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Q2 2025 | V 19 NO. 2

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DISCOVER THE DIFFERENCE

REVIVING TRUST

Katrina Keefer & Rachel Anderson share how transparency, trust & a people-first culture at DCH Health System sparked a powerful comeback

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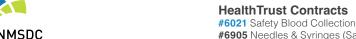


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FEATURES



REVIVING TRUST

Katrina Keefer & Rachel Anderson share how transparency, trust & a people-first culture at DCH Health System sparked a powerful comeback.



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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OUT OF ALIGNMENT?

Three ways to think about physician engagement.

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 1,900 hospitals and health systems in the U.S. and the United Kingdom, and more than 85,000 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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HealthTrust Contract #1448 MCV00112787 REVB

CEO perspective

Service & performance excellence

Creating a culture where colleagues thrive is a benefit of effective leadership. And finding opportunities for young leaders to expand and take on new responsibilities has positive impacts on staff engagement, retention and organizational succession planning. Learn how DCH Health System has made changes that have positively impacted both its culture and the community's perception of this HealthTrust member organization located in Tuscaloosa, Alabama. Beginning on page 20, DCH's CEO, Katrina Keefer and Rachel Anderson, the Vice President of Supply Chain, share their insights on leadership, performance and mentoring the next generation.

INDUSTRY RECOGNITION

Each year, the senior editors at Modern Healthcare select honorees for its 100 Most Influential People in Healthcare list. Congratulations to the HealthTrust member organizations who have executives receiving recognition for what the publication describes as "delivering high-quality services in a sustainable, equitable and financially sound way." They are:

- ▶ Ardent Health **Marty Bonick**, President & CEO
- ► Community Health Systems **Tim Hingtgen**, CEO
- ► HCA Healthcare Samuel Hazen, CEO
- ▶ Tenet Healthcare **Dr. Saum Sutaria**, Chair & CEO
- ► Trinity Health Michael Slubowski, President & CEO

Sammie Mosier, DHA, MBA, BSN, NE-BC, CMSRN, Senior Vice President/Chief Nurse Executive for HCA Healthcare, was named to Modern Healthcare's list of the 50 Most Influential Clinical Executives.

LEADERSHIP AWARD

In early March, we were honored to have one of our colleagues recognized with the 2024 Corris Boyd Healthcare Leadership Award from The Federation of American Hospitals. Congratulations to **Joey Dickson**, Vice President, Strategic Sourcing & Community Supplier Development, who received the award for his support and contribution to the enhancement of business growth for suppliers of all sizes and ownership structures within the healthcare industry.

Dickson joins colleagues **Janet McCain** (received in 2023, now retired) and **Darrel Mogilles** (received in 2010, now retired) as HealthTrust recipients of the annual award. I was honored to receive the award in 2007 when I was Vice President of Sourcing.

NEW FOR HTU 2025

We hope you are planning to join us in August for the HealthTrust University Conference (HTU) in San Antonio, Texas, Aug. 18–20. Members wishing to participate should reach out to their facility's allocation lead and/or HealthTrust Account Manager to express interest in attending.

For suppliers, make plans now to extend your stay through midday on Wednesday, Aug. 20, so you can take part in our first-ever Supplier Engagement Rooms following the Closing General Session. There, you will have the opportunity to talk one-on-one with HealthTrust members as well as Strategic Sourcing personnel from the Med/Surg, Pharmacy and Commercial Products & Services portfolios. Suppliers must exhibit at HTU and attend the Wednesday Closing General Session in order to receive a ticket to enter either of the engagement rooms. Contact **events@healthtrustpg.com** for more information. •





Ed JonesPresident/CEO, HealthTrust Performance Group
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Strengthening drug supply continuity

HealthTrust's SIMS program ensures essential meds are there when needed

Pharmacy leaders are constantly navigating the challenges of securing cost savings while ensuring a stable supply of essential medicines. Drug shortages remain one of the biggest concerns in the industry, creating disruptions that can directly impact patient care.

