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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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Director, National Accounts**

Kim Giebel at 703-623-0912

Kimberly.Giebel@smith-nephew.com

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Q3 2024 | V18 NO. 3 | HEALTHTRUST



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Thank you to the members, suppliers & colleagues who've been alongside us for the ride.



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Healthcare is leveraging data & technology for transformative solutions.

### EDITORIAL CONTRIBUTIONS:

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- \* 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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## ARE YOU EMERGENCY READY?

The latest protocols for preparedness are more wide-sweeping & demanding than ever.

HealthTrust Performance Group (HealthTrust) is a healthcare performance improvement organization dedicated to strengthening provider performance and clinical excellence through an aligned membership model and advisory solutions leveraging supply chain expertise, 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 70,000 other locations including ambulatory surgery centers, physician practices, long-term care and alternate care sites.

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# DEPARTMENTS

## 2024 EDUCATION & EDITORIAL ADVISORS

**Michael Schlosser**, M.D., FAANS, MBA – SVP, HCA Healthcare Care Transformation & Innovation  
**Jocelyn Bradshaw** – COO, GPO Operations  
**David Osborn**, Ph.D. – SVP, Strategic Account Management & Sales  
**Allen Wright**, MBA – SVP, Strategic Sourcing, Commercial Products & Services  
**Teri Bernstein** – VP, Strategic Sourcing  
**Brian Moran**, PharmD, MBA – VP, Pharmacy Services  
**Rick Phillips**, R.T.(R)(MR)(CT)(ARRT), CRA – VP, Advisory Services, Clinical Integration  
**Angie Sims** – VP, Strategic Accounts  
**Stephanie Thompson**, PharmD, MBA – VP, Clinical Services  
**Jason Braithwaite**, PharmD, MS, BCPS – AVP, Pharmacy Services  
**Joey Dickson** – Supplier Diversity Officer & AVP, Purchased Services & Diversity Contracting  
**Kim Kelly**, MSN, RN – AVP, Clinical Services  
**Jennel Lengle**, MSN, RN – AVP, Clinical Operations  
**Drew Preslar**, MBA – AVP, Advisory Services, Clinical Integration  
**Jennifer Westendorf**, DNP, RN, CNOR – AVP, Environmental Performance & Surgical Services  
**Kimberly Wright**, RN – AVP, Clinical Services  
**Cathy Florek** – Supply Chain Board Lead  
**Margherita Potter**, MHS, RD, BS – Senior Director, Food & Nutrition Services  
**Kathy McCardell**, BSN, RN – Director, Radiology & CV Services, Clinical Operations  
**Holly Moore**, MSN, CCRN-K – Clinical Director, Clinical Services  
**Pam Norman**, BSN, RN – Director, Clinical Services  
**Tara Roth**, MHA, BSN, CENP – Director, Nursing Services, Clinical Operations  
**Jody Upton**, MSN, MSM, RN – Clinical Director, Clinical Services  
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## PUBLISHER

**Ed Jones**  
President/CEO

## EXECUTIVE PUBLISHERS & EDITORS-AT-LARGE

**John Young**, M.D., MBA, FACHE  
Chief Medical Officer

**Lisa Garman**  
VP, Marketing & Communications

## EXECUTIVE EDITOR

**Faye Porter**  
Director, Member Education & Communications, Marketing

## MANAGING EDITOR

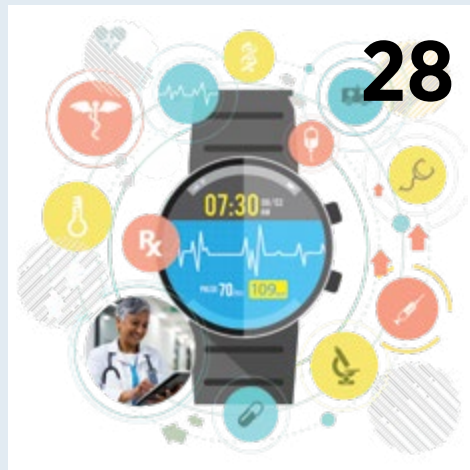
**Shellie Meeks**  
Senior Manager, Member Education & Communications, Marketing

## EDITORIAL & CREATIVE SERVICES

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## CEO perspective

## Cheers to 25 years!



**For the last quarter century, HealthTrust has been at the forefront of supporting providers in their missions to deliver quality healthcare.**

Since our inception, HealthTrust's committed model has stood the test of time and remains a key component of our competitive advantage. At the outset, HealthTrust managed \$3 billion in committed spend. Today, we manage nearly \$53 billion in total aligned spend, committed at a national level, which provides an unparalleled portfolio value to members across the continuum of care.

I am proud of the milestones that have shaped HealthTrust over the last 25 years and the members who have joined our ranks throughout the journey. We are grateful for the partnership with world-class suppliers, manufacturers and distributors, and appreciate our shared commitment to member support. Never was the strength of those relationships tested more than during the COVID pandemic. Now on the other side, all have emerged more resilient and with supply mitigation plans in place.

While not immune to the inflationary pressures that started during the pandemic, we leveraged the aligned scale of our collective to deliver savings, and the team continues to work diligently to keep inflationary impacts to our contract portfolios to a minimum.

### PERFORMANCE MATTERS

As we have evolved with solutions to respond to a changing industry and provider needs, our mission statement has been refined. What hasn't changed is our commitment to supporting members in their clinical, operational and financial performance improvement initiatives.

We are proud of the colleagues who have been here from the start and appreciate those who have joined our team along the way. Together, these professionals make our operator advantage (see story on page 22) evident in the conversations, engagement and delivery of solutions to HealthTrust members each and every day. Thank you for helping us to become a model for excellence and innovation, and for the third consecutive year, being named a Top Workplace in Middle Tennessee.

More than ever before, we have seen a shift in how the role of value analysis has elevated in importance. Resources developed by our Clinical Services and Strategic Sourcing teams have helped everyone from C-suite and service line

leaders to materials managers and clinicians to better understand the significance of evidence-based research related to quality and outcomes, in addition to expense management. This has enabled leading health systems to transform purchasing discussions among physicians, clinicians and supply chains in facilities across the country as they collaborate on critical value analysis work. Others have engaged our Special Ops and Advisory Services teams to assist with these and other performance improvement capabilities (see pages 14 and 18).

As we look toward our next 25 years, I am excited about the evolution of the business, both in terms of the team and our market offerings. On page 62, you will learn of some recent changes to our executive team, as well as new analytics capabilities that deliver intelligence and visibility in assessing supply chain risk and in managing medical devices.

Your trust in our partnership has helped to position HealthTrust as *the* leading performance improvement company in healthcare. Thank you for being such an important part of our story. I look forward to celebrating our anniversary in person with those of you attending HealthTrust University Conference in August.

In the meantime, know that the HealthTrust team looks forward to serving you for the next 25 years and beyond, helping you to stay focused on your mission of delivering quality patient care. ●



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

**Ed Jones**

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

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## CMO perspective

# Meeting(s) of the Minds



**Members sharing best practices from their operational, clinical, supply chain and pharmaceutical initiatives has been foundational to HealthTrust's DNA throughout most of its existence.** And, the upcoming HealthTrust University Conference has historically been the event where much of that knowledge sharing and networking takes place.

Beginning in 2017, HealthTrust launched a new, more intimate format for this type of member engagement through its Collaborative Summits. These immersive think-tank experiences enable members to come together to discuss real-world challenges on topics such as multimodal pain management, acute myocardial infarction (AMI) patient management, robotics, sepsis, wound care and staffing—just a few of the summits offered over the last seven years.

Earlier this year, the Clinical Services Team hosted the Nursing Workforce 2.0 Collaborative Summit (see story on page 70). And, during the HTU event in Orlando, the Pharmacy Services Team will host a 340B Collaborative Summit. A key component of these events is that members leave with customized action plans to enable discussion and ultimately implementation once they are back at home.

## EXECUTIVE ADVISORY SUMMIT

The latest offering in our summit series was an Executive Advisory Summit that was held in early May. HealthTrust hosted executives from 16 leading health systems who joined together in Phoenix, Arizona, to focus on key healthcare topics that included: the future of artificial intelligence (AI) in care transformation, cybersecurity, private equity's role in healthcare, and a session I led on the procedural shift in care from hospitals to ambulatory sites and what it means for healthcare operators.

Headlining other sessions over the three-day Executive Advisory Summit were:

- ▶ **Akshay Pottathil** (Intelligence Research Institute) spoke on the transformative potential of AI as healthcare evolves.
- ▶ **Michael Schlossser**, M.D., MBA, (HCA Healthcare) shared the organization's approach to leveraging and creating technology to help care teams achieve better patient outcomes.

- ▶ **Brian Tanquilut** (Jefferies LLC) spoke about private equity's presence in healthcare services.
- ▶ **Paul Connelly** (Brighton Park Capital; formerly HCA Healthcare) chaired a panel discussing cybersecurity risk assessment and how to recover quickly should a hack penetrate a health system's defenses. Panelists included: **Patrice Bordon** (Community Health Systems); **Richard Skoba** (Aon Cyber Solutions); **Christopher Pendergast** (Henry Schein); and **Lisa Sotto** (Andrews Kurth LLP).

My team and I look forward to seeing many of you at the HealthTrust University Conference in Orlando in August. I encourage you to take advantage of the education sessions featuring member and internal subject matter experts, as well as physicians who are part of the HealthTrust Physician Advisor Network. Make sure to stop by the HealthTrust Village in the exhibit hall to meet many of the HealthTrust experts in person. In the meantime, be well. ●



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

**SHARE YOUR BIGGEST ORGANIZATIONAL CHALLENGE** that could benefit from a collaboration of colleagues and related experts. We are currently evaluating topics for our next collaborative summit, so email [clinical.services@healthtrustpg.com](mailto:clinical.services@healthtrustpg.com) with your suggestions.





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## Overcoming complex class-of-trade pricing

*HealthTrust Specialty GPO helps members find the best value*

American consumers expect to be able to shop for what they want at different places, and to buy the products they want from whichever seller has the best price. But not everything works that way. Shopping under the restrictions of class of trade could go against experience and expectations, but HealthTrust can help optimize opportunities.

### CLASS OF TRADE 101

Buying pharmaceuticals and other supplies for your hospital is not the same as buying an iPhone for yourself, says



**Mohammed Elayan**, PharmD, HealthTrust’s Director of Oncology Pharmacy Clinical Operations. In the consumer world, you can buy that phone from any number of sellers and pay the best price from the seller of your choice. The pharmaceutical supply chain world, however, is different.

“The thing that’s tricky about class of trade is that it restricts where you’re allowed to shop,” Elayan explains. “For example, a manufacturer tells a health system: ‘You are a hospital. Even though you have a clinic, you can’t shop at the clinic store. You have to go to the hospital store.’ And at the hospital store, the drug is more expensive than at the clinic store.”

To exacerbate the situation further, he adds, “The manufacturers tell you where and what you can buy and for how much.” With the manufacturers restricting eligibility

based on class-of-trade designation, they, in essence, also control price. “From the GPO perspective, our hands are tied on what prices we can offer our members because the manufacturers won’t allow our members to access the most optimal pricing for their specific area,” Elayan explains. “That makes it challenging for us to bring our members the most optimal value.”

And, further complicating things, there is neither standardization nor consistency across manufacturers in their class of trade definitions.

“It’s consistently inconsistent across manufacturers,” Elayan says. “Each manufacturer has its own definitions.” He explains it like this: One manufacturer tells you to wear a suit and blue tie to shop at a particular location. You get to that location, and you can go right in. You go to another location wearing the same suit and blue tie, but the manufacturer there says you need to wear a green tie. And a third manufacturer tells you your tie should be red, and a fourth, that it should be red and blue striped.

This lack of standardization and consistency makes it troublesome for a hospital or health system to achieve the access they need because everything is contradictory. With unstandardized definitions of what a specific class of trade is, it is difficult for a GPO to qualify everyone for access to better pricing.

HealthTrust uses its leverage for members during negotiations. “We advocate for a more agnostic class of trade where we ask the manufacturers to not restrict who

can access what price, because our members are diverse. They do outpatient, they do inpatient, they do all kinds of services, and it's not fair to tell them, 'We'll only ever see you as a hospital even though you do these other services,' " Elayan says.

### OPTIMIZING CLASS OF TRADE

To mitigate the class-of-trade challenges that members face, HealthTrust launched a new program in January called HealthTrust Specialty GPO to provide class-of-trade optimizations.

"HealthTrust's Specialty GPO Team does an evaluation and explains to members the best way to present themselves to manufacturers to expand their eligibility for more optimal contracts," explains Elayan. Using the analogy of the suit and tie, it helps you figure out which suit and tie combination to wear that meets all the requirements for the most manufacturers.

In class-of-trade optimization, the team examines the same details the manufacturers look at—things such as how

services are billed, where a drug is shipped to and how an organization is rostered (its Health Industry Number, or HIN). The team edits the details to best present members to the manufacturers.

Those edits might change the location; for example, shipping a drug to a clinic address rather than the hospital address, or getting a new HIN to more accurately represent the services provided. "It's working within the rules and regulations to make the details of the definition more optimal," Elayan explains. "We know what each manufacturer wants and what details they're looking for in order to make our members the most eligible."

The efforts of HealthTrust's Specialty GPO Team has already resulted in savings for those members, Elayan notes. "It's about 5% of the cost of the drug they're eligible for," he says. "That 5% doesn't seem like a lot, but they spend hundreds of millions of dollars on these drugs, so it adds up over time."

But the biggest win, he adds, is that we can be a big part of members finding more value they ever have before. ●

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## Productive conversations

### *Aligning clinician preferences & device intel for better utilization & cost savings*

Leaders at healthcare facilities recognize that physician engagement in product utilization ensures optimal patient outcomes while leading to savings. HealthTrust’s Medical Device Management (MDM) Team has learned that sharing data from their proprietary SurgIntel Analytics software is an effective way to engage physicians and reduce costs.

