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Q1 2025 | V 19 NO. 1

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LEADING A BREAKTHROUGH

Linda Papa, M.D., with Orlando Health, shares how a new rapid blood test is changing the game for concussion care



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NEW PLANS OF ATTACK

The essential strategies for winning the war on antimicrobial resistance



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FEATURES



LEADING A BREAKTHROUGH

Linda Papa, M.D., with Orlando Health, shares how a new rapid blood test is changing the game for concussion care.



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Impacting the patient & family experience with commercial products & services.

EDITORIAL CONTRIBUTIONS:

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

- * Performance improvement or clinical initiatives that exemplify industry best practices
- * Innovation, new technology, insights from data and analytics
- * Positive impacts to cost, quality, outcomes and/or the patient experience
- * Physician Advisor expertise

Contact Faye Porter at faye.porter@healthtrustpg.com with suggestions. (Note: HealthTrust reserves the right to edit all articles and information accepted for publication.)

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NEW PLANS OF ATTACK

The essential strategies for winning the war on antimicrobial resistance.

HealthTrust Performance Group (HealthTrust) is a healthcare performance improvement organization owned and operated by health systems and dedicated to strengthening provider performance and clinical excellence through an aligned membership model and advisory solutions that leverage 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 non-acute sites of care, including ambulatory surgery centers, physician practices, long-term care and alternate care sites. HealthTrust has been recognized as a Top Workplace in Middle Tennessee for three consecutive years.

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- #4468 N95 Respirator Face Mask Products
- #5210 Elastic Bandages



CEO perspective

Worth a mention

I am excited to share that HealthTrust recently earned industry recognition related to two areas of the business: Medical Device Management (MDM) and HealthTrust Advisory Services.

For the first time, two of our service lines were named recipients of Modern Healthcare's 2024 Best in Business Awards: MDM and Advisory Services.

MDM was recognized in the "Data Analytics" category for its SurgIntel Analytics platform which transforms how healthcare organizations manage medical device costs and utilization.

In the category of "Consulting, Healthcare Management," Advisory Services was recognized for its tailored, data-driven strategies that utilize our operator's advantage to deliver measurable improvements and drive better outcomes.

Join me in congratulating the teams and leaders who serve our members in these capacities.

LEADERSHIP CHANGES

At the close of the first quarter, David Osborn will be retiring as the SVP of Sales & Account Management. With David's announcement, Rich Philbrick transitioned to the GPO at the start of 2025 as SVP of Strategic Accounts & Performance Solutions. In addition to Sales & Account Management, Rich will oversee the teams responsible for Medical Device Management, Clinical Data Solutions and our team of advisors who offer performance improvement solutions to HealthTrust members and other outsourced clients.

SURVEY SAYS

In the third quarter of each year, HealthTrust solicits feedback from members through a satisfaction survey that measures the foundational aspects of our relationship.

Leadership and their respective teams use these results to focus on opportunities for improvement and to benchmark member satisfaction year over year.

This survey yielded a tremendous 48% increase in our response rate over 2023. Thank you to those of you who took the time to complete the survey. I'm pleased to report that 88% of participating members believe that HealthTrust provides superior value in the marketplace. Other top areas

of satisfaction include communication and staff support, an impressive Implementation team, and transparency and trust.

In addition, members expressed high levels of satisfaction with the quality of products and services in the portfolio (as well as pricing and coverage); leadership and culture; aligned decision-making; and the support received through our Member Support, Account Management and Strategic Sourcing teams.

I'd like to close with a write-in comment from the survey which I found particularly meaningful: *"HealthTrust is like having a partner in your corner to back you up. Having set pricing that has been negotiated and analyzed is very convenient. They provide many suppliers I did not realize I could use or were available until I discovered (them) through this relationship. The communication on issues that could disrupt business is phenomenal."*

On behalf of the entire team, know that we couldn't be more honored to be your partner in helping you to achieve your organization's mission. Thank you for your continued trust in us. ●



Ed Jones

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

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CMO perspective

“At your service” connections

One of the areas where members have expressed appreciation in the annual HealthTrust Member Satisfaction Survey is how we connect them to solutions. I am proud of the work of our Clinical Services team in initiating many of those connections.

The team connects members with evidence-based research, physician insights and one another through our clinical request service, the Physician Advisor Network and the HealthTrust Huddle. The team often triages member clinical issues and connects them to knowledge, resources, internal experts and/or other members to help solve for an expressed need. And, during times of supply disruption, the team collaborates with their colleagues in Account Management and Strategic Sourcing to help identify alternative products for impacted member organizations.

RESOURCE LIBRARY & PERSONALIZED REQUEST SERVICE

While you might have engaged with us during the height of the COVID pandemic to report supply disruption issues or obtain clinical resource documents, we hope you continue to access the new information available within the Knowledge Library (hpginsights.com) anytime throughout the year.

The site's resources are created primarily by the Clinical Services team, which is made up of clinicians, Physician Advisors and HealthTrust experts in supply chain and value analysis. Additionally, members from our Clinical Advisory Boards and the HealthTrust Huddle online community contribute feedback on a number of categories.

The Library is accessible by all HealthTrust members within any department of a health system. You do not need a PASS account or Member Portal access to leverage this resource.

Don't see what you are looking for within hpginsights.com? Simply click 'new request' at the top of the screen and describe the clinical question or the problem you are trying to solve. A team member will contact you to ask questions or obtain any additional details.

HUDDLE UP

Are you involved in our member community through huddle.healthtrustpg.com? The HealthTrust Huddle was

designed as a collaborative community network for our members to ask questions, share concerns and provide feedback on topics that impact you. The Huddle can be accessed from a laptop, desktop or mobile app, so you can get the information when and how you need it in real time.

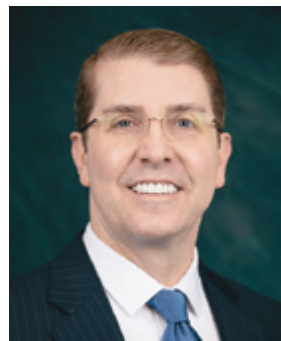
IN RECENT MONTHS

Over the last year, the Clinical Services team provided nearly 300 researched solutions that were made accessible to all members through the Knowledge Library. The team also fielded approx. 150 customer requests and hosted close to 600 member feedback challenges.

The team had the privilege of facilitating a Nursing Workforce 2.0 Summit, including a reverse expo with contracted suppliers, and it conducted six highly-rated Value Analysis Boot Camps for HealthTrust members.

Does your organization have an issue that could benefit from collaboration with colleagues and related experts? Share your thoughts with the HealthTrust Clinical Services team (clinical.services@healthtrustpg.com) today as it considers topics for future summits.

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

HealthTrust Contract #6021

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HealthTrust Contracts

- #6021 Safety Blood Collection
- #6905 Needles & Syringes (Safety)
- #18866 Needles & Syringes (Conventional)
- #996 Blades & Scalpels – Surgical (Conventional)
- #998 OR Safety Products – Scalpels & Cartridge Blades

¹ Source: 510k #K170276 [<https://vimeo.com/660938994>]



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Hitting the mark

Obtaining the best possible drug prices for specialty practices

In early 2024, HealthTrust Performance Group partnered with Onmark, McKesson’s specialty group purchasing organization (GPO), to expand contract coverage in an effort to provide the best value for members purchasing high-cost plasma therapies, as well as oncology and biologic drugs.

While traditional GPOs focus broadly on numerous healthcare products, specialty GPOs partner with suppliers to negotiate contracts for high-cost specialty products. One key difference is that specialty GPOs maintain a smaller, more focused contract portfolio optimized to secure competitive pricing in niche markets.

A LITTLE HISTORY

The partnership developed in response to gaps HealthTrust’s Pharmacy Services team recognized in the specialty market where practices couldn’t access the best possible drug pricing. Combining HealthTrust’s traditional GPO strengths with Onmark’s specialty focus creates additional value for members, as well as access to proprietary drugs that might not be available through a conventional GPO.

Eligible members—including hospital outpatient infusion centers and physician clinics—can now benefit from exclusive access to the new contracts, rebates and pre-negotiated administrative fees unique to this partnership.

PARTNERSHIP BENEFITS & VALUE

The potential savings for members not currently affiliated with a specialty GPO ranges from 5–10%. Savings average between 1% and 3% for those already engaged with a specialty GPO. “While these percentages may seem modest,” explains **Alyssa Huff**, Manager of AdvantageTrust & Specialty Pharmacy Member Support, “they represent significant savings given that specialty medications constitute the highest spending category and are the



fastest-growing product segment for many health systems and providers.”

With HealthTrust’s white-glove support and consistent, balanced insights, members can fully leverage their GPO membership to achieve substantial savings through the partnership. This includes access to:

- ▶ Savings on top therapeutic options in oncology, rheumatology, gastroenterology, retina, urology, neurology and other advanced specialties, including oral chemotherapy, supportive medications and self-administered products.
- ▶ A best-in-class contract portfolio.
- ▶ A proven team of experts who helps members achieve additional performance-based savings with tools to track performance.
- ▶ Information on new medical trends and benefits from Onmark’s work with manufacturers, giving members GPO pricing during product launch and additional performance-based savings opportunities for top specialty products.
- ▶ Personalized business evaluation and analysis. ●



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The quest for beds

ED boarding raises concerns for patient safety & positive outcomes

“Boarding”—the practice of holding patients in the emergency department (ED) because no inpatient beds are available—is a problem across the country raising concerns for patient and worker safety. Fortunately, physicians, hospital administrators and government officials are working hard to offer solutions. Innovative ways to tackle staff shortages, service scheduling and more are being investigated to improve patient flow without compromising positive outcomes.

