data, clinical expertise and supply chain logistics to implement the right solutions within healthcare systems.

Today’s supply chain solutions must enhance provider satisfaction and efficiency, improving patient experience. For Holloway, removing barriers so that clinicians can provide patients with high-quality, coordinated care is the ultimate measure of success. “I can’t think of a more exciting and rewarding initiative to be a part of,” she adds. ●

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# SHREDDING, STORING & SUSTAINABILITY

**A total cost management approach to document management provides more value**



PROPERLY MANAGING DOCUMENTS AND RECORDS IS ESSENTIAL to the business of healthcare and the safety of patients—extremely sensitive information is at stake. But doing it correctly can be surprisingly burdensome and expensive. It's not smart to cut corners on this important job when you can find services that offer better value.

## LOOKING CLOSER AT THE COST

When HealthTrust members talk to **Joey Dickson**, HealthTrust's AVP of Strategic Sourcing and Supplier Diversity Officer, about their document management strategies, he advises them to think broadly. "We talk to members about the total cost of the relationship with that service supplier," he says. "It's easy to think, 'This local supplier seems like they have the cheapest rates; I'm going to use them.'"



However, that local, less expensive document management resource may ultimately be more costly if they don't have the resources to pull documents when they're needed or if they don't have the staff to be proactive—to let you know when you've stored documents beyond the amount of time required by law, and you end up continuing to pay storage fees when they could be recycled or destroyed.

"That total cost management aspect often times gets overlooked," Dickson explains. "National suppliers are not always the cheapest, but if you think about the relationship in terms of what it's going to cost over the long term, the benefits of our contracts are pretty clear."

HealthTrust's document management suppliers often offer discounts if members use them for both document storage and document shredding—with some of those suppliers offering double-digit savings.

## SUPPLIERS THROUGH HEALTHTRUST

Contracts with HealthTrust's stable of document management suppliers also offer members something hard to come by if they make arrangements on their own: transparency and stability. "Our primary focus from a value standpoint is making sure members know up front what they are going to have to pay over time—not only to store those documents, but also what the plan is to destroy them and what it's going to cost to retrieve and move them from storage to destruction," Dickson explains.

In the open market, there's a lot of variability and volatility that impacts document management suppliers' costs, which they could pass on. Dickson shares, "Our contracts not only ask suppliers to be transparent with their fees and price structure, but also protects against fluctuations in the market, so hospitals and health systems can plan for how much document management is going to cost over a specific amount of time."

The transparency provided in the service agreement extends beyond dollars. The contract clarifies what the supplier will do and exactly how it will be done. Having a supplier that you can trust to handle the records from both storage through destruction is meaningful. "That's the kind of thing we expect from, or try to spell out in, a lot of our contracts that add value beyond just what the price or rate would be," Dickson says.

## THE GREEN FACTOR

A HealthTrust-negotiated contract also helps members reach internal goals. KPIs can be part of the service agreement, for example. And HealthTrust is looking out for our members' best interests with sustainability goals, making sure the contract package takes them into account. The HealthTrust team is working on a questionnaire for suppliers, so members know what their efforts will be up front. ●

HealthTrust media storage services on contract:

**Iron Mountain Info Management LLC**  
**Contract #6445**

**National Records Centers Inc.**  
**Contract #3185**

**Vital Records Control**  
**Contract #6554**

HealthTrust shredding & destruction services on contract:

**Iron Mountain Info Management LLC**  
**Contract #6452**

**National Records Centers Inc.**  
**Contract #52239**

**Vital Records Control**  
**Contract #52238**

**FOR MORE INFORMATION**  
on document management services, contact your HealthTrust Account Manager or visit the contract packages within the Member Portal.



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