#### WHAT DRIVES PRODUCT PREFERENCE?

**Adam Bruggeman, M.D.,** and **Matthew Willis, M.D.,** both HealthTrust Physician Advisors, explain that many factors drive physician product preferences. Some of those factors include:

- ▶ Physicians want to use products they are familiar & comfortable with
- ▶ Suppliers & their sales reps build influential relationships with physicians
- ▶ Some physicians have a personal financial stake in particular products



Drs. Bruggeman and Willis note that some of those factors are more easily overcome than others—a physician who has developed a device isn’t likely to want to use a different one, for example.

But having “open, reasonable dialogue” with physicians and being transparent about cost-per-case product and device costs, reimbursements, actual margins, and the clinical data around similar products and devices will go a long way toward being able to begin a discussion with them about the possibility of making some changes.

#### SHOW THEM THE DATA

“Data is key to decision-making,” says Dr. Willis. “I think it’s harder for a physician to justify utilization of an implant, for example, if there is not a statistically meaningful clinical benefit. “Physicians are more likely to recognize that when presented with the data, as opposed to having somebody just tell them, ‘Hey, you need to use implant B instead of implant A.’ ”

However, data is not always shared. It is not uncommon for physicians to be unaware of the costs of the devices and products they use, or how their utilization of those devices and products compares to that of their peers. “I worked with one physician who said in his 25 years of practice, he’d never seen his data,” says **Brent Ford**, HealthTrust’s Senior Director, Medical Device Management. When the MDM Team



reveals this data to physicians, it's often an eye-opening moment for physicians that can spark change, Ford adds.

**THE MDM TEAM AT WORK**

When **Jackie Wright**, Supply Chain Leader at Surgery Partners, worked with HealthTrust's MDM Team on behalf of her former employer, she shared the data and insights from the team with the physicians and administration of the nationwide health system. "It gave us the visibility to have different conversations with our physicians, vendors and administrators," explains Wright.



"That visibility allowed the physicians to say, 'Wow, I didn't realize I was being charged that every time,'" Wright adds. "Once they saw the cost implications, they would work with their vendor partners to come up with different options for patient use that would give them the same outcomes."

Hands down, the most beneficial thing was the depth of information the MDM Team provides, Wright explains. "It

allowed us to see the data differently than you would from just pulling raw data and trying to look at cost alone or by physician. They're putting the procedure in the correct category for you."

HealthTrust's MDM Team utilizes a sophisticated approach to derive valuable implant utilization insights from the various clinical and financial records. By employing a combination of procedural coding and proprietary implant algorithms developed and refined over years, the team is able to accurately determine the specific medical devices and supplies used in individual procedures. As

**Chris J. Stewart**, VP of Medical Device Management at HealthTrust, puts it,



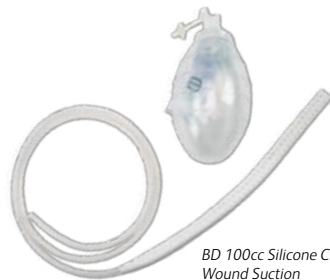
"What makes us unique is the translation of that information." This translation process involves converting complex and unstructured data into actionable information, enabling better decision-making and optimization of medical device management.

*Continued on page 12*

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Continued from page 11

“We speak their language,” adds **Scott Driskell**, HealthTrust’s Clinical Director, Medical Device Management. The MDM Team doesn’t just present physicians with a one-and-done data dump, Stewart and Driskell explain. Instead, the team uses that data to begin a two-way conversation with them about their utilization and spend, and compares it to their peers’ utilization and spend—all in the context of providing the best clinical care.



“SurgIntel’s medical device implant database has the potential to revolutionize healthcare decision-making. By integrating vast data and advanced analytics, we provide comprehensive, tailored insights for providers. Empowering health systems and physicians with personalized cost-per-case information could optimize implant selection, eliminate unnecessary variation and lead to improved patient outcomes. These advancements in data analytics are reshaping healthcare delivery,” says Stewart.

As compelling as the data is, Dr. Bruggeman cautions the administrators who share the data with their physicians

for the sole purpose of getting them to change their usage. They may find their efforts backfiring.

“If every time you come to show me numbers, you tell me something negative or that I’ve got to change something, I’m immediately going to be less open and responsive to anything you want to say, even if it makes sense,” Dr. Bruggeman points out. “Break down what physicians may perceive as potentially negative communication by using data to show what we’re doing well, encourage good behavior, and show the data quarterly. With that approach, you can eventually have that conversation about changing utilization.” ●

**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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# TRANSFORMING EXPECTATIONS

**How HealthTrust's Special Ops Team is redefining how results are delivered**

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A HEALTH SYSTEM FACILITY IS HIT BY A NATURAL DISASTER, rendering its warehouse nonfunctional. An integrated delivery network (IDN) acquired a hospital and needs help incorporating its operations. A six-hospital system needs more efficient stocking and inventory management for its operating rooms. Who should they call?

In response to needs such as these, HealthTrust established a Special Ops Team in 2023 to identify root causes and find assets and solutions quickly and accurately. During the customized intake process, the team completes a thorough review of existing practices, conducts a comprehensive gap analysis, recommends improvements to operational workflows, develops best-practice roadmaps and, when needed, may deploy an onsite team to work with the organization to implement and manage the solutions.

Leading the team is **Ramy Hanna**, a Supply Chain Executive with HealthTrust, who likes to say that Special Ops acts as “resultants, not consultants,” providing rapid turnaround strategies to address critical needs by optimizing inefficient operations and driving value across the enterprise. “We take an approach that shows we are a team that covers a lot of ground,” explains Hanna. “Your organization can pose a problem to us, and we will assess and then deploy assets or individuals to help you solve it.”



### LEADERSHIP & HELPING HANDS

This was Virtua Health’s experience, after asking Special Ops to help the organization with the people, process and technology implementation for a new warehouse management system (WMS) serving five hospitals, five urgent care centers and cross-docking for more than 300 physician practices. Virtua contracted with Special Ops in Q1 of 2023 with a plan for the WMS to go live by early 2024, which it did.

Virtua was not only short-staffed, but its supply chain team was busy with daily operations, says **Ana Victoria Sanchez**, VP of Supply Chain & Support Services at Virtua Health. She needed Special Ops to complete the foundational work for the WMS, ensuring the inventory information was accurate when the system went live, helping prepare for bin location and labeling, and consolidating emergency reserves. At the same time, Virtua Health was transitioning to a new enterprise resource platform (ERP), which is still in process.



As for the people and process portion, Sanchez asked Special Ops to help determine the human resources and skills needed to work with the WMS automation, and to help revise Virtua’s supply chain policies and procedures.

Virtua chose HealthTrust not only because of their existing relationship, but because Special Ops would give an “at-the-elbow level of support,” doing the actual work in person alongside Virtua staff. “They have the leadership, understanding and experience,” Sanchez explains. “They were more than consultants and helped me assess what I needed now and for the future.”

### WHAT MAKES SPECIAL OPS DIFFERENT?

The team comprises handpicked industry experts who bring an operator’s perspective to assignments. With a laser-like focus, they assess and address complex healthcare facility issues and then empower the staff to continue the work once it’s time for the Special Ops Team to leave. With this interdisciplinary approach, the Special Ops Team draws



in other HealthTrust experts as needed to ensure that all aspects of the member's issues are considered and resolved.

Hanna compares a health system to a Swiss-made watch. One cog might have an issue, and fixing the mechanism may improve the watch's overall functioning. That cog could be the operating room, where supplies are wasted or unavailable in the quantities needed, for example. Addressing the physician preference cards and overhauling the inventory ordering and stocking process may improve the situation.

When viewing it from an operational perspective, though, it may become clear that the problem is not just in the operating room, but also in the warehouse and with supply ordering. Each issue may seem minor on its own, but when combined, these inefficiencies can create larger challenges. The Special Ops Team can evaluate all the moving parts and identify the issues contributing to the overall problem.

This solutions-oriented team does not offer a fixed menu of services. They are driven by the member's stated needs, along with the team's in-depth assessments. Again, this was Sanchez's experience, when she asked HealthTrust to provide reports using Virtua's preferred format. She was pleased Special Ops could do this, as other companies she has worked with offer only their own pre-established format for reports and playbooks.

Another aspect that makes the Special Ops approach unique is that the members each serve a different role on the team. Some team members have worked as health system operators for decades, bringing their on-the-ground insights, while others are from outside of healthcare, utilizing different experiences and skill sets, having worked at companies such as UPS. "Their desire for learning, impact and curiosity is huge," Hanna says.

## SUCCESS STORIES

The Special Ops Team has helped these members save money and improve efficiency and performance.

**Demographic: Division of national, for-profit health system, 8 hospitals**

**Issues:**

Needed help resolving performance issues with current bio-med supplier, including concerns related to both service level and the accuracy and timing of billing

**Special Ops Results:**

- ▶ Worked with leadership to identify key stakeholders needed for evaluation & possible implementation of a new vendor
- ▶ Initiated RFP process with incumbent vendor & a leading competitor
- ▶ Helped prepare selection committee to present the criteria & options to the CFO, who selected the competing vendor
- ▶ Worked with stakeholders to support the transition, implementation & ongoing program post go-live date
- ▶ Collaborated with new vendor to facilitate collection of division's goals & staffing needs for bio med
- ▶ Transitioned 57,589 pieces of bio-med inventory & 1,360 pieces of imaging inventory

- ▶ Tagged 29,291 pieces of equipment with RFID capabilities
- ▶ Provided ongoing support with division team for process improvement

**Demographic: Regional not-for-profit health system, 11 hospitals**

**Issues:**

Needed help establishing sustainable operational improvements, including addressing staffing needs in leadership and redesigning sourcing processes

**Special Ops Results:**

- ▶ Redesigned sourcing process
- ▶ Established a culture of support & education
- ▶ Elevated negotiating power with suppliers (multiple savings opportunities were identified for potential conversions)
- ▶ Optimized workflows & identified opportunities for standardization
- ▶ Evaluated 400 capital quotes resulting in an additional \$630k in savings over 12 months
- ▶ Trained six team members in sourcing & contracting

## HOW SPECIAL OPS WORKS

“Our team approach is nonformulaic; it’s showing up in a different way,” Hanna adds. “After we identify the problem, the key is to get the right information to the right people so they can make the most informed decisions.”

Working together with a facility’s team, Special Ops finds the best way to maximize clinical and operational efficiencies, ensuring a cross-functional approach that acknowledges and leans on the health system’s interdependencies. A resilient supply chain gives great results, but when it is combined with a strong service line, the results are even better.

HealthTrust aligns with members’ goals for performance and savings, and the team leverages its experience operating supply chains for some of the largest healthcare systems. Special Ops wants to partner with members on how best to deliver on their mission. “Think of the team as a coach or mentor empowering the member with knowledge and resources to problem-solve, while creating sustainable solutions and governance going forward. System leadership

can rest assured that once an engagement is done, we leave them in good hands,” Hanna says.

The Virtua team felt they were in good hands, to the extent they added on another engagement mid-stream to improve ERP readiness for hospital inventory management. “They were a great resource to help us without our spending an ungodly amount, which is very common in our industry for this level of help. For us, the price was right and the resources were knowledgeable,” Sanchez says.

Sanchez’s team now shares pride of ownership and responsibility for the new WMS. “They speak very fondly of the Special Ops Team that was here because they were truly engaged in actually doing the work alongside us and providing some mentoring and leadership guidance during a time when we needed it the most,” she says. ●

**LEARN HOW HEALTHTRUST SPECIAL OPS can drive value for your organization by contacting [issam.abouzahr@healthtrustpg.com](mailto:abouzahr@healthtrustpg.com)**

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# What's the DIFFERENCE?

Value analysis versus new products teams



A CLINICIAN ATTENDS A CONFERENCE AND SEES AN INNOVATIVE PRODUCT they want at their hospital. Back home, a committee evaluates the product and agrees to buy it. Is this a decision for the New Products or the Value Analysis (VA) Committee? It depends on whom you ask.

VA programs can include new products, but New Product Committees don't necessarily include value analysis, says **Drew Preslar**, AVP, Advisory Services at HealthTrust Performance Group. "To me it comes down to being proactive versus reactive," he says. With a New Product Committee, the team reacts to requests, whether for a new device, product or service. The group determines whether to approve it, comparing it to similar contracted items.



## VALUE ANALYSIS: A CONTINUAL PROCESS

With a VA program, the team makes worklists and schedules categories to review. These teams proactively assess a facility's existing portfolio of all products that are contracted, off-contract or used within that category, especially when contracts near renewal, and look for savings opportunities through utilization changes, product standardization or SKU reduction. They'll examine the latest cost and outcomes data to support recommendations for hospital or systemwide usage guidelines.

The same team can also evaluate new products, in different parts of a VA committee's meeting agenda. "However, less than 10% of the agenda should allow for new product introductions," says **Vicki Alberto**, VP, Clinical Resource Management at HealthTrust. Any new products under consideration should be viewed through the lens of value analysis, to ensure that they are effective, have equal or superior clinical outcomes to products currently in use and that they are priced competitively.



Effective value analysis programs can result in cost reductions that range from **10% to 15%**.

## MEET THE MISSION

All health systems have missions to serve patients and their communities. They need financial stability to drive the best patient outcomes. The work of VA teams allows health systems to become better financial stewards while improving patient outcomes.

Cost is vital, though it doesn't always mean the lowest price. A \$100 operational item may have the same clinical outcomes as the competitor's \$120 item. But if the less expensive item needs a \$50 companion product while the \$120 item includes it, the latter is actually more cost effective. The same is true for purchased services.