IDENTIFYING MAJOR CONCERNS

For years, the problem of boarding patients in the ED has been worsening, says **Andrew Ehrhard**, M.D., FACEP, Medical Director of the ED of Eastern Maine Medical Center and a HealthTrust Physician Advisor. Dr. Ehrhard says numerous studies demonstrate the pervasiveness of the issue and its effects. These studies have found the following:

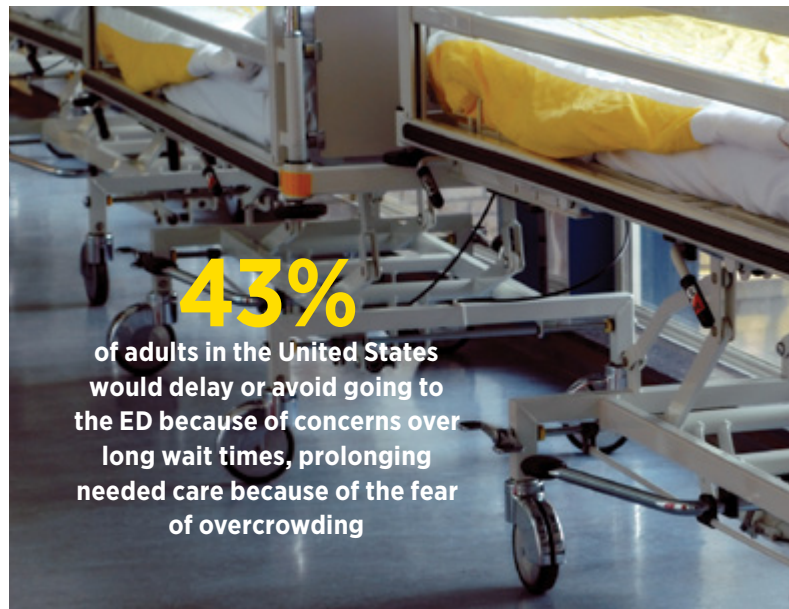


- ▶ Overcrowding in the ED increases the risk of preventable medical errors
- ▶ Boarding increases medication delays and adverse events
- ▶ Mortality rates increase for those who spend one night in the ED, particularly for geriatric patients
- ▶ ED boarding results in longer lengths of stay for admitted patients
- ▶ Boarding leads to higher levels of burnout among ED staff

And it’s not only the medical community that’s alarmed by the situation, Dr. Ehrhard adds; it’s patients themselves. In October 2023, the American College of Emergency Physicians (ACEP) released the results of a poll that found that 43% of adults in the United States would delay or avoid going to the emergency department because of concerns over long wait times, prolonging needed care because of the fear of overcrowding.

WHAT’S CAUSING THE BACKUP

Many factors contribute to the ED boarding problem, Dr. Ehrhard notes, but chief among them are service scheduling, availability of post-discharge care and staffing shortages. Briefly, some roadblocks to good patient flow are:



- ▶ Lab and diagnostic services aren’t always available 24/7 or on weekends, so patients remain in the ED.
- ▶ Elective surgeries are scheduled Monday through Friday, and Monday is known to be the busiest day in the ED. Just when beds are needed most, they are occupied by surgery patients. “At the start of the week,” Dr. Ehrhard says, “hospitals are already getting backed up.”
- ▶ Fewer skilled nursing facilities (SNFs) are available to take patients who need post-discharge care. “If you can’t get the patient in the hospital out of the bed because they can’t be discharged home or moved to an SNF or rehab facility, then the next patient can’t be admitted to the hospital,” Dr. Ehrhard explains.
- ▶ Even when hospital beds are available, there are fewer staffers to take care of the patients that would be in them.

FIXING THE PROBLEM

Some hospitals are considering interventions to address the boarding problem. On the scheduling front, hospitals could offer more services and schedule elective surgeries through the weekend to improve patient flow, Dr. Ehrhard says.

Another way to reduce the burden on limited ED staff has been to assess patients and send them home with a robust support system. Building on a 2020 program instituted by the Centers for Medicare & Medicaid Services (CMS), Atrium Health began the Hospital at Home program in Charlotte, North Carolina. The program enlists non-nursing professionals (like paramedics) to monitor patients who are well enough to stay in their homes until a hospital bed opens and they can be admitted. Atrium Health projects



that this program will lead to 10% more beds becoming available and reduce costs by 25%.

Hospital at Home is paid for in part by CMS. Congress voted on a stopgap bill in December 2024 that would extend funding for the program, but only until March 2025.

In that vein, securing monies to hire additional hospital staff and reopen post-acute facilities is one of several recommendations put forward by the ACEP to address the boarding issue. In addition, the Agency for Healthcare Research and Quality (AHRQ) has launched the National Action Alliance for Patient and Workforce Safety to address preventable harms for patients and clinical staff.

“Boarding is a national problem, and while the government is aware of it and taking action to address it,” says Dr. Ehrhard, “we still have a lot of work to do.” ●

HAVE AN INNOVATIVE STRATEGY that is working to reduce ED boarding at your facility? Share it on the HealthTrust Huddle at huddle.healthtrustpg.com

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SIMPLIFYING spend data analytics

Using AI to revolutionize
decision-making

ARTIFICIAL INTELLIGENCE (AI) IS USHERING IN A NEW WAVE OF EFFICIENCY in healthcare. It is also transforming procurement—especially within purchased services—by helping health systems simplify the data analysis process and uncover more hidden opportunities for cost savings across categories.

“The reality is that managing and centralizing purchased services, which can include multiple vendors across hundreds of categories, is incredibly complex,” says **Les Popiolek**, Chief Executive Officer at Valify, a strategic partner of HealthTrust. “Without understanding exactly where your organization stands on purchased services spend, managing these services in a cost-effective and efficient manner is impossible.”



However, solely having vast amounts of data on purchased services spend is not enough to create change. The emergence of AI-driven spend analytics tools is now providing healthcare systems new ways to gain valuable insights and make well-informed procurement decisions.

IMPACT OF AI

The rapid development of AI, particularly large language models (LLMs) like ChatGPT (from OpenAI), Claude (Anthropic), and Gemini (Google), has catalyzed a new era of innovation in healthcare. These advanced AI models offer new data analytics capabilities that have the potential to revolutionize and simplify operations and procurement decision-making. For context, the journey toward generative AI began in 2017 with publication of the research paper,



Insights,” says **Rick Mattock**, Director, Product Management at Valify. “This feature uses the power of AI combined with Valify’s categorized spend data to interpret plain language questions and generate concise summarized responses. Users do not have to be experts in Valify to find accurate answers to complex questions.”



And, of utmost importance to our healthcare members, Valify leaders share that it has adopted a secure approach to ensure that AI model providers cannot be trained by client prompts or responses, safeguarding client data from being incorporated into future model versions.

While spend data is key to transforming a hospital’s purchased services program, it is not the only measure of success. With AI, hospitals can more easily extract meaning from their purchased services data, allowing them to better understand the actions required to streamline costs and manage suppliers.

NEW CAPABILITIES

In the fast-paced healthcare environment, efficiency and accuracy are paramount. Valify’s AI-powered platform, for example, is transforming procurement management by automating detailed spend data and producing concise analyses that highlight trends, comparative analytics and savings opportunities. This enables healthcare systems to rapidly process vast amounts of data, ultimately saving time, reducing costs and improving decision-making.

“We have integrated AI into multiple aspects of Valify’s technology, including user experience, data enrichment and data acquisition, which only deepens our ability to optimize purchased services programs from end to end,” adds Mattock.

“We are advancing Valify’s AI capabilities to deliver unique insights and automated solutions, differentiating the platform from competitors,” adds Mattock. “While data itself is essential, it’s the strategic application of advanced AI that unlocks deeper insights and drives meaningful change for healthcare leaders.”

In addition to offering best-in-class technology, years of expertise and more than \$1 trillion in categorized spend data, Valify is at the forefront of developing and integrating advanced AI solutions for health systems. ●

“Attention Is All You Need,” by a team of scientists at Google. This breakthrough introduced the transformer architecture, which laid the foundation for modern LLMs, which have now been trained on a bulk of the world’s public knowledge and can reason with the level of a graduate student or better. LLMs are evaluated based on two key metrics: parameters and tokens. Parameters represent the model’s size and complexity, while tokens are the units of text it processes. As these metrics increase, so does the model’s capacity and performance quality.

Valify is harnessing this technology to enhance its industry-leading spend categorization and analytics capabilities. “With AI, we are able to expand the power of our analytics to executives and other users who do not use Valify on a daily basis by adding features like AI Spend

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Clinically recommended needle length ¹	BD AutoShield™ Duo 5mm x 30G Safety Pen Needle	329515

	Safety Insulin Syringes (100/box, 400/case, blister pack)	Product Number
Clinically recommended needle length ¹	BD SafetyGlide™ Insulin Syringe with 6mm x 31G needle	
	- 0.3mL barrel	328449
	- 0.5mL barrel	328447
	- 1mL barrel	328446
	BD SafetyGlide™ Insulin Syringe with 8mm needle	
	- 0.3mL barrel (8mm x 31G needle)	305937
	- 0.5mL barrel (8mm x 30G needle)	305934
	BD SafetyGlide™ Insulin Syringe with 12.7mm x 29G needle	
	- 0.3mL barrel	305935
	- 0.5mL barrel	305932
	- 1mL barrel	305930

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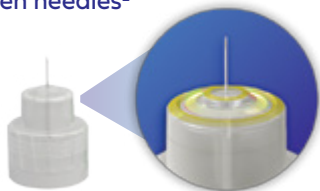


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	Pen Needles (100/box, 1200/case)	Product Number
Clinically recommended needle length ¹	BD Nano™ Pen Needles 4mm x 32G	320122
	BD Ultra-Fine™ Original Pen Needles 12.7mm x 29G	328203
	Insulin Syringes (100/box, 500/case)	Product Number
Clinically recommended needle length ¹	BD Veo™ Insulin Syringe with BD Ultra-Fine™ 6mm x 31G needle	
	- 0.3mL barrel	324909
	- 0.3mL barrel (half-unit scale markings)	324910
	- 0.5mL barrel	324911
	- 1mL barrel	324912
	BD Ultra-Fine™ Insulin Syringe with 8mm x 31G needle	
	- 0.3mL barrel	328438
- 0.3mL barrel (half-unit scale markings)	328440	
- 0.5mL barrel	328468	
- 1mL barrel	328418	
	BD Ultra-Fine™ Insulin Syringe with 12.7mm x 30G needle	
	- 0.3mL barrel	328431
	- 1mL barrel	328411
	BD™ U-500 Insulin Syringes with BD-Ultra-Fine™ needle 6mm x 31G 0.5mL	326730
	BD Insulin Syringe 1/2 inch x 28G needle	
	- 0.5mL barrel (blister pack)	329461
	- 1mL barrel (blister pack, 2-unit scale markings)	329424
	- 1mL barrel (blister pack, single unit markings)	329420

*To precisely locate injection depth, 1188 injections were administered in swine across a range of clinically relevant injection forces using 20µl of iodinated contrast delivered with Nano 2nd Gen vs three 4mm posted-hub pen needles. Intramuscular injection risk was calculated through an in silico probability model, using needle penetration depth and published average human tissue thickness measurements.