HealthTrust's Supply Interruption Mitigation Strategies (SIMS) program was designed to proactively address these challenges and in 2024, it grew significantly to provide even greater protection for our members.

BUILDING A SHIELD AGAINST SHORTAGES

The SIMS program was launched in 2019 to prevent, predict and mitigate drug shortages for HealthTrust members. Recognizing the increasing need for supply stability, HealthTrust expanded SIMS in 2024, adding more medications and strengthening partnerships with pharmaceutical manufacturers. What started as a member feedback-driven program covering just five drugs now includes over 75 medications; 20 more are expected in 2025.

"We depend on HealthTrust's SIMS program to minimize disruption and help make sure we have the critical medications we need to treat patients," says **Jennifer Higdon**, Assistant Vice President, Pharmacy Operations at HCA Healthcare. By leveraging strategic, long-term contracts, SIMS creates stability and improves predictability around the supply of medications deemed critical to patient care. These include "never out" drugs, which are those essential for procedures in cardiology, oncology and critical care, where a shortage could have severe consequences.

A UNIQUE PROPOSITION

The SIMS program is built on a proactive, long-term approach to supply chain resilience. Instead of reacting to shortages, HealthTrust negotiates extended contracts with pharmaceutical manufacturers, ensuring both committed volumes and stable pricing.

Key components of the program include:

- Problem-solving Strategies Collaborating with manufacturers to develop customized programs for mitigating shortages.
- ► Long-term Agreements In contrast to the current contract cycle of three years, SIMS products may be contracted for up to five years.
- ▶ Committed Volumes Our committed model and member performance allows manufacturers to invest in stable production capacity and demand planning. This predictability reduces level-setting for lower-margin products and provides partners with the volume guarantees needed to implement manufacturing strategies.
- Guaranteed Pricing Ensuring stability in costs for lowermargin drugs, reducing market volatility.
- ▶ **Dedicated Inventory** Suppliers hold additional buffer inventory dedicated to HealthTrust customers.
- ▶ **Controlled Channel** In the event of a shortage,

HealthTrust has the capability to move inventory to a channel for HealthTrust members.

COMMITMENT & ALIGNMENT MATTER

Unlike other shortage programs that typically achieve only 30–50% contract compliance, SIMS has demonstrated 80–85% compliance among participating members. This higher level of engagement not only secures supply availability but also leads to better pricing and greater overall resiliency.

"There is nothing worse than treating a patient and not having the medicine you need," says **Brian Moran**, Vice President of Pharmacy at HealthTrust. "With HealthTrust's purchasing power and aligned model, SIMS gives our members the assurance that critical medications will be available when they need them most."

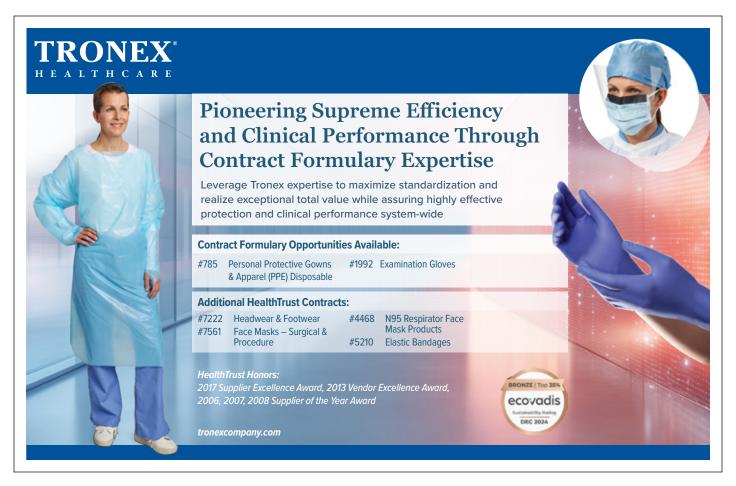
"Our program has found the sweet spot between marketleading pricing, but also pricing that is sustainable for the market," explains Moran. "There's a premium, sometimes, but that premium is generally minimum and always has a clear value proposition, which helps to create a more resilient supply chain."