These programs have a huge financial impact on a health system. A study from AHRMM (the Association for Healthcare Resource & Materials Management) found that effective VA programs can result in cost reductions that range from 7% to 15%. And research from HFMA (the Healthcare Financial Management Association) indicates that hospitals reduced on-hand inventory by up to 25% when implementing robust value analysis processes.

## HOW TO BUILD A VA TEAM

When HealthTrust experts work with members to improve their VA teams, they ask about committee make-up, especially looking for executive sponsorship to establish accountability. They also review the team's workplan, past agendas and meeting minutes. "A leading practice agenda will have new contract updates, initiative updates, and

Hospitals reduced on-hand inventory by up to **25%** when implementing robust value analysis processes.

Photo: Getty Images/mathisworks



newly identified opportunities for both savings and SKU reductions,” Alberto shares. Completed initiatives should show how the hospital saved money when improving utilization or standardizing products.

HealthTrust also reviews the team’s stated purpose and objectives, and whether or not they align with the organization’s mission and vision.

The structure of a VA team depends on the size of an organization. A single 150-bed hospital will have a smaller team than an 800-bed hospital or a multi-hospital system with shared services. Larger systems can also break out sub-teams to focus on service lines, while smaller systems may have one VA team to cover everything. Regardless of the size of your VA team, it’s critical to include the right people in the right discussions with the information that pertains to them.

Each VA team should have clinician involvement from the various service lines. A systemwide team should include facility representatives. Not only does this help with best practices and idea exchange, Alberto explains, but each area

can see how product usage affects both outcomes and costs. If one hospital achieves the same outcomes with a less expensive product, clinicians from the other facilities will be more open to switching.

Physician representatives can be service line leaders, chief medical officers or medical directors. “You’ll want to select a recognized clinical leader who is trusted by other clinicians,” says Preslar. The team should also have access to data showing how current products rate in terms of efficacy, patient outcomes and costs.

“A well-rounded team includes executive, supply chain, financial and clinical leadership. While clinical involvement is a must when adding new products to the supply chain, it’s equally important to track financial decisions and the impact of savings,” Preslar shares. ●

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## RATE YOUR VALUE ANALYSIS PROGRAM WITH THESE 10 QUESTIONS

When it comes to value analysis, the following issues are on the mind of today's healthcare leaders:

- 1 What are our top supply chain challenges?
- 2 How does our supply chain impact our financial resiliency and improve financial performance?
- 3 Does our current value analysis program align with the organization's mission and goals?
- 4 How do our current patient outcomes compare to industry benchmarks?
- 5 Do we involve our clinicians in the value analysis process to ensure buy-in and alignment?
- 6 What are some early initiatives we can tackle to provide quick and easy wins?
- 7 Is our team supported by an executive sponsor and given the resources and mission necessary to make a meaningful difference?
- 8 How do we make our value analysis process more robust?
- 9 Are we providing the team with the proper data to make impactful changes?
- 10 Do we consistently and effectively implement the savings initiatives and strategies that are approved?



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# OPERATOR ADVANTAGE PERSONIFIED

**HealthTrust's performance  
improvement formula  
for success**

Photo: Getty Images/Hiraman



IN A LANDSCAPE FILLED WITH UNCERTAINTIES—economic challenges, inflationary pressures, supply chain disruptions and labor shortages—healthcare providers are navigating multiple obstacles in their daily pursuit of providing quality patient care. If that is not complex enough, they are also charged with creating value within their organizations. “Successful leaders appreciate expertise from a trusted partner who understands their unique needs and is working alongside them to optimize organizational performance,” says **John Young, M.D., MBA, FACHE**, HealthTrust’s Chief Medical Officer. “And, that’s really the essence of maximizing an organization’s membership experience with HealthTrust.”



As part of the executive leadership team at HealthTrust Performance Group, Dr. Young shares that he is often asked to speak at industry conferences, member events and meetings with both current members as well as prospects. When asked what sets HealthTrust apart from its competition he explains, “We combine our operator expertise with the power of an aligned purchasing model to solve the challenges healthcare systems face. We define this operator expertise as HealthTrust’s advantage.”

As a provider-owned and -operated GPO, HealthTrust has expanded into a total performance improvement organization. With that has come enhanced services to help providers meet their biggest challenges. “We share the same goals as our members and develop solutions with a different perspective than others in the industry. Our ‘operator advantage’ helps us deliver proven results to members across the country, regardless of their size, affiliation or ownership structure,” shares Dr. Young.

### THE ADVANTAGE DRIVES REAL VALUE

Many of the subject matter experts working at HealthTrust come from real-world operator and provider settings. They approach the issues that members face from varying perspectives to generate improvements across expense management, labor, purchased services, pharmacy, medical devices and overall clinical and operational performance. Dr. Young indicates this important competitive advantage means that, “We innately understand and anticipate the challenges members face so we can deliver true value and a measurable impact.”

As an example, HealthTrust’s product standardization initiative for one of its member hospitals successfully engaged clinicians and offered more than contracting. By embedding a team of clinical and supply chain experts alongside members to address operational inefficiencies,

millions of dollars in cost savings have been realized without compromising quality patient care. This included everything from large-scale operational adjustments to small but impactful changes, such as swapping 10 cc osteobiologic syringes with 3 cc syringes in specialized ORs. The change led to nearly \$2 million in annualized savings for the member.

### INFORMING ROUTINE & COMPLEX DECISION-MAKING

Because it is a provider and shares the same goals as its members, HealthTrust is focused on the mission of each health system by delivering the utmost value and supporting operational excellence. This spans all aspects of the business, regardless of where the need exists—from inventory management and standardization initiatives to optimizing pharmacy operations and establishing value analysis processes across service lines. “This work is validated with clinical research, evidence and data,” says Dr. Young. “And, we consistently engage our Physician Advisors and technology partners to ensure members have the evidence, research, data and benchmarks to make informed decisions.”

A core tenet of executing HealthTrust’s operator advantage includes decision-making that is informed by experts who understand the operational and clinical requirements to effectively manage a healthcare facility. All contracting decisions put patients at the center and are guided by HealthTrust clinical leaders and member-led Advisory Boards. This ensures there is alignment and accountability in contracting for the highest quality of products at industry-leading prices from HealthTrust’s supplier partners. And, all members have the opportunity to contribute feedback to product discussions through the HealthTrust Huddle online community.

### MITIGATING GAPS

Beyond the broader complexities in the industry, healthcare providers also encounter numerous operational challenges—from managing a wide variety of product stock-keeping units (SKUs) within a category, to determining proper staffing needs and plans.

As is the case in a number of disciplines within healthcare, there is also a major gap in subject matter expertise across the supply chain. “Currently, we are seeing leaders in materials management across health systems retire, with a lack of skilled talent available to succeed them. Valuable information ordinarily passed down to successors during a transition gets lost, widening the knowledge gap,” says Dr. Young. This particular gap hinders providers’ ability



to efficiently manage and distribute critical resources, which can lead to delays in patient care and increased operational costs.

HealthTrust demonstrates its operator advantage through a range of subject matter experts who support all areas of performance across hospital operations—from cost management, physician engagement and custom contracting to supply chain optimization, labor management and systemwide supply chain clinical integration. This, combined with HealthTrust’s proprietary database of demonstrated best practices, provides the expertise that enables healthcare providers to efficiently manage day-to-day operational and industry challenges so staff can stay focused on patients.

In looking toward the future, Dr. Young says, “HealthTrust has had the privilege of partnering and supporting members across the country for the last 25 years in meaningful ways. We will continue to strive each day to deliver superior value and work alongside members to help make their organizations’ missions of delivering quality patient care possible.” ●

## TRUSTED PARTNERS IN PERFORMANCE IMPROVEMENT

Ensure your organization is taking full advantage of HealthTrust resources and services for clinical integration, improved performance and cost reduction. Read more about the following in this edition of the magazine or contact your Account Manager for additional information on these and other offerings.

**ADVISORY SERVICES** | Applying collective knowledge, expertise and discipline, the Advisory Services team solves operational challenges, delivers expense management strategies and addresses inefficiencies. Its performance improvement experts utilize years of experience as operators, nurses, pharmacists and laboratorians to create data-informed solutions that focus on bringing the right people together to create processes that deliver sustainable results in: Value Analysis (see article page on 18), Pharmacy Services, Lab Operations, Supply Chain Services and Surgical Services. Leverage this expertise to benefit your organization by contacting the team at [solutions@healthtrustpg.com](mailto:solutions@healthtrustpg.com)

**CLINICAL SERVICES** | Offering information designed to impact patient care, the Clinical Services Team supports the membership by connecting decision-makers and healthcare providers. Through a collaborative online network, the HealthTrust Huddle facilitates knowledge exchange among peers. The Knowledge Insights Library, a searchable database of vetted, evidence-based resources, enables decision-makers to efficiently drive alignment around product selection or conversion and standardization initiatives. The Clinical Services Team also convenes in-person Collaborative Summits (see page 70), to develop solutions that help providers tackle some of today’s biggest healthcare challenges. Find out how to put these resources to work for your organization by connecting with the team today at [clinical.services@healthtrustpg.com](mailto:clinical.services@healthtrustpg.com)

**SPECIAL OPS** | Focusing on rapid turnaround strategies designed to address specific performance needs, HealthTrust Special Ops helps members optimize inefficient operations to drive value across their enterprise. The team supports leaders through implementing change management strategies to sustain operational improvements and align end users on best-practice workflows, tools and clinician engagement. Read more about the Special Ops Team’s work with Virtua Health on page 14 and contact team member **Issam Abouzahr** at [issam.abouzahr@healthtrustpg.com](mailto:issam.abouzahr@healthtrustpg.com) to discuss how the team can drive value for your organization.



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References: 1. Data on file, Allergan Aesthetics, March 2024; Plastic Surgery Aesthetic Monthly Tracker. 2. Data on file, Allergan Aesthetics, July 2023; Surgical Scaffold AU Surgeon Perceptions 2023. 3. Data on file, Allergan Aesthetics, January 2022; Allergan Plastic Surgery Order Form. 4. Data on File, Allergan Aesthetics, January 2023; AlloDerm SELECT Ordering Information. 5. Data on file, Allergan Aesthetics, January 2023; STRATTICE Ordering Information.

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# Lanreotide Injection

## 120 mg\*/0.5 mL

### DETAILS

NDC 69097-0870-67

STRENGTH 120 mg\*/0.5 mL

SELLING UNITS PER SHIPPER CASE 30

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\* Each syringe contains Lanreotide 120 mg (provided as Lanreotide acetate)

### Indications

Lanreotide Injection is indicated for the treatment of adult patients with unresectable, well or moderately differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival.

### Important Safety Information

**Contraindications:** Hypersensitivity to lanreotide.

### Warnings and Precautions

- **Cholelithiasis and Complications of Cholelithiasis:** Monitor patients periodically. Discontinue if complications of cholelithiasis are suspected. Gallstones may occur; consider periodic monitoring.
- **Hyperglycemia and Hypoglycemia:** Glucose monitoring is recommended and antidiabetic treatment adjusted accordingly.

### Most Common Adverse Reactions (>10%) include

abdominal pain, musculoskeletal pain, vomiting, headache, injection site reaction, hyperglycemia, hypertension, and cholelithiasis.

**Immunogenicity:** There is potential for immunogenicity.

### Drug Interactions

**Insulin and Oral Hypoglycemic Drugs:** Blood glucose levels should be monitored and antidiabetic treatment should be adjusted accordingly.

**Cyclosporine:** Lanreotide Injection may decrease the absorption of cyclosporine. Dosage adjustment of cyclosporine may be needed.

**Bromocriptine:** Lanreotide may increase the absorption of bromocriptine.

### Bradycardia-Inducing Drugs (e.g., beta-blockers):

Lanreotide Injection may decrease heart rate. Dosage adjustment of the coadministered drug may be necessary.

**Drug Metabolism Interactions:** Avoid other drugs mainly metabolized by CYP3A4 and which have a low therapeutic index (e.g., quinidine, terfenadine). Drugs metabolized by the liver may be metabolized more slowly during Lanreotide Injection treatment; dose reductions of the concomitantly administered medications should be considered.

### Use in Specific Populations

**Pregnancy:** The risk of major birth defects and miscarriage is unknown.

**Lactation:** Advise women not to breastfeed during treatment with Lanreotide Injection and for 6 months following the last dose.

**Females and Males of Reproductive Potential:** Lanreotide Injection may reduce fertility in females of reproductive potential.

**Geriatric Use:** Dose selection for an elderly patient should be cautious.

You may report side effects to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch). You may also report side effects to Cipla at 1-866-604-3268.



# TECH AWARE

## The potential & pitfalls of wearable tech

WEARABLE TECHNOLOGY IS REVOLUTIONIZING CARE for heart conditions, epilepsy, diabetes and sleep apnea. It empowers people to participate in their own care and gives patients and clinicians access to more health metrics and data. However, these innovative devices also come with risks and challenges that shouldn't be ignored. Here are some of the potential benefits and pitfalls of wearable tech.

### HEART HEALTH

Wearable devices are making it easier than ever for people to monitor their cardiac health in their daily lives. This can give people insight into potential problems and the data to back it up, which they can share with their doctors.

For example, wearables are proving useful in helping to identify supraventricular tachycardia (SVT), a type of arrhythmia in which episodes might only happen a few times a year, making diagnosis challenging. While SVT episodes can be sporadic, they can significantly impact a person's quality of life, and, in rare cases, can be dangerous.