1. Frid AH, et al. New insulin delivery recommendations. Mayo Clinic Proceedings. 2016;91(9):1231-1255. 2. Rini C, Roberts BC, Morel D, et al. Evaluating the Impact of Human Factors and Pen Needle Design on Insulin Pen Injection. J Diabetes Sci Technol. 2019;13(3):533-545.

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INTEL ADVANTAGE

Harnessing the power of data to uncover opportunities for savings & optimization in surgical implant purchases

IN JUST THE PAST FEW YEARS, HealthTrust's Medical Device Management (MDM) has delivered over \$60 million in savings to its members. Building on this achievement, the team recently introduced SurgIntel, a groundbreaking platform for medical device implant analytics.

SurgIntel leverages a proprietary database, advanced clinical categorization and innovative visualization techniques to deliver actionable insights that drive optimized sourcing strategies. These tools enable supply chain and service line leaders to collaborate effectively with physicians, facilitating the implementation of strategies for cost savings, cost avoidance and waste mitigation—ultimately advancing both financial performance and operational excellence.

“MDM's launch of SurgIntel is designed to empower our customers to make informed decisions while driving meaningful clinical and financial improvements in their clinical service line operations and supply expense management,” says **Chris J. Stewart**, VP of Medical Device Management at HealthTrust.

The platform delivers actionable insights through innovative dashboard analytics that apply more than 3 million clinically mapped attributes to their data at the procedural level, giving users a comprehensive view of their data. SurgIntel provides custom contracting teams with strategic market intelligence to successfully negotiate and maintain competitive PPI contracts.



HealthTrust's Medical Device Management (MDM) has delivered over
\$60 MILLION
in savings to its members

SurgIntel empowers users to act on savings opportunities and optimize their clinical service lines through:

- ▶ **Deep clinical categorization**
- ▶ **Physician utilization and engagement**
- ▶ **Procedural-level price benchmarking**

DATA WITH A PURPOSE

In health systems, impact is achieved through the effective use of resources and data. SurgIntel extracts and analyzes data to:

- ▶ **Initiate waste mitigation strategies**
- ▶ **Find cost savings and cost avoidance**
- ▶ **Provide continuous monitoring of utilization and supply expense**

And with MDM's program, there are tangible, real-world results that demonstrate its usefulness.

Hospital Sisters Health System (HSBS), a healthcare provider with \$2.9B in spend and a network of 13 acute



The spine service line showed a **24% decrease** in cost variation.

SurgIntel was recently awarded a Modern Healthcare 2024 Best in Business Award for the Data Analytics category

THE FUTURE OF SURGINTEL

SurgIntel's data-driven insights have already empowered providers with comprehensive visibility on procedure supply expense and device utilization, and the new SurgIntel Rebate Tracker will further enable members to gain control over both clinical and financial decisions.

"We're excited to offer this new rebate tracker to members as it will help them take further control of their rebate compliance and allow them to monitor their savings in a timely manner," said Stewart. "Accurately and effectively tracking rebate compliance empowers our members to optimize their financial returns and strengthen supply chain efficiency across key service lines."

This custom-built tool is specific to certain medical device categories and helps health systems monitor rebate contract language to capture the maximum savings. Available exclusively to HealthTrust members, it's tailored to each member's specific contract terms and offers real-time updates across core verticals, including cardiovascular, spine and orthopedics.

READY TO GAIN BETTER INSIGHT INTO YOUR DATA?

With the power of predictive analytics and comprehensive dashboards, SurgIntel enables HealthTrust members to make data-driven decisions that drive measurable savings and cost efficiencies.

And it's already making the news. SurgIntel was recently awarded Modern Healthcare's 2024 Best in Business Award for the Data Analytics category. ●

care hospitals and numerous community-based healthcare centers, engaged the MDM team to gain insights into their hip and knee spend.

Utilizing SurgIntel's Orthopedic Analytics Dashboard, the teams identified a reusable orthopedic reamer billed as a disposable, resulting in significant overcharges.

HSHS achieved remarkable results, realizing **\$119K in savings within just two weeks.**

And with another client, the MDM team engaged their spine, ortho, cardiovascular, trauma and shoulder service lines. Using SurgIntel, they tracked waste mitigation, premium implant usage and osteobiologics overuse, as well as the implementation of new introduction of technology, all of which resulted in a decrease in cost per case.

JOIN TODAY Twelve member IDNs have already joined SurgIntel. Will you be next? Email corp.medicaldevicemgmt@healthtrustpg.com to schedule a personalized demo with the MDM team today.

HERE, THERE & EVERYWHERE

Impacting the patient & family experience with commercial products & services

“THE INFLUENCE OF CONSUMERISM ON HEALTHCARE increasingly shapes how patients and families select facilities and care providers,” says **Allen Wright**, SVP of Strategic Sourcing for HealthTrust’s Commercial Portfolio. With the power of search engines at their fingertips, prospective patients can research and then quickly compare and contrast hospitals and providers, in the same way they make decisions on other important purchases.



These days, countless factors go into why a consumer might choose a facility—from the way the interior is decorated to a hospital’s safety scores. That’s why the HealthTrust Commercial portfolio offers a number of solutions that contribute to a positive experience for patients and families alike.

AREAS OF MEASUREMENT

Prospective patients look at several measures to evaluate hospitals, including:

Safety. LeapFrog scores provide a letter grade—“A” through “F”—that represents a hospital’s overall performance in keeping patients safe from preventable harm and medical errors. Every six months, analysts update the letter grades, comparing hospitals on the same national safety measures. This offers an at-a-glance way for consumers to choose the safest hospital for their needs.

Patient perceptions of care quality & experience. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey reveals patient perspectives on various aspects of the care they received while being in the hospital. This, combined with hospital-reported and other public data is shared by the Centers for Medicare &

Medicaid Services four times a year through its Compare Tool on Medicare.gov, enabling patients to easily evaluate and compare nearly 4,000 U.S. hospitals based on their HCAHPS scores.

Word of mouth. Many people rely on input from friends and family about their experiences with a particular healthcare facility or provider, while 86% of consumers read online patient reviews before making a selection, according to a recent webinar offered by Becker’s Hospital Review.



Enjoying a clean environment where indoor and outdoor areas are kept free of waste will help put patients’ & loved ones’ minds a little more at ease

“When it comes to a hospital stay,” says Wright, “there are a number of touchpoints that extend well beyond the patient. Family members are also impacted by their loved one’s experience with a facility and its staff.”



Viewing beautifully landscaped & well-maintained grounds when driving up to a facility makes for a good first impression

FIRST IMPRESSIONS MATTER

A good first impression when driving up to and entering a facility can help put patients' and loved ones' minds a little more at ease. Consider their experience:

- ▶ Viewing beautifully landscaped and well-maintained grounds. Check out HealthTrust's contracted partner **Brightview Landscapes (Contract #6702)** for grounds management, landscaping design and maintenance, snow/ice removal and tree care
- ▶ Leaving a car with a contracted valet so they can immediately accompany their loved one to the hospital registration area, where they are welcomed by an individual with a reassuring smile from one of HealthTrust's valet parking, shuttle and greeter services suppliers: **Metropolis Operating Company (Contract #6565)** or **Towne Park (Contract #5229)**
- ▶ Riding an elevator or escalator to/from their destination that is expertly maintained by **Kone (Contract #6008)**, **Otis Elevator Co. (Contract #4229)**, **Schindler Elevator Corp. (Contract #7257)** or **TK Elevator (Contract #5947)**
- ▶ Enjoying a clean environment, when indoor and outdoor

areas are kept free of waste. And, more than appearance, the proper disposal of specific types of waste streams is imperative for patient and employee safety. On the contracts page of the Member Portal, type "waste" in the search box to view nearly 20 contracts with supplier partners that handle all types of waste—from nonhazardous and regulated medical, pharmaceutical and hazardous waste to integrated waste stream services

- ▶ When there is no old or outdated medical equipment cluttering public spaces or treatment floors. Whether you need help with one piece of equipment or 100, **CME Corp's (Contract #62921)** turnkey, "white glove service" can assist with removing the old and receiving, storing, inspecting and coordinating the delivery and installation of new healthcare equipment

WITH HEALING IN MIND

According to 30 years of research from the Center for Health Design, the design of a physical environment can contribute to improving outcomes and reducing healthcare costs.

Design strategies that consider outcomes are referred to as evidence-based design (EBD). The Center has found that effective implementation of EBD can improve metrics such as lengths of stay, the need for pain medications and patients' satisfaction with the services they receive. And there's a positive impact on staff as well.

Unless they are involved in new construction projects, most providers don't have the luxury of completely redesigning existing spaces. However, some deliberate choices around artwork and the colors of walls and furnishings can help humanize a hospital. That, combined with appropriate lighting, good air quality and comfortable temperatures can also bring some calm to an otherwise stressful environment.

Here are some suggestions for creating an aesthetic healing environment that helps to put patient and family more at ease as they navigate your facility:

- ▶ Wall coverings and paints in tones such as those found in the Connected Calm palette from **Sherwin Williams (Contract #5893)**, were created to evoke a feeling of familiarity and relaxation. And, for those with sustainability top of mind, Sherwin William's professional line of durable

paints offers many low- or zero-VOC (volatile organic compound) options to help meet a healthcare system's LEED and other green building project considerations.