LOOKING AHEAD

As SIMS continues to expand, HealthTrust is committed to adding more medications and deepening supplier partnerships. In 2025, the program will primarily add IV medications used to treat critically ill patients such as those with cancer, some antibiotics and other meds administered in the OR during surgeries.

This growth will further reinforce our members' ability to navigate supply chain disruptions with confidence.

PUT SIMS TO WORK FOR YOUR ORGANIZATION. Learn more about the program and how it can strengthen your pharmacy supply strategy by reaching out to your HealthTrust Account Manager or by emailing askIHP@healthtrustpg.com





Transforming purchased services

Valify leverages Al-powered technology to return value to healthcare providers

A purchased service is any service outsourced or contracted for and performed by a third party rather than a hospital's in-house staff. "We define purchased services as anything that doesn't have a SKU number," says **Andy Motz**, Vice President of Valify Advisory Services and Custom Contracting with Valify Solutions Group (VSG). "They are what a hospital needs to keep it running—from reference lab services

"Because they often span multiple departments across a health system, outsourced services can be difficult to manage," Motz explains. "Oftentimes, the decision-making and ongoing contract management are decentralized. Adding to those challenges is the complexity of the categories and a lack of consistent operational metrics."

and blood products to security and elevator maintenance."

For providers who manage multiple facilities of varying sizes in widespread locations, contracts with local suppliers for these services can hide a lot of wasted spend from potential redundancies, as well as regional price variations.

AN EXPERIENCED PARTNER IN YOUR CORNER

As HealthTrust's strategic partner, Valify provides access to purchased services contracts in over 1,400 categories, processing \$1.3 trillion in spend data across hundreds of healthcare organizations. From Valify's beginnings as a SaaS start-up, to becoming the market leader for end-to-end solutions for managing purchased services expenses, the organization has adapted its solutions over the last decade to address the evolving needs of healthcare providers.

Valify's focus on purchased services, which accounts for nearly 50% of a hospital's nonlabor spend, continues to generate results. By targeting the top five categories, representing approximately 20% of that spend, Valify empowers members with unparalleled data insights, robust benchmarks and tailored resources to make informed decisions.

Continued on page 10



Leverage Valify's new AI to make data-driven decisions in your purchased services spend.

Turn insights into action with a demo at getvalify.com/#schedule-demo.





Continued from page 8

For example, with Valify's Power Benchmarking (PB) program, providers can optimize cost management, quality and supplier relationships. With the provider's input on selecting categories, Valify can analyze various data to:

- Uncover metrics around service level agreements (SLAs). PB captures and compares SLAs, offering insights into industry standards and performance expectations.
- ▶ **Identify price ranges**. By looking at the pricing structures of healthcare organizations and their peers, PB enables a provider to gauge competitiveness and negotiate effectively with suppliers.
- ▶ **Determine best practices**. By studying best practices adopted by top performers, healthcare providers can learn and implement strategies that drive efficiency and quality.
- ► Assess terms and conditions. Valify reviews agreements across different suppliers and hospitals to identify contract terms and conditions prevalent in a particular category. This analysis aids in structuring contracts that are fair, comprehensive and aligned with industry norms.

While its full potential remains to be seen, artificial intelligence (AI) has permeated many aspects of our lives. Among other uses in healthcare, it can now be deployed to help providers uncover deeper insights, compare benchmarks and access tools to optimize their nonlabor

VALIFY'S RECENT ENHANCEMENTS & ADDITIONS

- ▶ Al and Insights: Implemented Al-powered spend insights within the app, boosting clients' access to spend analysis.
- ▶ Rapid Technology Execution: Launched the Valify Client Advisory Panel, engaging key clients to enhance feedback and drive product development.
- ▶ Improved Data Alignment: Redesigned new HealthTrust member data feeds to source directly from HealthTrust, enhancing data quality and system alignment.
- ▶ Enhanced Analytics: Completed migration to Power BI, significantly improving data analytics and reporting capabilities.
- ▶ **Data Import Automation:** Automated data import processes, reducing data publishing times from 10 days to three days.
- ▶ Megaphone Feature in the App: Announced the "Megaphone" feature, focused on delivering purchased services trends and insights to Valify clients with in-app communications.

spend. In 2024, Valify integrated AI into its technology platform. (See sidebar for more information.)