"Traditionally, we have gone into an ablation for SVT just based on a patient's description of symptoms consistent with SVT—which means we're putting someone into an invasive test without necessarily having a documented

arrhythmia," says HealthTrust Physician Advisor **Genevieve Everett-Sigwalt, M.D.**, an electrophysiologist at the University of Pittsburgh Medical Center. "But now that I have so many more patients with wearable technology monitoring heart rhythms, it's



*Continued on page 30*



Photo: Getty Images/oxdez

# RETHINK SUSTAINABILITY WITH CONTEC.



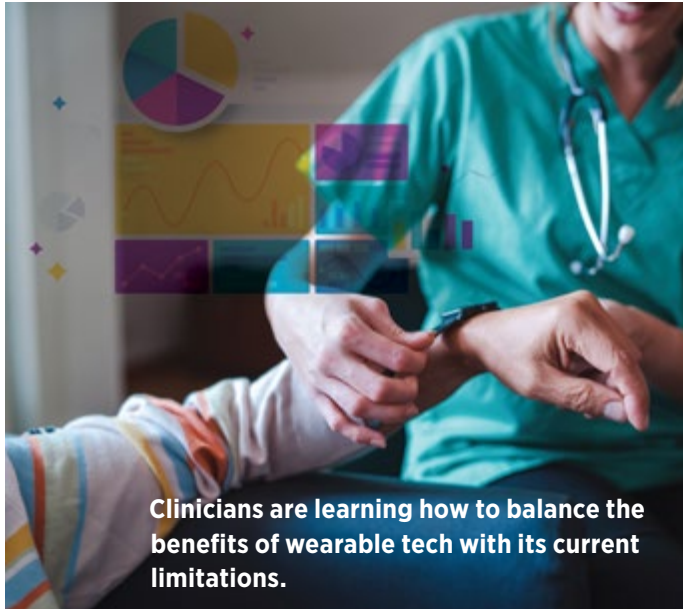
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*Clean counts most*





**Clinicians are learning how to balance the benefits of wearable tech with its current limitations.**

more the exception than the rule that I take someone to the lab where I haven't documented their SVT, as reported by their smartwatch."

## INPATIENT MONITORING

Wearable tech isn't just for consumer or home use. HealthTrust Physician Advisor **Filip Roos, M.D.**, Division Chief Medical Officer at HCA Healthcare Mountain Division, is excited about the potential for wearable devices to improve inpatient monitoring, especially in reducing the 30-day mortality rate in perioperative care. "It's the undetected, often abnormal vital signs that can cause a cardiac or kidney injury, and ultimately even death," he says. For example, transient low oxygen and low blood pressure, which are linked to poor outcomes, can be missed during routine post-op vital sign checks.

"I see wearables as a huge opportunity for surgical patients to be monitored closely so we can act on information quickly, rather than waiting for the next blood pressure check," says Dr. Roos.

Moving to more regular use of wireless pulse oximeter and ECG monitors, along with wearable or wireless blood pressure monitors, would allow patients to be more mobile and decrease their risk of developing non-ventilator healthcare-associated pneumonia.

Dr. Roos also sees a role for wearable tech in improving the alarm function of monitors. "We have a lot of monitors that patients are attached to that generate a wealth of



information. The difficulty is in distinguishing noise and misleading or unnecessary alarms from true alarms," he says. "I think in the future, the technology will be able to collect the data, analyze it, and sense or detect meaningful changes rather than artificial alarms. With the wealth of data we'll be able to collect moving forward, AI can be smart enough to predict bad events before they happen, which is always better in terms of outcomes and patient safety."

## POTENTIAL PITFALLS

While the benefits and promise of wearables are undeniable, they also come with risks and concerns around safety and regulation, accuracy and data privacy.

Some consumer wearables have received clearance from the U.S. Food and Drug Administration (FDA) for specific features—for example, Apple Watch and Fitbit have been cleared to identify atrial fibrillation (Afib). But overall, consumer wearables are less regulated and undergo less testing than medical-grade devices do. In early 2024, the FDA issued a warning about smartwatches and smart rings manufactured by dozens of companies that wrongly claim to measure blood glucose levels without piercing the skin. Misleading and unsubstantiated claims such as these can lead to dangerous and potentially life-threatening situations.

## RELIABILITY & ACCURACY

Giving people greater insight into their heart health is a positive development, says Dr. Everett-Sigwalt, but she has concerns that "these technologies are getting ahead of themselves."

"Wearable tech at this point is not set up with robust enough software to accurately diagnose arrhythmias. Any time the Apple Watch sees an irregular rhythm, it sends the wearer a notification that they have atrial fibrillation, and often that's not the case," explains Dr. Everett-Sigwalt. She reports the same problem exists with implantable monitors such as loop recorders. The software currently being used with these devices is not yet accurate enough to distinguish between types of arrhythmias, requiring a physician to review and interpret the data.

And while wearables can aid in the early diagnosis of conditions such as Afib—and lead to treatment that prevents a stroke or heart failure—false positives can lead to unnecessary testing and risk overwhelming the healthcare system. "People who wouldn't have been seeking medical care or evaluation by a cardiologist now think they have an arrhythmia because their watch told them they did," adds Dr. Everett-Sigwalt.



## DATA PRIVACY

One of the most cited concerns with wearable tech is around data protection and patient privacy. “Ensuring the security and privacy of the data is paramount. How do you secure that wireless transmission of information while still having it readily available to the systems that use it?” asks Dr. Roos.

These devices not only track health data, but also collect other personal information such as name, gender, age and geographic location. Depending on its features or connectivity with other apps, data such as purchase history and online browsing behavior might also be captured. This data is often stored in the cloud and shared with third parties, such as other apps and advertisers. How this data is being used, and who has access to it, is not always clear. Many are concerned that personal data could be sold or used without consent. Data breaches and

cyberattacks are also concerns, putting people at risk of identity theft, financial loss and other crimes.

These risks and pitfalls will need to continue to be identified and addressed to keep people safe while allowing wearable technology to reach its full potential.

“The future of wearable technology is in the software behind it, meaning ultimately the artificial intelligence that has to be utilized in analyzing the data from wearable technologies to make it useful and actionable,” says Dr. Roos. “Only the future will reveal how far this will go, and that’s going to be driven by collaboration between biology and computer science.” ●

VISIT [healthtrustpg.com/thesource/category/technology-innovation](https://healthtrustpg.com/thesource/category/technology-innovation) for more stories about the intersection of healthcare and technology.

## Health Trust Contract #288

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# 25 YEARS of making MISSIONS



# POSSIBLE

## Thank you to the members, suppliers & colleagues who've been alongside us for the ride

THIS YEAR, HEALTHTRUST PERFORMANCE GROUP PROUDLY MARKS 25 YEARS of serving healthcare organizations by accelerating savings and optimizing performance for hospitals, health systems and non-acute care providers.

**MEMBERS SERVED**  
**493** health systems &  
**112,253** sites of care  
 supported by HealthTrust since 1999

Formed in 1999 by founding members HCA Healthcare, Lifepoint Health and Triad Hospitals (now Community Health Systems), HealthTrust has evolved from just a traditional group purchasing organization (GPO) into a total performance improvement organization, serving all classes of trade across the continuum of care.

HealthTrust's portfolios have grown over the last 25 years to offer an expansive range of product and service categories, supporting providers in all aspects of operating a healthcare facility, including labor. The organization also has one of the industry's oldest and most respected supplier diversity contracting programs.

### SUPPLIER DIVERSITY CONTRACTING PROGRAM

**115** diverse suppliers  
**200** contracts in the diversity portfolio  
**\$523M** in projected spend

An operator's advantage has set HealthTrust apart from the beginning. HealthTrust is responsible for the day-to-day operations of some of the nation's largest healthcare systems. It is this daily accountability that provides the team with an insider's view. The ability to solve today's toughest challenges through the lens of a trusted partner is unique to HealthTrust because it is there—experiencing and solving the very same challenges as the providers it supports. (See story on page 22.)

**EMPLOYEE GROWTH**  
**30** colleagues in 1999  
**29K+** in 2024

### THE POWER OF COLLABORATION

While the healthcare industry has experienced more than its fair share of challenges over the last 25 years (including natural disasters, the Affordable Care Act and the COVID-19 pandemic, to name a few), one thing remains unchanged at HealthTrust: The power of collaboration continues to be a force for overcoming obstacles both large and small. Our members, suppliers and colleagues are the best examples of how partnerships succeed. Here, we share the stories of just a few who have been with us since day one.



## ‘Silver’ member spotlight: HomeTown Health

### A LIFELINE FOR INDEPENDENT HOSPITALS

Georgia-based HomeTown Health is a network of rural hospitals, providers and business partners working to stay viable in the ever-changing healthcare environment. Reimbursement changes, evolving technology requirements and staffing issues create disproportionate financial risk for rural hospitals, putting many of them in danger of closing. Without HealthTrust’s partnership over the last 25 years, HomeTown Health CEO **Jimmy Lewis** says many more hospitals would have closed by now.



“It’s very simple,” says Lewis. “Because HealthTrust partners with so many vendors and hospitals, there is higher demand for better quality and pricing. HealthTrust is able to procure the best pricing on products and services and share that with independent rural hospitals, who need every bit of that they can get.” Over 25 years, HomeTown Health has taken advantage of the GPO’s widespread capabilities, where just about anything operational and clinical within the hospital can be evaluated for quality and pricing.

While the team knows of other GPOs, HomeTown Health has remained partnered with HealthTrust. “We are dealing with hospitals that are cash-crunched, so we need every advantage that HealthTrust brings to the table,” explains Lewis. “The extraordinarily professional staff works through the supply chain to get us the best pricing and quality. They’re extremely well-versed in the market and accessible, which is important because almost everything is urgent.”

Continually, one of the biggest challenges that independent and rural hospitals like those within the HomeTown Health network face is the reduction in government reimbursement. For these hospitals, the savings achieved by purchasing through HealthTrust contracts has allowed them to offset their losses.

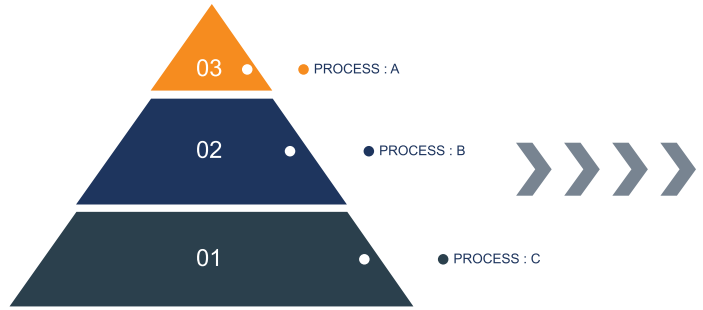


Taking advantage of HealthTrust’s significant spend has enabled HomeTown Health’s small, rural hospitals to afford the high-quality, smartly priced resources needed to stay viable. “Because of the discounts they get, our relationship with HealthTrust has, without a doubt, afforded us the ability to survive,” adds Lewis.

### A PARTNERSHIP OF TRUST & UNDERSTANDING

“Jimmy Lewis and the team at Hometown Health team have been a fixture with HealthTrust these since the beginning of both organizations,” says **Andrew Lane**, VP of Strategic Accounts with HealthTrust. “Interestingly, each of us is celebrating 25 years in business in 2024. Not only do we share an anniversary, but we have similar goals,





communications, including 200 webinars on issues important to their providers. “We developed an online education program out of our relationship with HealthTrust,” says Lewis. As many as 20,000 people attend.

Any business owner knows that having partners who care about what you’re doing and who understand your mission is extremely important. That’s precisely what Lewis says the relationship with HealthTrust has been for 25 years. “We love having HealthTrust’s experts come and intermingle with our group at conferences as though they are part of our team, because they are,” says Lewis. “We can talk about contracts and savings, but it’s the trust and partnership that makes it more than a GPO relationship.”

The fact that they have people at the national level who understand is helpful and allows them to talk through many issues. “We are in the business of listening for issues,” he explains. “HealthTrust is a phenomenal partner who understands our needs and is all about helping us keep access to healthcare alive and well.”

As healthcare delivery continues to transform, Lewis expects that in 25 years, HomeTown Health will continue to change right along with it. “At the top of the list is having to deal with the latest technology, including AI,” says Lewis. His group’s rural hospitals are so resource-limited that if they can’t figure out how to adopt a technology, they are in danger of closing. “We’ve got to be prepared and engaged. HealthTrust brings us that education and shares it with us.”

## ‘Silver’ supplier spotlight: Medline Industries & Kerma Medical Products

### A SHARED FOCUS ON THE CUSTOMER

Healthcare suppliers Medline Industries and Kerma Medical Products have been with HealthTrust since the beginning. As HealthTrust has expanded over the years, these two companies have also experienced exponential growth. And, just like HealthTrust, supporting those who deliver healthcare to patients is their shared purpose. “Like

including a patients-first philosophy. HealthTrust is proud to be a champion for Hometown Health and support its mission of delivering value to its hospital members and the people they serve through excellent, accessible care in their neighborhoods and the use of quality products and services.”

HomeTown Health’s hospital leaders attend HealthTrust conferences, where they have an opportunity to meet and network one on one with suppliers, as well as learn about national and international best practices. “The HealthTrust conferences we attend are extraordinary,” says Lewis. “We advise our members to listen to what HealthTrust tells them. They feature world-class presenters who speak directly to best practices, and then we carry those back to our 40-plus hospitals in Georgia.”

HomeTown Health has used the HealthTrust University Conference as a model for its own member conferences and



HealthTrust, we focus on the end user, which is the patient,” explains **Jeff Fair**, National Accounts VP, Acute Care Sales at Medline. “We are proud of the breadth of our product line and to be able to provide up to 40% of a healthcare provider’s needs.”



Kerma President **Joe Reubel** agrees. “What matters most to us in providing products is the impact on patient outcomes,” he explains. “As GPOs, manufacturers, distributors and healthcare providers, it’s our responsibility to enable excellent care for those we serve.”



### FROM HUMBLE BEGINNINGS TO EXPLOSIVE GROWTH

At the beginning of their relationship with HealthTrust, Medline had five contracts covering plastics, commodities, textiles and general wound care. Today, it holds more than 80 agreements with HealthTrust.