- ▶ Nature can help generate positive emotions and a sense of calm, so why not bring more of the outdoors inside with:
 - ▶ Plants, landscaping and living walls from **Ambius, Inc. (Contract #26597)**
 - ▶ Nature-based artwork or a sculpture from **Health Environment Art Services (Contract #3928)**

CREATURE COMFORTS

While it's certainly not "home," there are ways to attain a few of the comforts of home by offering:

- ▶ Rooms that are clean and well-maintained. Our contracted suppliers have extensive offerings in both the **Environmental Services (EVS)** and **Housekeeping** spaces, including cleaning products, outsourced services and product rentals. Type either of these words into the search bar on the contracts page of the Member Portal to view a complete list.
- ▶ Comfortable pillows from **Care Line Industries (Contract #59903)**



Getty Images/nurdongel

Continued on page 22



RAISING THE BAR IN Environmental Services.

XRO® System

Utilizing the patented XRO® System and innovative approaches to education and engagement, Xanitos protects the lives of patients in creating a healing environment that is clean and safe.



Patented Cleaning Process

STEP 1

Two team members start by clearing trash and debris in patient areas.



STEP 2

The third team member vacuums with the XRO-3 cart to remove dust, dirt, and pathogens from patient rooms.



STEP 3

After trash removal, the first two team members follow the vacuumer, performing detailed cleaning and disinfecting touchpoints in patient rooms and bathrooms.



Performance Results

9%

INCREASED PRODUCTIVITY by implementing XanStaff software¹

18%

IMPROVED LINEN UTILIZATION resulted in over \$1.9M in savings across a health system²

40%

DECREASED BED TURNAROUND TIMES allowed a large regional hospital to improve throughput³

5%

AVERAGE INCREASE in patient satisfaction scores for cleanliness (HCAHPS)⁴



Checkout Case Study on driving results with Xanitos XRO® System cleaning

HealthTrust Contract #12548

1,4: <https://xanitos.com/view-blog.php?1>
2: <https://xanitos.com/view-blog.php?10>
3: <https://xanitos.com/view-blog.php?7>



Continued from page 20

- ▶ Satellite TV service [**Adcomm TV (Contract #7305)**] on in-room televisions [**Avidex Industries (Contract #500045)**, **Grainger (Contract #4077)**, **MDM Commercial Enterprises (Contract #67542)**, **Remar Technologies Group (Contract #3248)**] so patients and families can tune in to their favorite shows or stay up to date on the latest news
- ▶ Well-maintained **laundry, linens, blankets and towels** from a number of suppliers—search “linens” on the contracts page of the Member Portal to view a complete list
- ▶ Adjustable in-room lighting. Select from these contracted suppliers for LED and other types of lighting: **Facility Solutions Group (Contract #37300)**, **ProStar Energy Solutions (Contract #69491)**, **SiteLogic (Contract #37301)**
- ▶ Quality paper towels and tissue products from **Georgia Pacific (Contract #192)**
- ▶ Translation and language services to ensure patients feel they are heard and so everyone involved understands medications and the care plan while in the hospital as well as upon discharge. Check out providers who can deliver savings, as well as help you comply with the Americans with Disabilities and Rehabilitation Acts: **Braille Works (Contract #57056)**, **Cyacom International (Contract #2905)**, **Language Services Assoc. (Contract #2926)**, **Verbatim Languages (Contract #74095)**
- ▶ Comfortable **in-room sofas and recliners** that transform into beds for overnight stays, as well as other in-room furniture options that meet both appearance and functionality needs for visiting family members. Go to the “Category” header on the contracts page of the Member Portal, type “furniture” and select the first three options in the drop-down box to view a list of nearly 40 contracted options. ●

WHAT ABOUT FOOD?

Some would suggest we left out an important part of patient satisfaction—food! Not to worry: The Q2 edition of *The Source* will cover food & nutrition. In the meantime, simply go to the “Category” header on the contracts page of the Member Portal & select any or all of the six “food” options from the drop-down box to view a list of contracted providers for food, beverages, vending & outsourced food services.

AN EXPANSIVE PORTFOLIO

- ▶ The Commercial Products & Services team negotiates contracts for nonmedical products & purchased services in support of healthcare operations
- ▶ Members access contracts with an average savings of 5–20% through HealthTrust pricing
- ▶ The expansive portfolio offers complete coverage for food & nutrition, indirect spend, energy, information technology (IT), purchased services, construction & facilities, travel & marketing

FOR MORE INFORMATION on the Commercial portfolio, reach out to your HealthTrust Account Manager or email the team at commercial@healthtrustpg.com



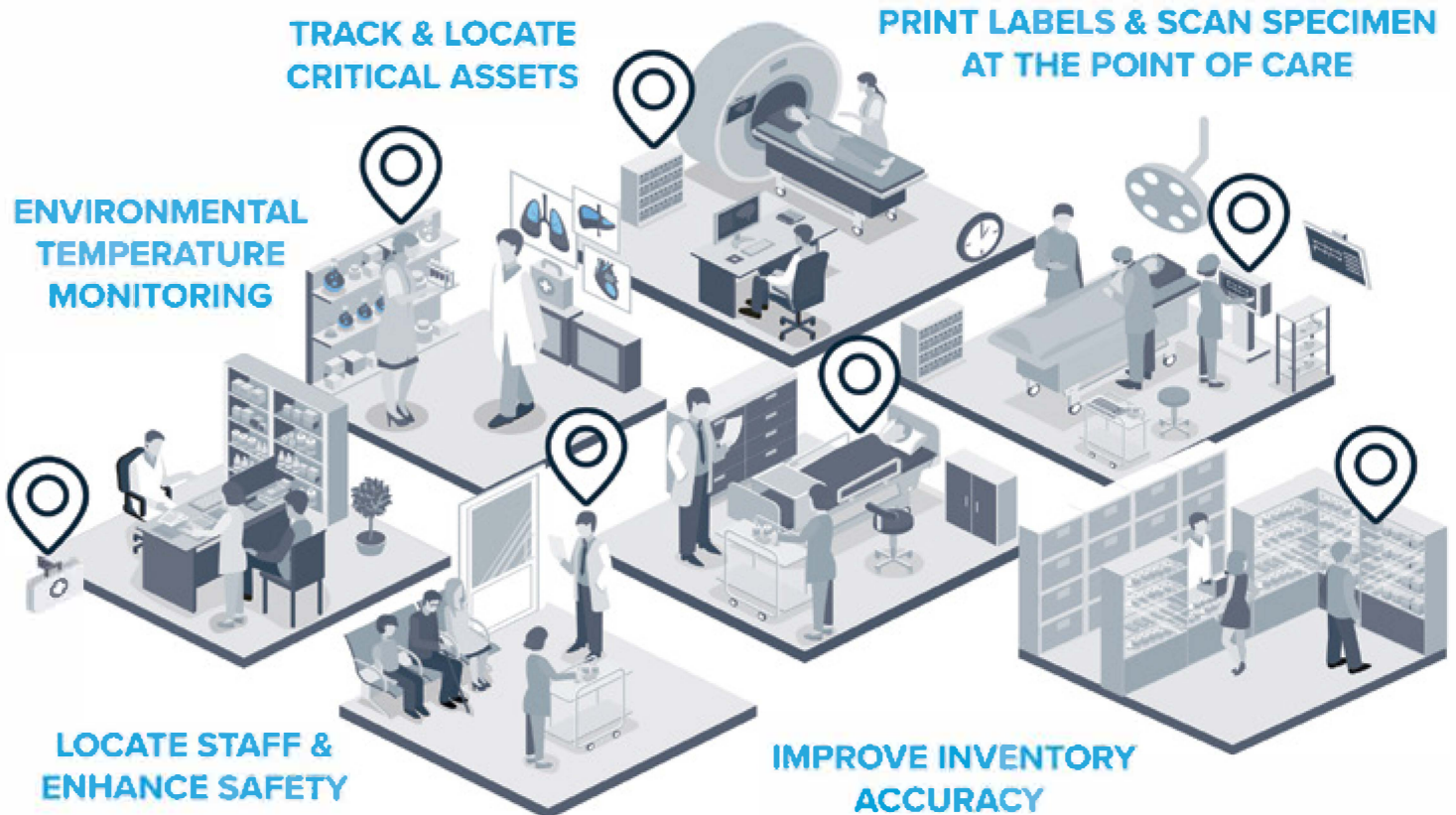
RMS OMEGA

HEALTHCARE



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Offering a comprehensive suite of technology solutions and services including Real-Time Location Systems (RTLS), specimen collection and labeling, patient identification, inventory and asset tracking, staff communication, and more.



Premier
Solution Partner
Advanced Healthcare Specialist

Keeping Track of What's Important.
So Your Staff Can Provide **Better Patient Care.**

HealthTrust Performance Group Contract #123915

About RMS Omega

RMS Omega works with healthcare organizations to design, deploy, manage, and service point of care, data collection, asset tracking, inventory management, and advanced location technology systems. Our trained experts have extensive experience deploying RTLS, RFID, barcoding, wireless and mobility technologies in hospitals and businesses nationwide.



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Leading a BREAK

How Orlando Health shepherded a rapid blood test expected to change the game for concussion care

IT ISN'T OFTEN IN HEALTHCARE THAT A PERSON gets to be part of a major step forward in medicine. But that's exactly what's happening in the emergency department at Orlando Health. The same clinical team that responded to the horrifying Pulse nightclub mass shooting in 2016 is now on the cusp of an important advancement that will vastly improve how concussions are managed.

In the 1990s, **Linda Papa**, M.D., was starting her medical career as a young resident in emergency medicine. At the time, guidelines for traumatic brain injuries (TBIs), including mild TBIs (also known as concussions), were just starting to emerge. "Management of TBI, particularly, mild TBI, was somewhat of a black box. There was a need for more research to help physicians manage and diagnose them," says Dr. Papa, who is the Director of Clinical Research at Orlando Health.

At the time, the CT scan as a diagnostic tool for TBI was only a few decades old, and clinicians were still getting used to the relatively new technology. "There were no guidelines for when to use them on patients with mild TBI," shares Dr. Papa, "So we would do scans on the patients we thought needed them." Sometimes this meant CT scans were done on those who didn't need them, while other patients actually had important injuries that were missed.

Dr. Papa also noticed that some patients with mild TBI or concussion who had normal CT scans and were discharged would return to the emergency departments—days or weeks later—with persistent post-concussive symptoms such as headaches, problems concentrating, memory loss, insomnia, anxiety and balance problems. A CT scan would be repeated

and was usually negative. Patients and their families were frustrated, and in some cases devastated, because there was no objective evidence to explain the brain injury symptoms.

UNRAVELING A MYSTERY

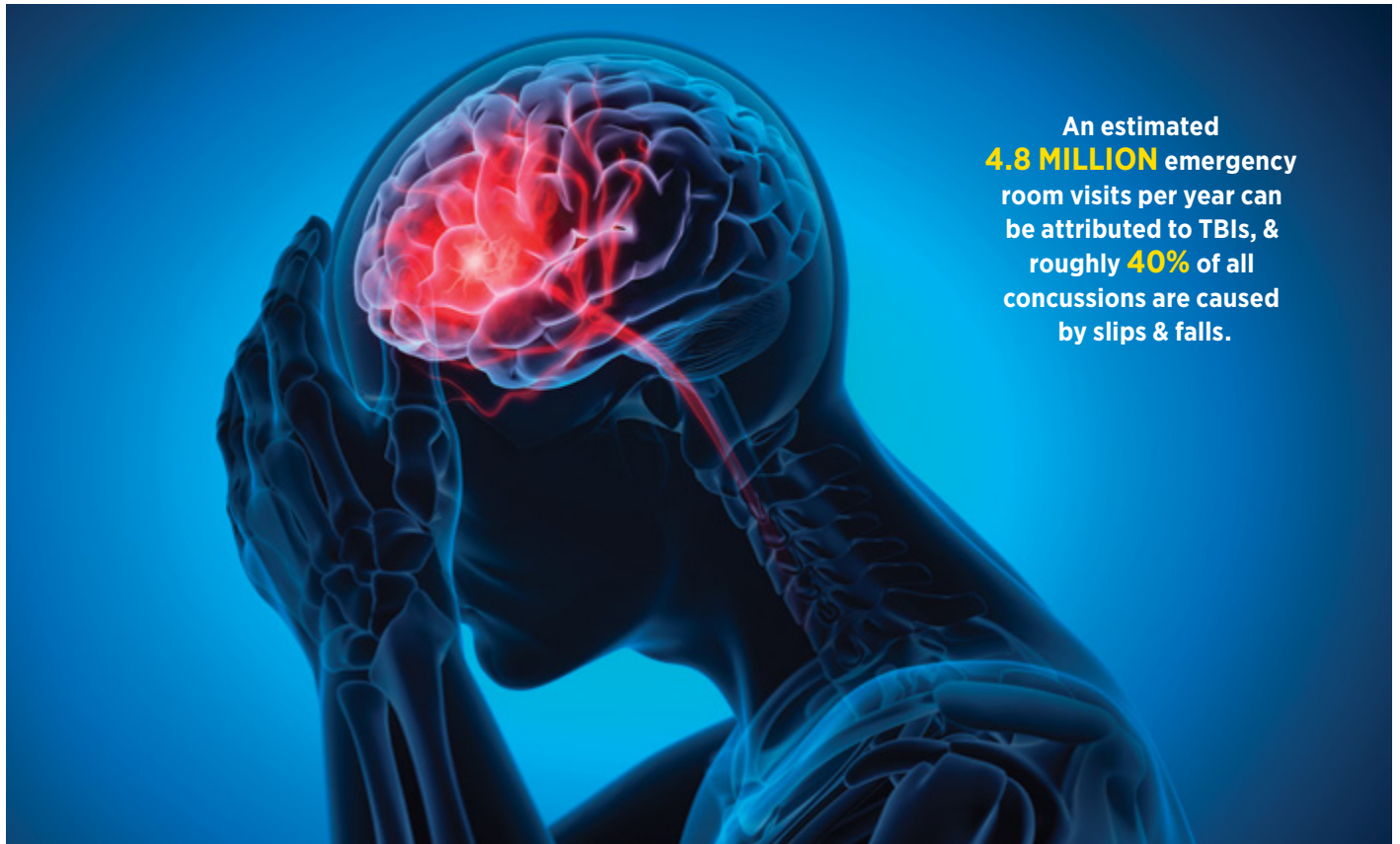
Since then, clinical guidelines have evolved to allow physicians to make more informed decisions about when a CT scan should be performed. But it hasn't solved the problem. There are still too many scans being performed, unnecessarily exposing patients to radiation and increasing healthcare costs. Also, CT scans do not diagnose concussion. In fact, most patients with concussion have a normal CT scan.

Dr. Papa knew there had to be a better way and sought to find answers. She focused on the fact that there was no blood test for the brain like there was for other organs such as the heart, liver and kidneys. This testing obstacle was because the brain is protected by the blood-brain barrier, which acts as a gatekeeper, preventing certain kinds of substances from going in and out of the brain. Inspired by her patients, Dr. Papa dedicated her career to researching a better way to diagnose people with suspected TBIs.

At the turn of the millennium, Dr. Papa started working with neuroscientists to systematically identify substances that show up in a rat's brain after an injury. The team then looked for these substances, known as biomarkers, in the fluid around the brains of people with severe TBI. "After a severe brain injury, there is bleeding and swelling of the brain, so cerebrospinal fluid is removed using a special drain to decompress the brain," says Dr. Papa. "Rather than

THROUGH





An estimated **4.8 MILLION** emergency room visits per year can be attributed to TBIs, & roughly **40%** of all concussions are caused by slips & falls.

discarding the fluid, as usual, we examined the fluid for the most promising biomarkers.”

In 2005, Dr. Papa conducted the first groundbreaking biomarker study in patients with mild TBI in the emergency department using the protein biomarkers GFAP and UCH-L1. As a result, the team was finally able to detect them in the blood of patients with mild TBI and concussion. “I was analyzing the data one night and was so excited when I saw how well the amount of biomarker in the blood correlated with the severity of the brain injury, even in the mildest of injuries. It was a eureka moment!”

This became the blood test for TBI.

Dr. Papa and the team started presenting at conferences and publishing in medical journals, and the findings garnered considerable attention, particularly from the U.S. Department of Defense (DoD) and the National Institutes of Health. The DoD and Abbott Laboratories worked to further develop and go to market with the innovative test. On April 1, 2024, the first whole-blood point-of-care test was approved by the U.S. Food and Drug Administration (FDA) for adult use. In August, Orlando Regional Medical Center became the first hospital in the world to use the new TBI blood test to assess ER patients with suspected concussion.

IMPROVING CONCUSSION CARE FOR KIDS

The team is currently working to get the TBI blood test FDA-approved for children. “This will be an important test for children because they can’t always verbalize what happened or how they feel, and it’s crucial to know how severe their brain injuries are,” says Dr. Papa.

Of the children who are scanned for TBI, 80% to 90% come back normal. The problem is that a CT scan exposes them to potentially harmful radiation. The younger a person is exposed to radiation, the higher their risk for developing cancer. “The health risks and benefits are different for children, but we have to do scans because we do not want to miss critical injuries,” says Dr. Papa. A TBI blood test could significantly reduce the number of unnecessary CT scans for both children and adults alike.

HOW IT WORKS

A nurse or other healthcare professional takes blood from the patient with a suspected TBI and places a few drops into a custom-made handheld medical device, which detects two proteins in the blood called GFAP and UCH-L1 in as little as 15 minutes. These biomarkers are released from brain cells

Continued on page 28

CONCUSSION

AID IN THE ASSESSMENT OF mTBI IN 15 MINUTES¹

Introducing the *i-STAT TBI* whole blood test, the biomarker assay that provides objective data in the assessment of mild traumatic brain injury (mTBI) in 15 minutes¹



TO LEARN MORE

CONTACT YOUR ABBOTT POINT OF CARE REPRESENTATIVE, YOUR
DISTRIBUTION REPRESENTATIVE, OR VISIT [HTTPS://BIT.LY/TBI_ABBOTT](https://bit.ly/TBI_ABBOTT)

HEALTHTRUST CONTRACT #500273

For *in vitro* diagnostic use only.

References: 1. Abbott receives FDA clearance for whole blood rapid test to help with assessment of concussion at the patient's bedside. Abbott MediaRoom. Accessed April 4, 2024. <https://abbott.mediaroom.com/2024-04-01-Abbott-Receives-FDA-Clearance-for-Whole-Blood-Rapid-Test-to-Help-with-Assessment-of-Concussion-at-the-Patients-Bedside>. 2. Breck J, Bohr A, Podder S, McQueen MB, Casault T. Characteristics and Incidence of Concussion Among a US Collegiate Undergraduate Population. *JAMA Netw Open*. 2019;2(12):e1917626. doi:10.1001/jamanetworkopen.2019.17626

Intended Use: The *i-STAT TBI* test is a panel of *in vitro* diagnostic immunoassays for the quantitative measurements of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1) in whole blood and a semi-quantitative interpretation of test results derived from these measurements, using the *i-STAT Alinity* instrument. The interpretation of test results is used, in conjunction with other clinical information, to aid in the evaluation of patients, 18 years of age or older, presenting with suspected mild traumatic brain injury (Glasgow Coma Scale score 13-15), which may include one of the following four clinical criteria: 1) any period of loss of consciousness, 2) any loss of memory for events immediately before and after the accident, 3) any alteration in mental state at the time of accident, and/or 4) focal neurological deficits, within 24 hours of injury, to assist in determining the need for a CT (computed tomography) scan of the head. A "Not Elevated" TBI test interpretation is associated with the absence of acute traumatic intracranial lesions visualized on a head CT scan. The test is to be used with venous whole blood collected with EDTA anticoagulant in point of care or clinical laboratory settings by a healthcare professional.

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(609) 454-9000, (609) 419-9370 (fax) | www.globalpointofcare.abbott
TBI Cart Distributor Ad 2024 | 5606.REV1.APOC.EN-US | 07/24





STEP 1

Apply a few drops of blood into a cartridge



STEP 2

Insert cartridge into the analyzer



STEP 3

View results within 15 minutes



STEP 4

Transmit results wirelessly



MAKING THE LEAP FROM DISCOVERY TO STANDARD PRACTICE



When **Jennel Lengle**, VP of Supply Chain Board and Clinical Operations at HealthTrust, heard about Orlando Health's TBI blood test implementation, she got excited about the prospect of getting the device on contract and into member organizations' emergency departments across the country. "I recognized that it was leading practice and took it to our Laboratory Clinical Advisory Board for discussion," says Lengle.