“One of the first contracts was a custom procedural trays (CPT) agreement that was worth maybe \$30 million,” says Fair. CPTs contain all the medical/surgical disposable items needed for a specific surgery, such as a hip replacement. “Today the agreement is worth 10 times that amount based

on the explosive growth among HealthTrust’s membership over the course of that time.

“In the early years of our partnership, contracting was done very differently than it’s done today,” says Fair. The contracting process has evolved to keep pace with changing market dynamics and member growth.

Medline’s partnership came out of a relationship with Columbia Healthcare’s (now HCA Healthcare’s) El Paso hospitals. Medline has experienced immense growth, and Fair credits HealthTrust with helping to make that happen. “When I started calling on HCA Healthcare, we maybe did \$65 million in sales; today, we do more than \$2 billion in sales through our HealthTrust contracts,” Fair says. Medline won an important contract in 1995 for CPTs—that contract essentially allowed them to build a new facility. CPTs can decrease OR turnaround time and help make them run more efficiently. “The CPTs have been our biggest contract with HealthTrust from the beginning,” Fair adds.

HealthTrust’s dedication to driving compliance among its members is what sets it apart from the other GPOs. To take advantage of the best pricing and terms and conditions, members are encouraged to choose suppliers that are on contract with HealthTrust. Compliance matters greatly to suppliers because it helps them deliver the best value to

*Continued on page 38*

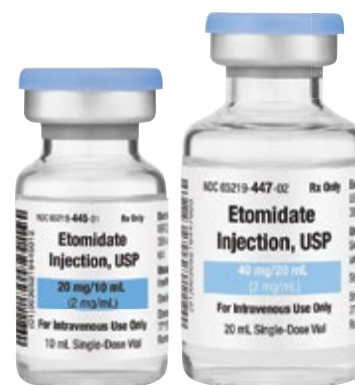
# Etomidate Injection, USP

## HealthTrust Contract #4531

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## PRODUCT INFORMATION

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

## WHOLESALE ITEM NUMBERS

<b>Cardinal</b>	5894167	5741087	5741095
<b>Cencora</b>	1028-6273	1026-0779	1026-0881
<b>McKesson</b>	2891125	2349827	2349835
<b>Morris &amp; Dickson</b>	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)



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hospitals and patients. “HealthTrust’s committed model means that if you are awarded a contract, you generally will get the business along with it because the agreement means something to your buyers,” Fair adds.

Over the years, HealthTrust’s membership base has grown not only in the acute care space, but also in non-acute care. “Back in the day, there were maybe three employees who supported members,” says Fair. “Today, HealthTrust has an entire team of account managers assigned to members, and it’s their job to help them optimize the contract portfolio.”

The toughest challenge that Medline has overcome in the last 25 years has been the major supply chain disruption caused by COVID. “We learned a lot from it,” says Fair. “We had been back ordering, so there was nothing for the supply chain to provide. The biggest lesson we learned is that we must source products from multiple countries.”

### TAKING THE GOOD WITH THE BAD

When Kerma secured its inaugural contract with HealthTrust, it marked a pivotal moment that altered the

company’s trajectory. “This contract, our first with a GPO, gave us instant credibility within the market,” explains Reubel. The partnership with HealthTrust has been crucial to Kerma’s growth. “Without it, we wouldn’t be the company we are today,” says Reubel. “HealthTrust stands as our top customer, both in terms of contracts and revenue generated.”

Looking back, “Kerma’s greatest challenge over the past 25 years has been the erosion of margins in the marketplace, stemming from financial strains on hospitals,” says Reubel. “[Still], at Kerma, we have dedicated ourselves to delivering products of the highest quality at the most competitive prices possible.”

There have been many great memories as well. Reubel recalls an unforgettable scene in Kerma’s exhibition booth at the 2010 HealthTrust University Conference. “The world’s strongest man from the 1970s, Bill Kazmeier (American former world champion powerlifter, world champion strongman and professional wrestler), was rolling frying

*Continued on page 40*

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- Incision and drainage of small abscesses
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## 3 STEP USAGE FOR PAIN EASE

### PREP



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

### SPRAY



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

### PERFORM



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

*Refer to application instructions for full details*

## IMPORTANT RISK AND SAFETY INFORMATION:

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

HealthTrust Contract #83476, Category: Anesthetic Supplies





# FEATURE

Continued from page 38



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HealthTrust Contract #3248

pan in our booth,” says Reubel. Kazmeier was on hand to attract people to the booth with demonstrations of his enormous strength by taking frying pans and literally bending them with his bare hands. HealthTrust CEO Ed Jones, a fan, was also present. “It was a delight to witness Bill and Ed rolling frying pans together in our booth.”

#### THE FUTURE IS BRIGHT

Fair and Reubel look toward the future with excitement. In 25 years, both Medline and Kerma expect to continue expanding their businesses.

“Currently, Medline has about 300,000 med-surg products, and we expect to have a bigger footprint throughout all healthcare classes of trade,” Fair says.

“In 25 years, my hope is for Kerma to have significantly expanded its business footprint, delving deeper into manufacturing, sourcing and utilizing AI to enhance growth efficiencies while maintaining core competencies and values,” says Reubel. ●

**YOUR TURN:** What are some of your best memories from your relationship with HealthTrust through the years? Email [thesource@healthtrustpg.com](mailto:thesource@healthtrustpg.com) or post to the HealthTrust Huddle ([huddle.healthtrustpg.com/forum/t/its-our-25th-anniversary/1553](https://huddle.healthtrustpg.com/forum/t/its-our-25th-anniversary/1553)), and we might include you in an upcoming story.

Photo: Getty Images/Ridofranz



# THANK YOU

## for 25 Amazing Years!

As we celebrate our 25-year anniversary we extend our gratitude to the members for choosing us and suppliers for sharing in the mission to serve the HealthTrust membership. Our collective dedication to exceptional patient care is at the core of what we do each and every day. Thank you for being an important part of HealthTrust's history and future.



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## Confidence at Every Moment BALFAXAR. Total Support.



BALFAXAR was **proven non-inferior** to Kcentra<sup>®</sup> in hemostatic efficacy in a **head-to-head warfarin reversal study**<sup>1,2</sup>



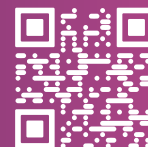
BALFAXAR is **stable at room temperature for 8 hours** after reconstitution, 2x longer than Kcentra<sup>®</sup><sup>1,3,a</sup>



Based on the results of a usability study, the **nextaro<sup>®</sup> transfer device is preferred** over the Mix2Vial by HCPs<sup>4,b</sup>

## HealthTrust Contract #4861

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### Indications

BALFAXAR (prothrombin complex concentrate, human-lans) is a blood coagulation factor replacement product indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adult patients with need for an urgent surgery/invasive procedure.

### Important Safety Information

#### WARNING: ARTERIAL AND VENOUS THROMBOEMBOLIC COMPLICATIONS

Patients being treated with Vitamin K antagonists (VKA) therapy have underlying disease states that predispose them to thromboembolic events. Potential benefits of reversing VKA should be weighed against the potential risks of thromboembolic events, especially in patients with the history of a thromboembolic event. Resumption of anticoagulation should be carefully considered as soon as the risk of thromboembolic events outweighs the risk of acute bleeding. Both fatal and non-fatal arterial and venous thromboembolic complications have been reported with BALFAXAR in clinical trials and post marketing surveillance. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events. BALFAXAR may not be suitable in patients with thromboembolic events in the prior 3 months.

BALFAXAR is contraindicated in patients with known anaphylactic or severe systemic reactions to BALFAXAR or any of its components. BALFAXAR is also contraindicated in patients with a known allergy to heparin, a history of heparin-induced thrombocytopenia (HIT), and IgA deficient patients with known antibodies against IgA.

In clinical trials, the most frequent ( $\geq 3\%$ ) adverse reactions observed in subjects receiving BALFAXAR were procedural pain, wound complications, asthenia, anemia, dysuria, procedural vomiting, and catheter-site-related reaction.

BALFAXAR is derived from human plasma. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

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

<sup>1</sup>BALFAXAR can be stored for up to 36 months at 2°C to 25°C (36°F to 77°F) from the date of manufacture.

<sup>2</sup>User preference was determined from the responses of 16 healthcare providers using an 11-item questionnaire about the usability of the nextaro<sup>®</sup> and Mix2Vial transfer devices.<sup>4</sup>

**References:** 1. BALFAXAR, Prothrombin Complex Concentrate (Human) Full Prescribing Information. Paramus, NJ: Octapharma USA Inc. 2. Sarode R, Goldstein JN, Simonian G, Milling TJ Jr. A phase 3, prospective, randomized, double-blind, multicenter, non-inferiority study comparing two four-factor prothrombin complex concentrates for reversal of vitamin K antagonist-induced anticoagulation in patients needing urgent surgery with significant bleeding risk. *Blood*. 2022;140(Suppl 1):352-353. doi:10.1182/blood-2022-168890 3. Kcentra<sup>®</sup>, Prothrombin Complex Concentrate (Human) Full Prescribing Information. King of Prussia, PA: CSL Behring LLC. 4. Data on File, Octapharma 2023.

## HIGHLIGHTS OF PRESCRIBING INFORMATION

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

BALFAXAR (prothrombin complex concentrate, human-lans) lyophilized powder for solution, for intravenous use  
Initial U.S. Approval: 2023

### WARNING: ARTERIAL and VENOUS THROMBOEMBOLIC COMPLICATIONS

*See full prescribing information for complete boxed warning.*

Patients being treated with Vitamin K antagonists (VKA) therapy have underlying disease states that predispose them to thromboembolic events. Potential benefits of reversing VKA should be weighed against the potential risks of thromboembolic events, especially in patients with the history of a thromboembolic event. Resumption of anticoagulation should be carefully considered as soon as the risk of thromboembolic events outweighs the risk of acute bleeding.

- Both fatal and non-fatal arterial and venous thromboembolic complications have been reported with BALFAXAR in clinical trials and post marketing surveillance. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events.
- BALFAXAR may not be suitable in patients with thromboembolic events in the prior 3 months.

### INDICATIONS AND USAGE

BALFAXAR (prothrombin complex concentrate, human-lans) is a blood coagulation factor replacement product indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adult patients with need for an urgent surgery/invasive procedure.

### DOSAGE AND ADMINISTRATION

For intravenous use after reconstitution only.

- BALFAXAR dosing should be individualized based on the patient's baseline International Normalized Ratio (INR) value, and body weight.
- Administer Vitamin K concurrently to patients receiving BALFAXAR to maintain factor levels once the effects of BALFAXAR have diminished.
- The safety and effectiveness of repeat dosing have not been established and it is not recommended.
- Administer reconstituted BALFAXAR at a rate of 0.12 mL/kg/min (~3 units/kg/min) up to a maximum rate of 8.4 mL/min (~210 units/min).

Pre-Treatment INR	2-< 4	4-6	> 6
Dose <sup>a</sup> of BALFAXAR (units <sup>b</sup> of Factor IX) / kg body weight	25	35	50
Maximum dose <sup>c</sup> (units of Factor IX)	Not to exceed 2500	Not to exceed 3500	Not to exceed 5000

<sup>a</sup>Dosing is based on body weight. Dose based on actual potency is stated on the vial, which will vary from 20-32 Factor IX units/mL after reconstitution. The actual potency for a 500-unit vial ranges from 400-640 units/vial. The actual potency for a 1000-unit vial ranges from 800-1280 units/vial.

<sup>b</sup>Units refer to International Units.

<sup>c</sup>Dose is based on body weight up to but not exceeding 100 kg. For patients weighing more than 100 kg, maximum dose should not be exceeded.

### DOSAGE FORMS AND STRENGTHS

BALFAXAR is available as a white to ice-blue lyophilized powder for reconstitution for intravenous use in a single-dose vial, provided in a nominal strength of 500 Factor IX units in 20 mL reconstitution volume and 1000 Factor IX units in 40 mL reconstitution volume per vial. BALFAXAR contains the coagulation factors II, VII, IX, and X and antithrombotic Proteins C and S.

### CONTRAINDICATIONS

- Known anaphylactic or severe systemic reactions to BALFAXAR or any of the components of the product.
- Known allergy to heparin or history of heparin-induced thrombocytopenia (HIT).
- IgA deficient patients with known antibodies against IgA.

### WARNINGS AND PRECAUTIONS

- Discontinue infusion if allergic or anaphylactic-type reactions occur. Initiate appropriate treatment.
- Arterial and venous thromboembolic complications have been reported in patients receiving BALFAXAR. Monitor patients receiving BALFAXAR for signs and symptoms of thromboembolic events.
- BALFAXAR is made from human plasma; therefore, may carry the risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

### ADVERSE REACTIONS

The most common adverse reactions observed in ≥ 3% of subjects were procedural pain, wound complications, asthenia, anemia, dysuria, procedural vomiting and catheter site related reaction.

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

Revised: 07/2023

### Medical Affairs:

[usmedicalaffairs@octapharma.com](mailto:usmedicalaffairs@octapharma.com)

### Reimbursement Support:

Tel: 800-554-4440

### 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).



# Are you EMERGENCY

**The latest protocols for preparedness are more wide-sweeping & demanding than ever**

WITH THE INCREASING DEMANDS FACING THE HEALTHCARE FIELD TODAY, service disruptions can have dire consequences. Whether they originate from within or outside of the facility, all hospitals can face a range of emergencies that can potentially endanger employees, patients and visitors. From natural disasters and active shooters to fires and cyberattacks, many potential threats require hospitals to bolster their

emergency preparedness to ensure they are ready and capable of responding.