After the TBI blood testing device was approved by the FDA, it was presented to HealthTrust's Laboratory Advisory Board. "Every category we contract for within the healthcare space has been evaluated by subject matter experts in the field. Our Lab Advisory Board is made up of experts in the lab space who represent member organizations," says Lengle.

The board approved the product to be brought on contract at the group purchasing organization (GPO). Members can now purchase this device and test (**Contract #500273**) on contracted pricing in the point-of-care testing category and incorporate it into care processes at their organizations.

THE FUTURE IS BRIGHT

Currently, the test is only approved to guide decision-making on whether or not an adult patient with suspected mild TBI should have a CT scan within 24 hours of injury. Eventually, the hope is for the test to become the standard of care for TBI.

After spending 25 years helping to bring the TBI blood test to fruition, Dr. Papa envisions a future brimming with possibility, including using the test to diagnose a concussion, to predict recovery, as well as to discover and monitor new treatments for TBI that have been elusive to date.

In one of her most recent studies, Dr. Papa showed that the TBI blood test could be used as early as within 30 minutes after injury. This opens up the possibility of using the test in pre-hospital settings, for example, along the sidelines of organized sports or within the military to assess personnel on active duty. There might also be application for primary care settings as well as rural or underserved communities where CT scans aren't available. "In a way, we're just getting started," says Dr. Papa. "I can't wait to see what the future holds." ●

LEARN MORE The TBI rapid blood test is on contract now for member organizations. Search by Contract #500273 on the Member Portal or reach out to your HealthTrust Account Manager for assistance.

Continued from page 26

when they are damaged. If these protein concentrations are below a certain threshold, a CT scan can be avoided. Alternatively, if either protein is above the threshold, a CT scan should be performed. The higher the concentrations of the biomarkers, the more severe the TBI.

"Often, emergency physicians feel a CT is not warranted, but are uncomfortable making that decision, so many CT scans are ordered unnecessarily," says Dr. Papa. "Now, we have an objective blood test to corroborate our clinical decisions. More importantly, if protein levels are unexpectedly high, it alerts us to the severity of brain injury and allows us to get patients the critical care they need right away."

The first FDA-approved test in 2018 took four hours to produce a result. Eventually, scientists at Abbott were able to bring it down to 15 minutes. "We don't need bulky machines, and we don't have to process the blood anymore," says Dr. Papa. "Now it's a point-of-care test in the emergency department at the patient's bedside."

The rollout at Orlando Health has been thrilling. Clinical staff are excited that they can see patients' TBI biomarker levels within 15 minutes and it's improving patient care. "It is so rewarding to see a dream that started 25 years ago actually come to the bedside and improve the way patients are cared for," says Dr. Papa.



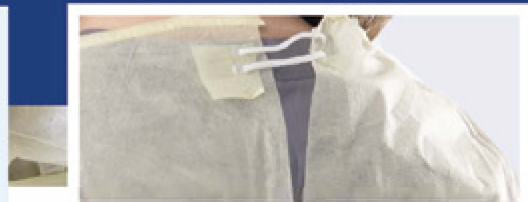
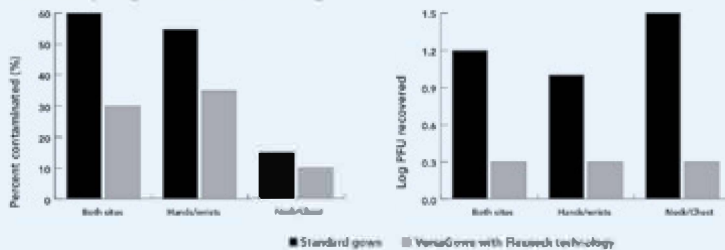
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Contamination was significantly lower for VersaGown (30%) vs. standard gown (60%) in bacteriophage trial.

Bacteriophage Phi X174 findings.



Easy over-the-head donning and break away doffing.



Extended thumb loop cuff that increases coverage of palms and eliminates gaping at wrists.

*Reducing Skin and Clothing Contamination of Healthcare Personnel by Improving Ease of Removal of Isolation Gowns, Thriveen Sankar Chittoor Mana, MS, Myreen Tomas, MD, Herleen Rai, MD, Christina Piedrahita, BS, Curtis J. Donskey, MD. *Open Forum Infectious Diseases*, Volume 3, Issue suppl_1, December 2016, 1390.

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NEW PLANS

of attack

The essential strategies for winning the war on antimicrobial resistance

AN ESTIMATED 39 MILLION PEOPLE COULD DIE GLOBALLY by 2050 directly from one thing, if projections in a September *Lancet* study are accurate. It's not COVID-19, swine flu or measles. Instead, it would be from antimicrobial resistance—the silent epidemic in healthcare.

“When we first had penicillin, back in the late 1930s, there was very little resistance, and penicillin would treat a lot of different types of infections,” says HealthTrust Physician Advisor **William Sistrunk**, M.D., an infectious disease specialist at Mercy Health. But bacteria have always evolved, trying their best to stay alive. And as antibiotic usage grows and bacteria mutate, those that remain develop resistance to different antibiotics.

“We can watch evolution happen under our noses in a matter of days with bacteria,” explains HealthTrust Physician Advisor **S. Shaefer Spires**, M.D., an infectious disease specialist at Infectious Disease Consultants in Georgia. “We watch natural selection happen all the time. It's not a mystery how it happens. The ones that survive are resistant.”

The good news is antibiotic resistance requires energy from the bacteria and scaling back inappropriate use of antibiotics can help. “If you pull away the pressure of the antibiotics, organisms tend to revert to their normal state of not being so resistant,” Dr. Spires says. “But it's not something that will ever go away—only something we hope to control. These infections are not very common, but they're happening at an increasingly alarming rate.”



The good news is antibiotic resistance requires energy from the bacteria & scaling back inappropriate use of antibiotics can help.

REALIGNING THE ECONOMICS

One way to fight this resistance is by creating new antibiotics directed at resistant bugs. But there are problems with this approach, with continued concern that governments and pharmaceutical companies are not making the needed investments in the research and discovery process. Incentives are misaligned.

“Pharmaceutical companies generate revenue from increased volume,” says **Tyler P. Stewart**, PharmD, MPA, BCPS, Senior Director, Pharmacy Operations at Scion Health. The government, healthcare organizations and private industry must



collaborate to incentivize research partnership. Any new treatments must be accessible to the healthcare system, from a supply chain and financial perspective, he says.

“Drug companies are willing to invest billions to make a lipid lowering drug or weight loss drug, because a lot of people will use them,” Dr. Spires says. But development is expensive and niche antibiotics given for short periods do not provide the same financial reward.

Research backs this up. The World Economic Forum estimated in October that an antibiotic drug development project profitability was \$50 million, versus anticipated profitability of \$1.15 billion for a musculoskeletal drug.

Antibiotics are usually given for short courses, says Dr. Spires, and they can become useless after several years due to resistance. They can also be restricted to specific scenarios, as they are in his facility. Due to internal policies, Dr. Spires only prescribes a specific antibiotic that fights the potentially deadly *carbapenem* bacteria once or twice a year, restricting its use for dire scenarios. With overutilization, resistance increases, rendering future usage ineffective. “The company making it will take forever to recoup their cost,” Dr. Spires says.

New antibiotics are coming out, but not enough to fully combat antimicrobial resistance. “We're going to continue to see the bacteria mutate and develop resistance to those new drugs. It's a self-fulfilling deal, where the more antibiotics we use, the more resistance we'll see,” Dr. Sistrunk explains.

The World Health Organization (WHO) reports that only 13 antibiotics have received marketing authorization since 2017, each taking 10–15 years for development. Yet antimicrobial resistance can occur in two to three years.

PRIORITIZING ANTIBIOTIC STEWARDSHIP

Developing new antibiotics is just one tool in the kit. Antibiotic stewardship is another. In the U.S., more than a quarter of antibiotic prescriptions in emergency departments and clinics are unnecessary, per the Centers for Disease Control and Prevention (CDC). Scion's stewardship program is built on core elements from the CDC and The Joint Commission. It includes systemwide metrics for ongoing education and evidence-based guideline implementation. Antibiotic stewardship is also built into Scion's national quality strategy to bring accountability and visibility at every level, Stewart says.

1 Prevent infections.

Preventing infections is a cornerstone element of stewardship, so making sure you've enacted hygiene practices like vaccine promotion and environmental cleanliness can significantly reduce healthcare-associated infections, and it extends far beyond clinicians and providers, Stewart says. "Everybody in the building in the healthcare system is vital to the process of ensuring we're preventing infections."



Improved diagnostic testing can also help prevent unnecessary antibiotic use. In hospitals, there's always a concern that patients will come with a history of resistant organisms, and those patients should potentially be isolated to prevent spreading. "Highly resistant bacteria may be living on their skin," Dr. Sistrunk explains. Providers and even family members should wear gloves and gowns when seeing this patient, especially if it's known they have a resistant organism.

2 Reduce unnecessary antibiotic usage.

Physicians must be prudent with antibiotic use, talking with patients when suspecting a viral infection and not routinely prescribing an antibiotic. Dr. Sistrunk says his health system shares data with the community about which viruses are currently common and updating providers so they can share this with patients presenting with an infection.



The biggest culprits to excessive antibiotic prescriptions are urinary tract infections (UTIs) and upper respiratory infections (URIs). UTIs, especially, are overtreated, says Dr. Spires. Patients who are confused are often treated with antibiotics for a UTI even if they have no lower urinary tract symptoms. "In post-menopausal women, over half will have a positive urine culture. That's normal," Dr. Spires adds.

URIs can be caused by allergies or a virus, but most end up getting antibiotics prescribed. Bacteria in other parts of the body can become resistant to the antibiotic. With a bacterial infection, Dr. Spires recommends treating it with



the most focused, narrow-spectrum antibiotic for that bug, for the shortest duration possible.

3 Spread the word.

Education about antimicrobial resistance and infection prevention, including the importance of routine hygiene are essential, says Dr. Sistrunk. This is especially important regarding elderly and young people, adds Stewart. "The elderly and young are more susceptible physically to significant adverse outcomes. Elderly patients typically have multiple comorbidities, and age is a risk factor for babies, who are more susceptible to adverse effects from infections," he explains. Plus, there may be more limited options to treat these populations.

Vaccines are another stewardship method. Dr. Sistrunk shares that vaccine development and pediatric uptake against *streptococcus pneumoniae* starting several decades ago, for example, prevented illness and reduced related antibiotic usage. This resulted in slower antimicrobial resistance development.

The WHO reported that vaccines targeting 24 pathogens could lower the number of prescribed antibiotics 22% globally, the equivalent of 2.5 billion daily doses annually.



LOOKING FORWARD

Legislation, including the 2012 GAIN Act and the 2016 21st Century CURES Act created some benefits for companies to develop new antibiotics, such as prolonged periods of trademark protection, says Dr. Spires. “We’re seeing some of the fruit of that legislation now.”

It’s not just a matter of mortality, but also quality of life, Dr. Spires adds. A new oral drug against *carbapenem* was recently approved, a potential game-changer for patients, he says. Intravenous (IV) administration requires either at-home or medical center infusion, frequent lab draws and additional infection risks.

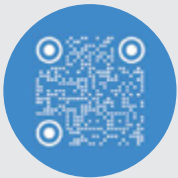
As our population ages, the risk for these resistant organisms is increasing. Dr. Sistrunk is encouraged that the government and drug companies are increasing investments to address antimicrobial resistance. “But we still need to have more support to push the antibiotic research,” he adds. There are still bacteria resistant to all currently available antibiotics, and the community needs options with different mechanisms of action. ●

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The surprising science of **HIGH-PERFORMING TEAMS**

Bringing out the best in people by tapping into what makes them tick

WHETHER IT WAS WHEN YOU WERE ON A MIDDLE SCHOOL SOCCER TEAM or your current work team, you know that a special synergy can lead to strong performance and collective success. But is it simply good luck and hard work that propel certain teams to greatness, or is something else at play?

Believe it or not, research shows that great teams don't become great because they recruit top talent or pay top dollar. Instead, great teams emerge from shaping the habits and culture that bring out the best in each individual.

WHAT MAKES A HIGH-PERFORMING TEAM?

“A work team is a high-performing team when the output they deliver exceeds what you'd expect from resumés and knowledge skills alone,” says **David Burkus**, one of the world's leading business thinkers, a bestselling author, and a HealthTrust University Conference professional development speaker. “They tap into collective intelligence—what they put out exceeds their individual abilities.”



Continued on page 36

2025 Member Recognition Awards Call for Nominations

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

- Social Stewardship
- Outstanding Member
- Operational Excellence
- Clinical Excellence
- Pharmacy Excellence
- Innovation



Scan to
nominate
today!



Members and on-contract suppliers are invited to submit nominations for the 17th annual HealthTrust Member Recognition Awards. Each year, we honor outstanding performance and exceptional contributions by our members. The awards will be presented during the 2025 HTU Conference, August 18-20 in San Antonio, Texas.

Nominate now online at bit.ly/2025-Member-Awards

Deadline for submissions is March 31, 2025.

For more information, contact HTUawards@healthtrustpg.com



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Continued from page 34

You can prime your team for greatness. Like a plant or any living thing, teams need certain ingredients to thrive. Burkus shares some of the most fundamental tools to build high-performing teams—and it’s not about luck:

- ▶ **Establish a common understanding.** Learn your team members’ strengths and weaknesses, the types of tasks they want to do, don’t want to do, where they need help, and where they can help others. Ensure that team members understand their responsibilities and role within the team.
- ▶ **Create the “manual of me”.** One of the best tools Burkus prescribes to teams is an exercise in asking four fill-in-the-blank questions: *I’m at my best when ____ ; I’m at my worst when ____ ; Count on me to ____ ; and I need ____ from the team/you.* This leads to good conversations about how we work best.
- ▶ **Get in the habit of daily clarity.** With so many tools for collaborating, it can be easy to let communications get lost in a digital shuffle. Especially for teams in a remote environment, Burkus suggests a daily scrum, huddle or a standup—face-to-face reports on what each member just completed, what’s next and what’s blocking their progress.
- ▶ **Build in time on the agenda for socialization.** Burkus recommends creating a dedicated “water cooler” conversation and ask the team questions about what’s happening in their lives so people can find commonality with one another. Commonalities create more understanding and reasons to stay in touch with and invest in each other.
- ▶ **Create a culture of psychological safety.** When people feel safe enough in an environment where they can speak up when they disagree or share an idea, it means they can respect and trust each other.
- ▶ **Establish a sense of prosocial purpose:** Research shows that teams need to know why they are doing what they do.

“What I have found in examining how people feel about having a sense of purpose is that it’s important for us to see that our work is in a chain of work that leads to a positive outcome,” says Burkus. Talk with your team about who is served by the work you are doing. “When people act unselfishly, they say ‘we’ instead of ‘me.’”

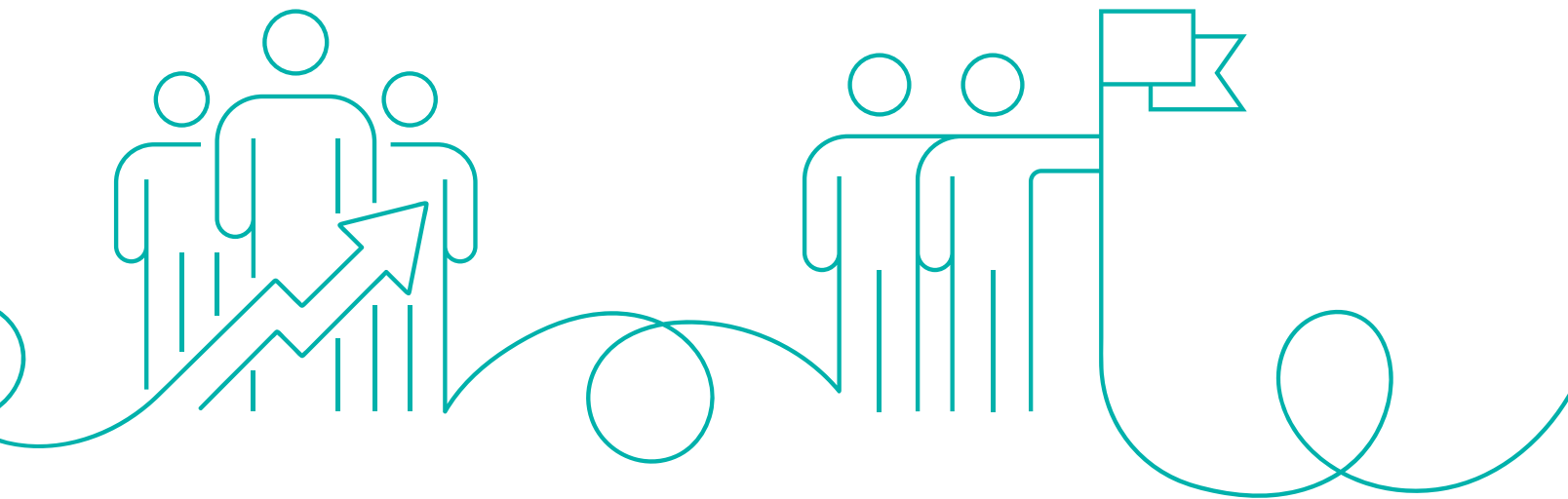
WHEREVER YOU ARE, THE FUTURE IS TEAMWORK

Today, we are asked to work in teams more than ever before. Still, Gallup’s latest state-of-the-workplace data shows that 1 in 5 employees feel lonely. “Employee engagement remains stagnant while employee well-being is declining, especially among younger workers,” notes Burkus. But he calls out an interesting data point from a 2019 survey: The most engaged employees reported being in the office two to three days per week. While companies like Amazon are taking heat for bringing people back into the office, leaders everywhere are struggling to convince employees it’s better to interact more in person.

“The truth is that most of us would feel more engaged if we went in and got that personal connection that comes from those moments of downtime,” says Burkus. “In person, we have the ability to solve problems a little faster because we don’t always have to schedule a meeting to discuss.”

After all, we aren’t robots. “To share experiences and emotions—it’s the human condition.” ●

READ MORE insights from David Burkus in his book: *Best Team Ever! The Surprising Science of High-Performing Teams* or search online using his name to view a number of related videos.



“The most engaged employees reported being in the office two to three days per week.”

-David Burkus

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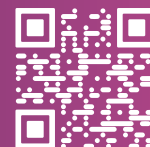
BALFAXAR is **stable at room temperature for 8 hours** after reconstitution^a



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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.

^aBALFAXAR can be stored for up to 36 months at 2°C to 25°C (36°F to 77°F) from the date of manufacture.

^bUser preference was determined from the responses of 16 healthcare providers using an 11-item questionnaire about the usability of the nextaro[®] and Mix2Vial transfer devices.⁴

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. 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 ^a of BALFAXAR (units ^b of Factor IX) / kg body weight	25	35	50
Maximum dose ^c (units of Factor IX)	Not to exceed 2500	Not to exceed 3500	Not to exceed 5000

- ^aDosing 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.
- ^bUnits refer to International Units.
- ^cDose 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.

Revised: 07/2023

Medical Affairs:

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.

THE RESILIENT SUPPLY CHAIN 2.0



Q&A with HealthTrust VP Eric Swaim

IN AN INCREASINGLY UNPREDICTABLE WORLD, supply chain resiliency has become a top priority for healthcare leaders. **Eric Swaim**, VP of Strategic Sourcing at HealthTrust, shares practical insights on how providers can strengthen their supply chains. HealthTrust's approach emphasizes the need for strategic supplier partnerships, proactive planning and rapid response to ensure supply chain resiliency.



Swaim: At HealthTrust, a resilient supply chain means proactive monitoring combined with scalable solutions to help our members anticipate and adapt to disruptions, ensuring consistent access to essential supplies and having strategies to deploy end-to-end within the product lifecycle. This involves prioritizing transparency with suppliers, using artificial intelligence (AI) to predict risks and creating robust partnerships. A resilient supply chain can mitigate known risk and set up the supply chain to proactively respond to challenges, keeping patient care uninterrupted, even during unforeseen crises. It also means helping members find opportunities to change operational habits around stocking positions, go direct or through distribution, and understand their critical and noncritical items.