**FOSTERING INTERNAL PREPARATION**

“It is always better to plan early and to educate widely,” says **Kevin Cleveland**, AVP, Security Operations at



Photo: Getty Images/AgeniyShkolenko





“If something unusual happens that we had not anticipated, our framework & the education we provide our teams gives us a head start on managing that.”

– Kevin Cleveland

“While we might train for a specific kind of man-made or natural disaster, our plans are flexible enough to prepare our people for any number of scenarios. If something unusual happens that we had not anticipated, our framework and the education we provide our teams gives us a head start on managing that,” explains Cleveland.

A big part of this approach is staff education. HCA Healthcare employs tabletop exercises and drills to test responses and help people prepare for situations they might encounter. These exercises are not just about testing responses, but also about ensuring the effectiveness of the emergency plan. They are designed to get people not only thinking about what they would do in an emergency, but to test out specific components of the emergency plan such as evacuating the hospital. These drills and exercises reassure healthcare professionals that they are well-prepared and equipped to handle any type of emergency situation.

The Security Services Team has also developed “huddle cards,” designed to be used as training exercises with a small group of people. Each card describes a scenario and gives teams an opportunity to have an open discussion about the best way to handle it. “If you haven’t thought about what you would do in these situations before, then the time you take to react in a real-life scenario will increase,” says **Andy Anderson**, Director of Security Services at HCA Healthcare.

Another part of staff education teaches the “Run, Hide, Fight” protocol for active shooter situations. When your life is



HCA Healthcare. He’s a big fan of the all-hazards approach to emergency preparation. This means having a highly adaptable framework that considers the full scope of possible emergencies a hospital might face while focusing on developing the capacity and resources to respond flexibly to whatever the situation might require. This adaptability empowers our healthcare professionals, giving them the confidence that they are supported and can handle any situation that arises.

# READY?

in imminent danger, the last step is to fight. If you find yourself in a situation where your only option is to fight, make sure that you know how you should attempt to fight and incapacitate or disrupt the shooter's actions.

## STRENGTHENING EQUIPMENT & INFRASTRUCTURE

But there are situations where Run, Hide, Fight may not be applicable. In a hospital setting, there will be people who can't run or won't run. To prepare for situations like this, Anderson looks to "harden" certain areas of hospitals to protect employees, patients and visitors from threats. For example, using building materials that are more difficult to breach can provide added protection for patients and staff.

Technology can play an important role in protecting patients, visitors and employees through robust security systems with modern features, such as smart cameras and sensors, and remote or on-site lockdown activation.

Security cameras can also be used to support emergency preparation in unconventional ways. For example, during evacuations, they can get real-time visual information on ambulance bays and helicopter pads to prevent confusion among hospitals, transfer centers and EMS companies. "We can see how many ambulances are actually in the bay and avoid miscommunication," explains Cleveland. Cameras are also helpful when preparing for weather events, he adds. "We'll leverage our security cameras to scan parking lots and construction areas to ensure everything is tied down and we've done all we can to minimize potential damage."

## SECURITY DURING EMERGENCY SITUATIONS

Visitor and perimeter management become security challenges during emergencies. "We need to manage the flow of people into the hospital and manage who is already inside," says Cleveland. In the case of a severe weather event, for example, it's important to know who is inside before a hurricane gets to a hospital, especially if it is projected to cause catastrophic damage. "It's not necessarily a security risk, but it's a risk the security team helps to manage."

Emergencies such as natural disasters and fires also tend to attract the attention of the media and people concerned about their loved ones. However, adding more people to a volatile situation can create more problems, meaning security personnel might need to create a perimeter and manage who is approved to enter the facility.

## RESPONDING TO CYBER THREATS

In 2023, 725 large security breaches in healthcare were reported to the Department of Health and Human Services Office for Civil Rights.



During evacuations, security cameras can get real-time visual information on ambulance bays & helicopter pads to prevent confusion among hospitals, transfer centers and EMS companies.

Protecting systems and data from cybercriminals starts with employee awareness and training, cyber hygiene practices, and strong relationships with third-party technology partners and industry peers.

But even with the best preventive measures in place, all hospitals need to be prepared to deal with the impact of a cyberattack. "It's becoming a matter of *when* you'll have an event versus *if* you'll have an event, so organizations need to be prepared beforehand," says **Matthew Webb**, AVP of Product Security at HealthTrust.

Developing a cyber incident response plan is crucial. Will you need to switch to pen and paper for patient documentation and ordering medications? Will emergency cases or critical patients need to be diverted elsewhere? How will medical devices, especially smart devices, be impacted? How and what will you communicate to staff, patients, third parties and law enforcement? These are just some of the questions that should be addressed as part of comprehensive preparedness planning.



Continued on page 50



Labor costs are typically 60% of a hospital's total operating costs.<sup>1</sup>

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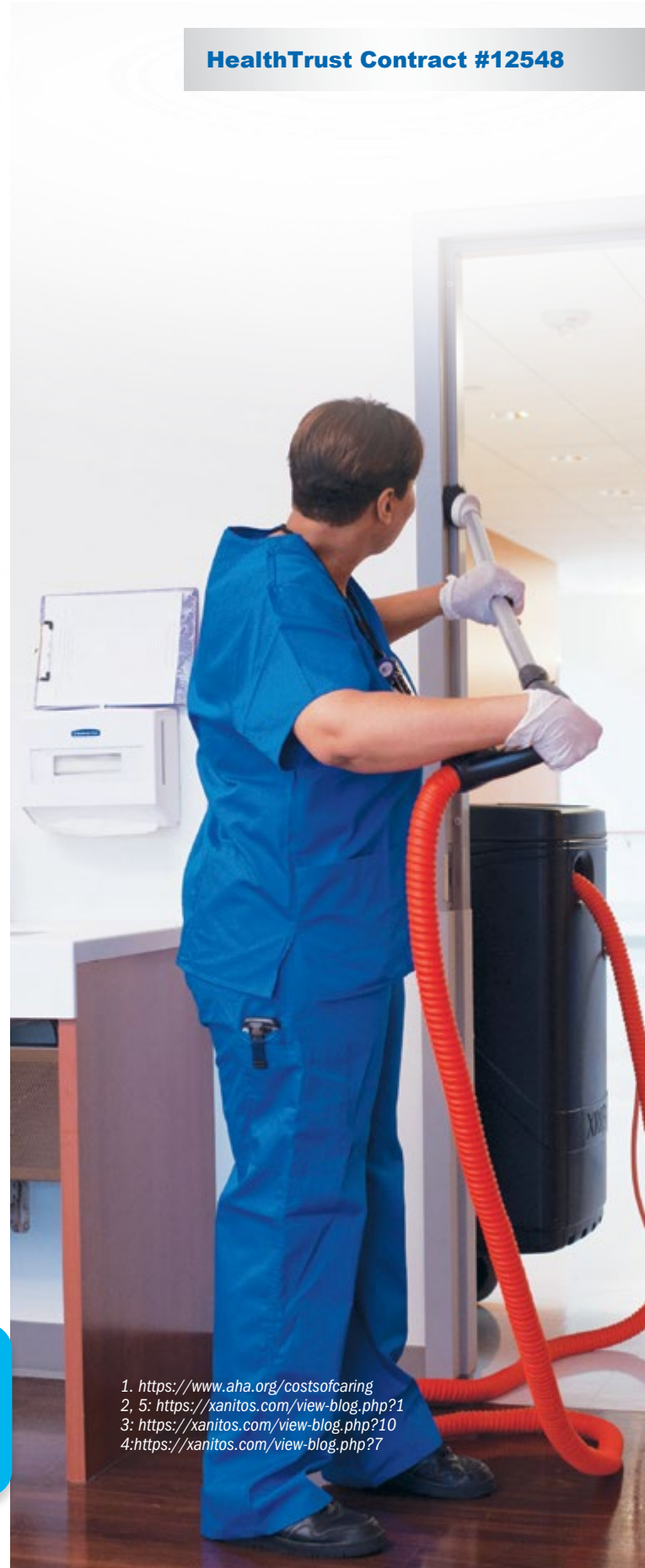
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“An incident response plan can help minimize the impact of a cyberattack and maintain a hospital’s ability to provide safe, high-quality care during an attack,” says **Chris Van Gorder**, President and CEO of Scripps Health, which was hit by a ransomware attack in 2021. He recommends including information on action steps, communication channels, and the roles and responsibilities of key personnel.



Make sure to review, test and update your response plan regularly to take account of emerging cybersecurity trends and challenges. International cybercriminals are constantly changing and refining their skills to wreak havoc on hospitals’ ability to deliver care safely and protect patients’ private data. Collaborating with government agencies, insurers and cybersecurity experts can help you stay one step ahead of cybercriminals, says Van Gorder. “Cybersecurity threats in healthcare and other industries are ever-evolving. Hospitals need to adopt a collaborative approach to handling information—one that fosters a culture of knowledge sharing that helps the industry stay ahead of the ever-changing threat landscape.”

## ALERT! ALERT!

It’s critical to ensure people in your hospital know and understand information such as escape routes or the location of safe zones during an emergency. But the size and complex layout of many hospitals, plus the presence of large numbers of people who don’t know their way around the facility, can make this challenging.

One company tackling this problem is Hypersign (contract #21824), a cloud-based digital signage software provider for hospitals that has been on contract with HealthTrust since 2017. Its emergency alert features turn hospitals’ marketing and informational displays into safety tools.

“In the event of an emergency, you’ve got to be able to legibly describe to people or explain to them where they need to go to be safe,” says **Neil Willis**, CEO



and Founder of Hypersign. “We take that aspect of our software very seriously, and help hospital systems put it in place strategically by thinking through different scenarios and what would happen when a specific emergency was activated.”

Each display in the hospital has a unique message, providing directional arrows that guide people to safe zones or the closest exit. “People don’t have time to read a narrative when they’re in need of critical next steps. They now have clear graphical instructions about what to do and where to go,” explains Willis.

The system can be set up to be triggered in various ways, such as through a hospital’s fire alarm system, a weather alert, a push button at the front desk or a touch screen in an administrator’s office or on the wall.

Hypersign can also be used on smaller bedside displays, providing instructions to immobile or vulnerable patients telling them to wait for a healthcare professional to evacuate them.

**LEARN MORE** about solutions from Hypersign by visiting the Member Portal or by contacting your HealthTrust Account Manager.

Continued on page 52



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If you find this daunting, you're not alone. Van Gorder believes there are unrealistic expectations put on healthcare providers to defend against cyberattacks. He's calling on the federal government to create realistic cybersecurity requirements and provide cyber defense resources and funding to hospitals and other providers. This funding could go a long way to acquire the expertise and systems that can block cybercriminals. "Many healthcare providers don't have the profit margins to allow for the sizeable investments in cybersecurity that are needed. Protecting our patients and the country's healthcare infrastructure requires a collaborative and concerted effort," Van Gorder adds. ●



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“An incident response plan can help minimize the impact of a cyberattack & maintain a hospital’s ability to provide safe, high-quality care during an attack.”

- Chris Van Gorder



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# Putting **TECH**

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# TO THE TEST



TECHNOLOGY IS DRIVING CHANGE ACROSS ALL SECTORS, including healthcare. Data, artificial intelligence (AI) and machine learning offer opportunities for healthcare innovators to tackle industry challenges, improve patient care, streamline clinical processes and usher in the future of healthcare.

## GETTING THE RIGHT TEAM TOGETHER

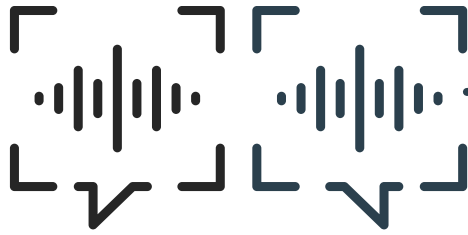
One such innovator is **Michael Schlosser**, M.D., MBA, SVP of HCA Healthcare’s Department of Care Transformation and Innovation (CT&I). Launched in 2021, CT&I has grown to approximately 650 colleagues encompassing data science, clinical informatics, Expanse EHR, Accelerated Technologies and its Start-up CT&I team (clinical, data science, technology, operations, change management and finance leaders), with the goal of digital transformation. The combined strength of this team is supported internally by a Transformation Advisory Board of HCA Healthcare leaders and care staff, and also partners with third-party technology companies.



“We knew we needed a team dedicated to innovation and this transformational work to leverage data and technology to redesign care and address complex challenges,” says Dr. Schlosser. “Today, we’re excited to consolidate the collective strength of these teams to drive transformation and innovation for our patients, care team members and the organization as a whole.”

In order to truly transform care delivery, Dr. Schlosser believes it’s important to avoid just layering technology on top of existing processes, which often creates more work for clinicians and healthcare workers. Instead, they look to embed technology into the workflow and remodel processes from top to bottom, using what they call “clinically led integration of technology into care.”

Photo/Getty Images/roopba



## (SOAP) Subjective, Objective, Assessment & Plan



“Clinical input comes first,” explains Dr. Schlosser. “We work directly with our frontline care teams—the people who will be using this technology—and identify the problems and challenges they’re facing and ask how they think it could be done better.”

### DESIGNING SOLUTIONS

Using these insights, the CT&I team can get to work designing solutions, working alongside frontline staffers in innovation hub hospitals to implement the solutions. Two facilities within HCA Healthcare serve as innovation hubs—TriStar Hendersonville Medical Center in Tennessee and UCF Lake Nona Hospital in Florida. They are serving as testing grounds where clinicians and hospital leaders are committed to furthering the CT&I mission.

CT&I is focused on identifying, developing, deploying and accelerating scalable, innovative, transformative data-driven and insight-generating technology solutions to improve the experience for both patients and care teams. The first challenge CT&I set its sights on was to reduce administrative burden from care team members, reducing time at the keyboard and increasing time with the patient. According to HCA Healthcare’s research, its physicians and other clinicians spend between 30% and 50% of their time on administrative tasks. This has implications not only for patient care but also staff satisfaction—and burnout.