WHAT DOES IT MEAN TO HAVE A RESILIENT SUPPLY CHAIN?



HOW HAVE RECENT CRISES & UNPRECEDENTED PUBLIC HEALTH EVENTS CHANGED THE WAY PROVIDERS SHOULD MANAGE THEIR SUPPLY CHAINS?

Swaim: Before the COVID-19 pandemic, supply chains operated with fairly minimal disruptions within just-in-time models with members. However, the pandemic caused backorder rates to soar, forcing us to rethink traditional supply chain strategies. This trend has continued as the pandemic has slowed and other crises have occurred. Today, the focus is on building resilience throughout the supply chain and across processes. We've shifted away from simply managing costs to ensuring operational transparency, flexibility and assurance for handling future disruptions. For example, during Hurricanes Helene and Milton, HealthTrust engaged over 20 manufacturers and sub-tier manufacturers in the storm's path before the storm to understand disaster recovery plans. Then post-storm, we monitored backorders and fill rate drops across the supplier community for unanticipated disruption. To address disruptions, HealthTrust identified substitutions and resolution timelines, coordinated with suppliers and ensured product availability for our members ahead of any foreseeable impacts.

Continued on page 42



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Continued from page 41



WHAT ROLE DOES TRANSPARENCY PLAY IN BUILDING A RESILIENT SUPPLY CHAIN?

Swaim: Transparency is crucial for maintaining a resilient supply chain. Healthcare providers need visibility into their suppliers’ inventory levels, performance and preparedness. The challenge is balancing the transparency to not create panic buying in the market. At HealthTrust, we focus on transparency by using standardized metrics to measure supplier performance and share disruption insights from these metrics with our members and suppliers. This enables hospitals to make informed decisions and resolve issues quickly. Transparency also fosters stronger partnerships with suppliers, as it builds trust and ensures everyone is aligned on expectations. Ultimately, having this level of openness helps providers deliver better patient care.



HOW DOES HEALTHTRUST USE AI TO PREDICT & MITIGATE SUPPLY CHAIN DISRUPTIONS?

Swaim: HealthTrust has continued to make significant advancements in using AI to anticipate supply chain risks. We partner with companies like Everstream Analytics to monitor thousands of suppliers globally that may be threatened during various crises, allowing us to see commonalities among our supplier organizations and which ones might be at risk of supply chain disruptions. This technology enables us to monitor sub-tier locations and predict potential disruptions in advance, whether that be from geopolitical instability or production delays, and post these impacts on the disruption portal for member visibility. This foresight allows our teams to help members prepare alternative sourcing strategies before issues escalate. We ensure our members can maintain access to critical supplies, even in times of uncertainty.

In an era of ongoing supply chain challenges, building a resilient supply chain is more essential than ever. HealthTrust is leading the way by using advanced technology, transparency and alignment to ensure healthcare providers are prepared for whatever comes next. ●

BOOKMARK THIS LOCATION—members. healthtrustpg.com/supplydisruption—and stay up to date on any supply chain disruptions that could impact your organization. Experiencing any of your own related disruptions? Please report them to your HealthTrust Account Manager.



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HEALTHTRUST CONNECT '24

Delivering solutions & improving capabilities for construction projects & facility maintenance

THE THIRD ANNUAL HEALTHTRUST CONNECT CONFERENCE and Exhibit Hall drew record attendance in October. Hosted by the Commercial Products & Services, Construction & Facilities team, the event focused on solutions and opportunities aimed at improving performance in the areas of behavioral health, prefabrication construction and sustainability. Breakout sessions were held on each of those topics.

BEHAVIORAL HEALTH

This session covered some of the unique product needs of behavioral healthcare settings, including those designed to reduce suicide risk, such as ligature-resistant furniture and fixtures. “It’s imperative to understand your physical environment and your patient population,” explained **Vicki Franklin**, Behavioral Health Program Manager at Grainger, who developed a product-selection safety guide to help providers reduce risk and meet accreditation requirements.

SUSTAINABILITY

A sustainable finance market specialist with Bloomberg, **Karen Brenseke**, led this session and talked about the Health Sector Climate Pledge that was signed by 140 healthcare organizations representing 940 hospitals, beginning in 2022. These systems are publicly reporting environmental, sustainability and governance (ESG) information regarding initiatives that include emission reduction targets, energy efficiency, water use and supply



PREFABRICATION/CONSTRUCTION PANEL

Bill Hercules, CEO, WJH Health (moderator)
Bob McCain, Design Optimization Manager, HCA Healthcare
Ed Hernandez, Principal & Founder, Covalus
Rolf Haarstad, Senior Vice President, CRGA Design
David Kolbeck, DPR Construction
Ari Tinkoff, Principal, BR+A

chain risk, among others. Executives, analysts and potential investors use the data to assess risk and financial resiliency.

Of the 55 exhibiting suppliers, seven featured products and services designed to help members measure and meet their sustainability goals. Two of those suppliers were featured in an article in the Q2 edition last year, with sustainability software as a new product offering for the Commercial Products & Services team.



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PREFABRICATION CONSTRUCTION

A panel representing owners, architects, engineers and general contractors discussed the benefits of prefabrication and modularization over stick-built projects. The discussion focused heavily on the benefits of standardization to both design and process, citing “speed to market” to foster savings in construction costs and accelerate revenue generation. “This is about redesigning a deeper process to facilitate better results,” said **Bill Hercules**, CEO of WJH Health. “It’s not just the process of the prefabrication components coming together; it’s about the holistic process of achieving that.”

In addition to education sessions, the daylong event also included HealthTrust Advisory Board meetings, an expanded exhibit hall and a keynote address by **Dan Silvert**, President of Velocity Advisory Group, on understanding personality differences and the importance of building meaningful professional relationships. ●



FOR MORE INFORMATION about the 2025 event or sponsorship opportunities, contact commercial@healthtrustpg.com. HealthTrust Connect '25 will be held November 3 at the Omni Hotel & Convention Center in Nashville.

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Setting the stage for savings with standardized suppliers

HealthTrust hosts inaugural live bidding event

OPERATING ROOM SURGICAL TABLES are big-expense items. Imagine the benefit to health systems of earning enhanced savings as well as other value-added services—especially if they need to purchase several of these tables per year. For member organizations committing to standardize, that value became a reality when HealthTrust hosted a live-bidding event.

“Additional savings and incentives for participating members was the objective behind our first live-bidding event and the participating member’s standardization commitment enabled a great outcome,” shares Strategic Sourcing AVP **Junette Grant** and VP **Eric Swaim**, co-leaders of the initiative.

THE PROCESS & TIMELINE

HealthTrust’s five on-contract suppliers competed to provide OR surgical tables to member organizations that agreed to commit to purchase from the best-value bidding supplier for one year.

Collaborating with **Jennifer Westendorf**, DNP, RN, CNOR, AVP, Environmental Performance & Surgical Services, the Surgical Advisory Board (SAB) and other members were polled in advance and committed to purchase from the winning supplier in exchange for value-added services and double-digit savings.

At the HealthTrust University Conference in August, participating members and SAB advisors had the

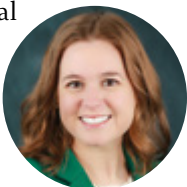


opportunity to evaluate the surgical tables and engage with participating suppliers in the exhibit hall. “Having the opportunity to see the tables in-person, as well as obtain answers to clinical questions, was critical for members to ensure they made the best decision for their organization,” says Westendorf.

During September’s live two-day event, the five suppliers and representatives from participating member organizations were all at HealthTrust headquarters in Nashville. “Members used a weighted scorecard to evaluate the rounds of bids, considering criteria such as clinical feedback, discount percentage, trade-in allowance and after-sale maintenance services,” Swaim explains.

A contract with the “winning” supplier was signed in October. That supplier can anticipate over 80% market share commitment for the next year from the participating members.

Since the event, member and team feedback has been positive. “Overall, we’re pleased with the success of this inaugural effort and we have developed a blueprint to guide us in future live bids,” adds Grant. ●



HELP US DECIDE WHAT’S NEXT. Are there products your organization would like to have considered for a potential live bidding event? Share with your HealthTrust Account Manager or through the HealthTrust Huddle at huddle.healthtrustpg.com

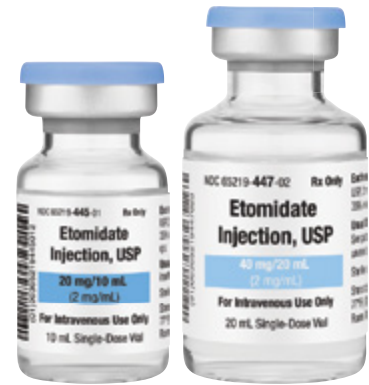
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NDC Number			
Award	Private Label	Sole Award	Sole Award
Description	Single Dose Vial	Single Dose Vial	Single Dose Vial
Strength	20 mg per 10 mL	20 mg per 10 mL	40 mg per 20 mL
Concentration	2 mg per mL	2 mg per mL	2 mg per mL
Fill Volume	10 mL	10 mL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

WHOLESALE ITEM NUMBERS

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

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

Please see full prescribing information available at:
www.fresenius-kabi.com/us



Fresenius Kabi Label
Package Insert



Private Label
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NOREPINEPHRINE

Bitartrate in 0.9% Sodium Chloride Injection

FROM **WG CriticalCare**
A PHARMASPHERE COMPANY

Confidence. It's In the Bag. Why Compromise?

ONLY FROM **WG CriticalCare**

Oxygen Indicator Technology

Visually Confirms Product Potency



No EDTA &
No Sodium Metabisulfite

Proven
Reliable
Supply

24 Month
Stability at Room
Temperature

7 Day
Stability Outside
of Overwrap



4 mg per 250 mL
(16 mcg per mL)

8 mg per 250 mL
(32 mcg per mL)

16 mg per 250 mL
(64 mcg per mL)

Order from your wholesaler today!

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

References: NOREPINEPHRINE Bitartrate in 0.9% Sodium Chloride Injection [package insert]
SA211.01 U.S. Patent Number 10,888,534