One such solution is Timpani<sup>SM</sup>, HCA Healthcare’s automated scheduling and staffing solution, currently in place at 50 HCA Healthcare hospitals with more scheduled to be added in 2024. The CT&I team and partner Palantir developed Timpani to address longstanding industry-wide staffing issues. The platform reduces the average amount of planning time a nurse leader needs to produce the monthly schedule (from 15 hours down to three, on average) and uses machine learning to predict patient volume and staffing needs, then optimizes staffing based on staff proficiencies and schedule preferences. By elevating the voices of nursing leaders in building Timpani, the schedule meets their needs and enables them to better support care team members in serving patients.

Technologies such as AI and machine learning also offer opportunities to address billing challenges.

“Coding and billing can largely be automated, making things much more efficient; patients are not overbilled inappropriately, and physicians are optimizing their billing—as is the facility—for the care that’s provided,” says HealthTrust Physician Advisor **Jeffrey Carter**, M.D., Medical Director of the Burn Center at University Medical Center New Orleans. “We went through our facility recently and found that we were missing about 30% of our charges when there was no AI involved in our billing. That means I could hire another doctor or two if I just had better billing.”



The University of Pittsburgh Medical Center (UPMC) is implementing an AI solution developed by a UPMC team member to tackle the documentation burden clinicians face.

“The technology listens to conversations between a physician and the patient,” says HealthTrust Physician Advisor **Genevieve Everett-Sigwalt**, M.D., a cardiac electrophysiologist at UPMC. “It’s not just a voice recognition software that generates a word-for-word dictation, but an AI-driven product that looks at that information and organizes it into a SOAP (Subjective, Objective, Assessment and Plan) note, putting a patient’s symptoms in a category with the history of current illnesses and so on. It’s organizing data as the



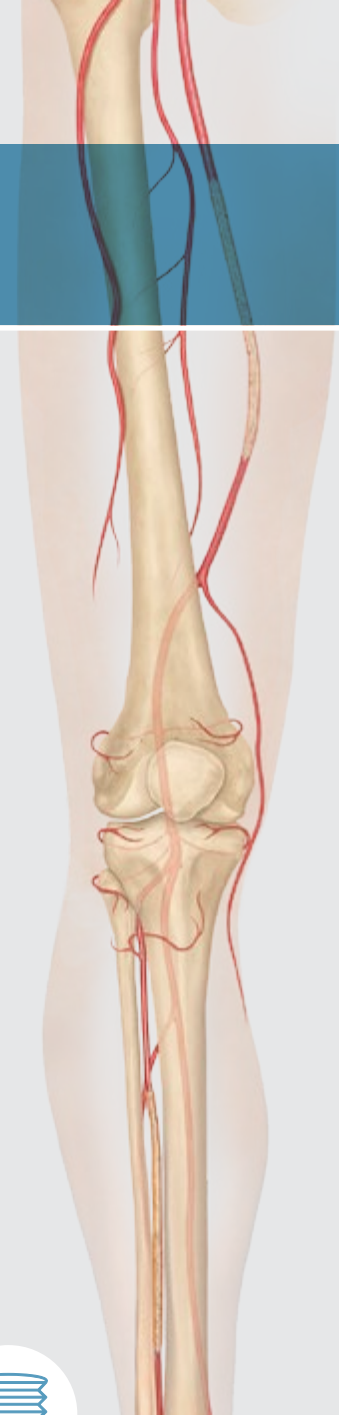
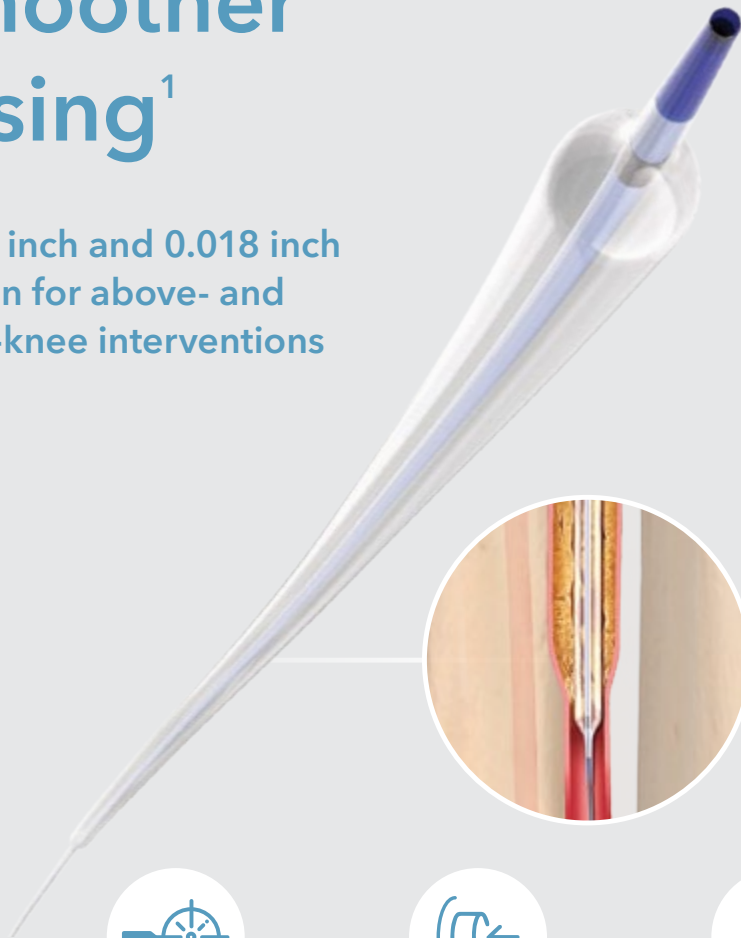
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hospital or office encounter is occurring.”

In the past, Dr. Everett-Sigwalt would pull information from previous notes and electronic records, then type or use voice recognition software to capture her recollection of her conversation with the patient and manually create a SOAP note.

“The idea is to eliminate some of that process and save time. It’s almost like having a personal scribe, which not only saves time but also improves accuracy. Otherwise, if a provider is trying to have a conversation with the patient while also taking notes and placing orders, certain details may get lost, forgotten or not included in the final medical record,” she explains.

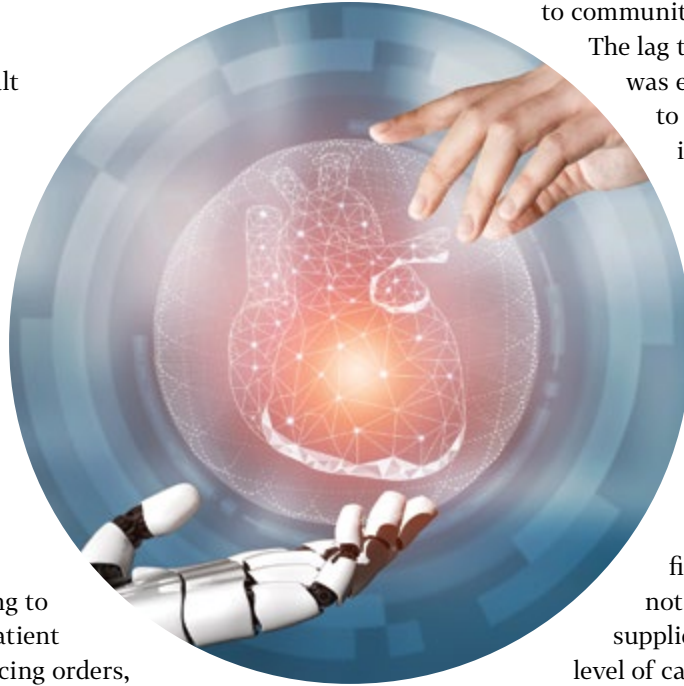
This technology is only used with patients’ permission, but Dr. Everett-Sigwalt says that so far, all of her patients have accepted it. Soon, the data will also be integrated into the hospital’s EMR (electronic medical record) software.

## NEW WAYS TO WORK WITH DATA

Integrating AI into patient documentation doesn’t just save time and improve accuracy at the collection point. It can also aid clinicians in data retrieval and analysis, helping them deal with the large quantities of information they often face.

“Data that is important to me as an anesthesiologist is going to be different than the information that’s of interest to a surgeon, medical doctor or other specialist,” adds HealthTrust Physician Advisor **Christopher Page, M.D.**, a private practice anesthesiologist. “I like the idea of AI being a co-intelligence to humans and processing information to make it more useful or at least streamline it so I can focus on the patient care aspect that is important to me.”

At the Burn Center within the University Medical Center New Orleans, teams are using AI and deep learning to manipulate and analyze data contained in their patient and clinical registries. “It’s become much more user-friendly,” says Dr. Carter. “In the past, you practically had to be a data scientist to access information from the registry for injury prevention and educational outreach



to communities and high-risk populations.

The lag time for accessing the data was enormous. It was challenging to do any kind of performance improvement or engagement and see a change.”

For example, with these new data capabilities, they were able to identify that many burn and blast patients coming to them in mass casualty incidents had only minor injuries, burdening emergency departments with injuries that could be treated in the field. However, paramedics are not usually equipped with the supplies they need to provide that level of care.

“We worked with the state and developed small kits to go in helicopters and ambulances,” explains Dr. Carter. “This enables field-based caregivers to treat patients with minor injuries by irrigating a wound and putting a cooling gel on it to reduce pain—so hospital resources can stay focused on treating patients with more severe injuries.”

## USING AI TO AID DIAGNOSIS

Long QT syndrome (LQTS), a genetic disorder that can cause dangerous ventricular arrhythmias, can be challenging to diagnose.

**Only about 50% of patients have symptoms, & about 25% present with a normal EKG, according to sciencedirect.com**

Genetic testing is one way to diagnose LQTS, but because only a small number of genes have been identified for it, success has been limited.

“Even with having a handful of known genetic codes that identify patients who have long QT, you’re still going to end up missing some or diagnosing others with long QT but not knowing what their risk of having an arrhythmia is,” explains Dr. Everett-Sigwalt.

Researchers are using artificial intelligence and machine learning to process large numbers of EKGs and longer-term heart monitoring data to find patterns and make predictions to aid in the diagnosis of LQTS.

Continued on page 60



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“We’re pursuing this avenue of looking at EKGs with AI to analyze that data to understand the behavior of this electrical activity in the heart to better determine who truly has this disorder and what their risk factors are,” says Dr. Everett-Sigwalt.

## INTENTIONAL CHANGE

“Not all innovation is progress,” warns Dr. Page, quoting a favorite book. Recognizing which new technologies or solutions will lead to a substantial improvement—or, better yet, transformational change—is key. “We have to pick out the things that are most likely to be real improvements, not just marginal differences. It might be a shiny new object, but it’s not necessarily something that improves care.”

In HCA Healthcare’s CT&I team, they are intentional with the changes they make. Not only does this help shield them from the latest and greatest “shiny objects,” but it also makes implementing change easier. The healthcare industry has traditionally been known for its slow adoption of

change—understandable when new ways of delivering care could potentially harm patients.

“When we ask our clinicians to change, we’re intentional about it. We make sure to understand their concerns and develop strategies to mitigate any resistance,” says Dr. Schlosser. “We believe this multidisciplinary approach—focused on change management, the end user and leveraging technology—is an effective formula to bring about digital transformation in our hospitals that enable our teams to provide the highest quality of care.” ●

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HealthTrust Contract #109925

## Senior Leadership Changes

### COO GPO OPERATIONS

**Jocelyn Bradshaw**, SVP of Strategic Sourcing, has been promoted to HealthTrust’s Chief Operating Officer (COO), GPO Operations. The role was held previously by **Michael Berryhill**, who was promoted last year to President of GPO Operations for HealthTrust Performance Group.

Since joining the organization in 2013, Bradshaw has made immeasurable contributions that have continued to ensure we remain best-in-class. Berryhill shares that her expertise, leadership and strategic mind have enabled us to solve complex problems, identify adaptable solutions and execute seamlessly. Bradshaw has more than 25 years of experience in optimizing supply chains, driving operational growth and in building and leading sourcing processes and teams. Her previous experience includes supply chain, contracting and marketing positions with MedAssets, Broadlane and Johnson & Johnson Medical.



### SVP STRATEGIC SOURCING

With Bradshaw’s promotion, **Guy Wagner** will assume the role of Senior Vice President of Strategic Sourcing. Since joining HealthTrust in 2014 as AVP of Indirect Sourcing, Commercial Products, Wagner has demonstrated effective leadership and the ability to forge strong internal and external relationships. He has consistently delivered value to the organization and its members.

Prior to joining HealthTrust, he spent 18 years in the automotive industry. At Nissan, Wagner was accountable for the development and execution of strategy, cost reduction efforts and performance reporting across all of the company’s procurement operations in North and South America. Previous experience also includes leadership roles across multiple areas—components, materials, logistics, facilities and systems—at Toyota’s North American operations headquarters.



### CHIEF FINANCIAL OFFICER

**Terence Van Arkel** has joined the executive leadership team as Chief Financial Officer (CFO) for HealthTrust Performance Group. He succeeds



**John Paul** who has transitioned from CFO to Senior Strategic Financial Executive, focusing on special projects and unlocking additional value for the organization and its members.

Van Arkel comes to us from HCA Healthcare’s North Carolina division, which includes Mission Health based in Asheville, North Carolina, where he served as CFO for the past five years. Prior to this, he was the CFO of the South Atlantic division, leading key acquisitions and mergers. With over 25 years’ experience in CFO and COO leadership roles within HCA Healthcare, Van Arkel brings tremendous executive-level financial expertise, proven judgment and a wealth of financial acumen. He holds both a CPA certification and an MBA.



## Analytics Offer Intelligence & Visibility

### SUPPLY CHAIN RISK MANAGEMENT

The COVID pandemic shed light on the urgent need for companies across the globe to strengthen supply chain resiliency and create mitigation plans to anticipate future disruptions. To advance that effort, HealthTrust recently launched a disruption intelligence suite in partnership with Everstream Analytics.

“Supply chain risk management is critical to the continuity of the healthcare value chain and has always been a priority for HealthTrust,” says **Jocelyn Bradshaw**, COO of GPO Operations for HealthTrust. “By partnering with Everstream, we are gaining additional insights that will continue to strengthen our sourcing organization and ultimately the entire healthcare supply ecosystem.”

The tool is powered by innovative technology that leverages EDI data, enhancing HealthTrust’s ability to monitor supply chains across the globe and more effectively manage supplier performance. Key personnel can access dynamic supply chain and material mapping—from Tier-1 manufacturing sites to sub-tier visibility. Intelligent data can improve event response because of faster insights and more context regarding how disruption can impact products, materials and healthcare providers.

“Better visibility, coupled with global intelligence provided by the HealthTrust team in Shanghai and the expansion of our Supply Interruption Mitigation Strategies (SIMS) pharmacy program, enable us to provide a wider safety net to ensure continuity in providers receiving the supplies and medications they depend on to deliver quality patient care,” Bradshaw adds.

*Continued on page 64*





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Continued from page 62

**ADVANCEMENTS IN MEDICAL DEVICE INTEL**

HealthTrust has launched SurgIntel, an innovative source for medical device implant analytics.

Drawing insights from HealthTrust’s membership base of more than 1,800 hospitals and 70,000 alternate sites of care, the intelligence platform is designed to provide hospitals, ambulatory service centers and health systems with comprehensive visibility and benchmarking on procedure supply expense and device utilization.

Medical Device Management (MDM) is a HealthTrust value-added service built by operators and guided by physicians to help organizations go beyond pricing to capture value, cost-savings and physician alignment (see article on page 10). The MDM Team specializes in engaging physicians and supply chains to lower cost-per-case in the orthopedics, spine and cardiovascular service lines with the objectives of enhancing quality, lowering medical device spend and preventing long-term savings erosion in these high spend, clinically sensitive categories.

“Empowering health systems with personalized cost-per-case information can optimize implant selection,

eliminate unnecessary variation and lead to improved patient outcomes,” says **Chris Stewart**, VP of MDM. “The new medical device implant database has the potential to revolutionize healthcare decision-making. By integrating vast data and advanced analytics, we can provide comprehensive, tailored insights for our provider members. These advancements in data analytics are reshaping healthcare delivery.” ●



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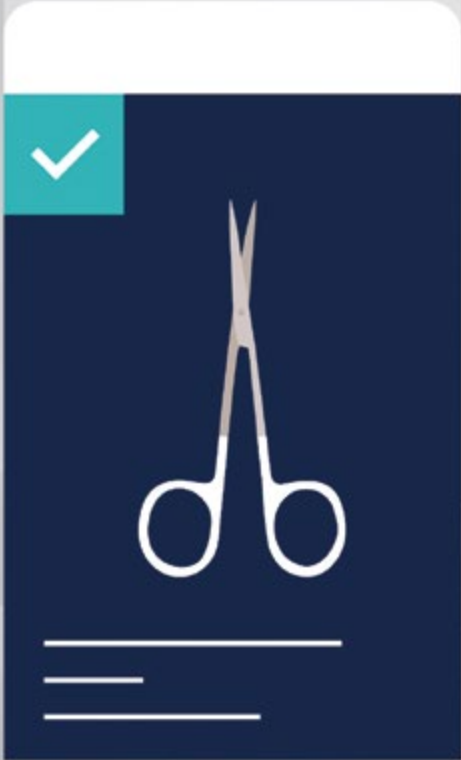
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HealthTrust Contract #19784

**GETINGE**



## HealthTrust’s travel management platform now features vacation planning options

YOU MAY HAVE ALREADY DISCOVERED THE VALUE HEALTHTRUST TRAVEL can bring to your organization for business travel expenses. The latest feature, Vacations, opens up the world of leisure travel packages, allowing you and your employees to book everything from cruises to excursions and tours to hot air balloon rides and vacation rental properties all in one place.

“Within the HealthTrust Travel platform, booking personal travel has always been available for air, hotel and car reservation packages,” says **Kim Allen**, HealthTrust’s AVP, Indirect Strategic Sourcing. “Vacations is taking it to another level for our member organizations.”



## WIDE-SWEEPING TRAVEL SAVINGS

Available to members participating in HealthTrust Travel, Vacations offers more than 44 cruise lines; 20,000 curated resorts; 1 million hotels, resorts and rental homes; and 150,000 unique experiences worldwide—all at discounted prices. “On pricing and packaging, it’s second to none. It’ll blow your mind,” says **Traci Head**, HealthTrust’s Contract Director, Commercial Products.

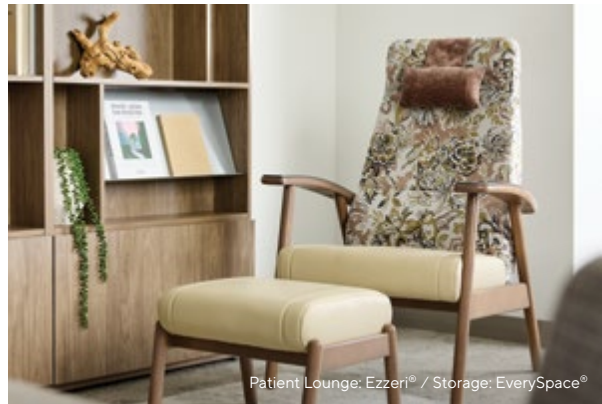


While inflation is still putting pressure on personal budgets, research reveals the population’s desire to travel is high. With Vacations, employees can find meaningful value with up to 45% savings and no travel management fees. “I know our members are looking for any avenue they can use to capture savings for their employees as a way to retain talent during the current national labor shortage,” explains Head. “Vacations is an additional value-add that HealthTrust is

*Continued on page 68*



Pod: Kolo ADA Pod / Lounge: Idara® and Whittaker™



Patient Lounge: Ezzeri® / Storage: EverySpace®



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### Pods by National

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**The Vacations program adds value by making HealthTrust Travel a one-stop shop for business & personal travel.**

putting in place to support our membership in their talent retention efforts.”

### FOLLOWING TRAVEL TRENDS

“The Vacations option grew out of trends HealthTrust has been seeing in the travel marketplace, on the news and in what we’ve been hearing from members,” says Head.

More people are blending their business and personal travel, often adding leisure time before or after their business event, Head explains. “Let’s say they’re traveling to Nashville for business. Often they add on personal experiences in Nashville and maybe even a day or two in Memphis, where they might book a walking tour of historic Beale Street and visit musical landmarks such as Sun Studio and Graceland.”

But members do not have to travel for business to use Vacations. The Vacations option is for booking leisure experiences, such as weeklong family vacations or weekend get-togethers with old friends. Reservations made through Vacations are separate from and cannot be merged with HealthTrust business travel bookings. But if you want to add a family vacation on the end of business travel, HealthTrust’s Travel platform makes that seamless.

“The value we’re trying to bring to our members is making HealthTrust Travel a one-stop shop,” says Head.

### STAY TUNED

With an eye toward achieving a seamless experience and continuing to provide value to its members, HealthTrust has more travel-related features in the pipeline that will be rolled out to members in the coming months, shares Allen.

One that she’s particularly excited about is the Meetings and Events program. “It’s unique,” she says. “Nobody’s offering it right now as part of a TMC [travel management company] platform.”

As a sneak peek, the Meetings and Events program will help members capture and manage expenses around one-off offsite meetings and office space rentals. “Companies are trying to get their arms around this spend,” says Allen. “This tool will give visibility to the spend, helping members to effectively manage it.” ●

**GET ON BOARD** with Vacations through HealthTrust Travel. Contact your Account Director for more information or email [commercial@healthtrustpg.com](mailto:commercial@healthtrustpg.com). And, watch for THE RESPONSE newsletter for information about the new Meetings and Events feature in the coming months.

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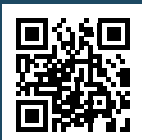
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# Fostering fresh approaches to nurse staffing

Nursing Workforce 2.0 Summit elevates new thinking, reinforces values

MORE THAN 30 PARTICIPANTS FROM 10 HEALTH SYSTEMS came together in March for HealthTrust’s Nursing Workforce 2.0 Summit. It was a day of learning and ideating on how to leverage technology and innovation within the constraints of nurse staffing and workload. Participants enjoyed one-on-one dialogue with five technology suppliers, heard from experts and peers, networked with colleagues and formed 90-day action plans for their organizations.

“Workforce burnout is a universal problem that threatens to shut down our industry,” says **Stephanie Thompson**, PharmD, MBA, VP of Clinical Services at HealthTrust. She oversaw the coordination of the summit following the initial summit held in February of 2023.

“Physicians, pharmacists, patient care techs, nurses, EVS staff, supply chain professionals—COVID put them all through the wringer,” says Thompson. But no position has taken more of a hit than the bedside nurse, without whom patient care cannot happen. “Everything else becomes a



moot point when providers don’t have staff to execute care at the bedside.”

The pandemic exacerbated problems that have tested the nursing workforce for some time. Long hours, stress, fear of the unknown and workplace violence escalated enormously. “Consider nurses new to the workforce who were suddenly facing a public health disaster. Many felt as if the stress of a pandemic was not what they signed up for. The pandemic not only pushed some of these new nurses out of healthcare altogether; it also saw tenured nurses retiring in droves,” explains Thompson. Suddenly, a company like Amazon became a competitor for labor because it could afford to pay better and offer more flexible hours, often through positions that enable employees to work remotely.

“Not everyone can be a bedside nurse,” adds Thompson. “It can’t just be perceived as a well-paying job; individuals must be born with a passion to do this work.” Health systems must figure out how to find people who are true caregivers and nurture their passion in ways they haven’t done before.

*Continued on page 72*



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Continued from page 70

## MERCY CREATES ITS OWN “GIG” WORKFORCE

**Beth Melgren**, Director, Clinical Operations, at the St. Louis-based Mercy Health system, showcased an innovative solution they have implemented to help with nurse workforce staffing at one of the largest health systems in the U.S.



To combat the nursing shortage, Mercy uses a creative approach with technology to get more nurses at the bedside. The 51-hospital health system partnered with Trusted Health to build a mobile platform that enables nurses to pick up shifts in an Uber-like model. Using an app on their smartphones, nurses can easily view available shifts and select what works for them in terms of when and where. They can also view the hourly pay rates before making their selection.

“Coming out of the pandemic, we looked at generational differences and what motivates them to work,” shares Melgren. “We’ve discovered that money is not always the key driver to folks picking up additional shifts.” From these conversations, a new workforce layer—the “gig” workforce—emerged. All Mercy nurses—whether they’re part of the core workforce, flex workers (PRN, float pool) or gig workforce—can pick up shifts using the app.

This strategy has helped Mercy significantly decrease its dependency on agency nurses. In the first year, agency staff was reduced from 25% to 8%. “We use AI and technology in the background to establish rates and dynamic pricing so that we offer the highest dollars where and when there is the highest need,” explains Melgren. Priority is given to core nurses, then float pool, then gig.

“Introducing the gig layer has successfully unlocked flexibility in our nursing workforce,” adds Melgren. Requirements are like those listed by an agency; a nurse must have experience in the area and have active certifications to qualify for a given opening. Gig nurses are hired and onboarded in the same manner as other nurses so if they decide they want to move to full time, there is no delay and no doubt that they are a good fit. In another nod to flexibility, nurses who want to take an agency contract can transition to a gig role to maintain their seniority when they decide to return.

“We are offering nurses the flexibility they need, at whatever stage of their life, while still remaining connected to Mercy,” says Melgren. And it’s resulted in cost savings to the health system. The program is working so well that Melgren and her colleagues are expanding the new gig workforce model to respiratory therapy and imaging, where there are also staffing shortages.

**Mercy uses AI & technology in the background to establish rates & dynamic pricing to offer the highest dollars where & when there is the highest need.**

## INNOVATING WITHOUT DISRUPTING PATIENT CARE

When hospitals implement new technology or other innovations, it often disrupts the frontline nurse’s focus on patients. For innovation and technology to work, frontline staff must be at the table from the start because they know the problems best.

Summit keynote speaker **Michael Burcham**, Chief of Strategy and Talent Development at Shore Capital Partners, delivered insights on how to realistically innovate within the boundaries of the highly regulated healthcare industry. An important step, he explained, is ensuring you create an environment where innovation can happen, such as making sure that frontline staff are well represented on a newly formed multidisciplinary team.

For **Darius Love**, AVP of Workforce Optimization at Orlando Health, an important takeaway from the summit was the discussion around building teams with complementary skill sets to drive innovation. “My team and I left the summit with a plan for how we were going to leverage technology to roll out virtual nursing across our enterprise,” says Love. They have already had strong wins at two of their community hospitals in terms of patient experience outcomes, time saved and administrative tasks removed from the bedside clinician to the virtual clinician.



“I found the summit powerful because it was a gathering of not only thought leaders, but also operational and strategic leaders,” shares Love. “It helped us all understand that we’re not alone in facing these issues and that there are solutions and effective approaches.”

“There are problems that technology doesn’t solve for,” says Thompson. “What does seem to work is coming together with peers from across the country to discuss new approaches to the issues they’re dealing with. These summits affirm the power in collaboration.” ●

**SHARE FEEDBACK ON YOUR BIGGEST CHALLENGES and help shape our next Collaborative Summit. Email your suggestions to [clinical.services@healthtrustpg.com](mailto:clinical.services@healthtrustpg.com) or post to the HealthTrust Huddle ([huddle.healthtrustpg.com/forum](https://huddle.healthtrustpg.com/forum)).**

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