"The investment in responsible AI enhances Valify's capabilities to deliver unique insights and automated solutions while ensuring long-term, sustainable benefits for our clients," says Les Popiolek, Chief Executive Officer at Valify. "Al differentiates our platform from competitors and further expands our ability to optimize provider purchased services programs even more effectively."

According to Valify's Director of Product Management Rick Mattock, Al enhances the Valify user experience for both purchased services experts and those newer to the field. "Al enables us to offer healthcare organizations a solution that can transform their procurement management

by automating detailed spend data and producing concise analyses that highlight trends, comparative analytics and savings opportunities. Now, a healthcare system receives access to vast amounts of data that is processed rapidly. Ultimately, this saves time, reduces costs and improves the speed of decision-making," he says.

"While data itself is essential, it's the strategic application of advanced AI that unlocks deeper insights and drives meaningful change for healthcare leaders," adds Mattock.



FIND OUT HOW VALIFY CAN TRANSFORM your organization's purchased services program by reaching out to your HealthTrust Account Manager or by emailing info@getvalify.com

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WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE

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

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

Important Safety Information

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

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

Store octagam 10% for 36 months at +2°C to +8°C (36°F to 46°F) from the date of manufacture. Within this shelf-life, the product may be stored up to 9 months at ≤ +25°C (77°F). After storage at ≤ +25°C (77°F) the product must be used or discarded.

HealthTrust Contract #4861

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HIGHLIGHTS OF PRESCRIBING INFORMATION

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

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

Initial U.S. Approval: 2014

WARNING

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

- Thrombosis may occur with immune globulin intravenous (IGIV) products, including Octagam 10%. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
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- For patients at risk of thrombosis, renal dysfunction or renal failure, administer Octagam 10% at the minimum infusion rate practicable.
 Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

-----INDICATIONS AND USAGE ----

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

---- DOSAGE AND ADMINISTRATION ---

For intravenous use only.

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

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

-----DOSAGE FORMS AND STRENGTHS -----

Solution containing 10% IgG (100 mg/mL)

--- CONTRAINDICATIONS----

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

------WARNINGS AND PRECAUTIONS ------

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

----- ADVERSE REACTIONS-----

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

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

To report SUSPECTED ADVERSE REACTIONS, contact Octapharma at 1-866-766-4860 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----DRUG INTERACTIONS-----

The passive transfer of antibodies may:

Confound the results of serological testing.

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

----- USE IN SPECIFIC POPULATIONS-----

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

Revised: July 2021-

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

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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.





Pharmacy reimagined

Transforming hospital pharmacies from cost centers to revenue drivers

FOR YEARS, HOSPITAL CEOs AND CFOS HAVE CONSIDERED THEIR PHARMACIES as a cost center that they need to restrain. However, shifts in the outpatient landscape are creating new opportunities to turn these pharmacies into revenue generators.

Since CMS instituted the diagnosis-related group (DRG) payment system for inpatient events, hospital CEOs and CFOs have been focused on controlling their inpatient pharmaceutical costs so they don't exceed the payments allowed in the DRG reimbursement formula. While this approach made sense, the outpatient environment has evolved significantly, according to

Jason Braithwaite, PharmD, MS, BCPS, HealthTrust's Senior Assistant Vice President, Clinical Pharmacy Operations & Business Development.

"In the past, outpatient drug utilization was minimal," Braithwaite explains. "But today, we're seeing an explosion of expensive outpatient medications—biologics, infusion therapies and oncology drugs among them. Additionally, hospitals have expanded outpatient settings, including infusion centers and outpatient surgery departments."

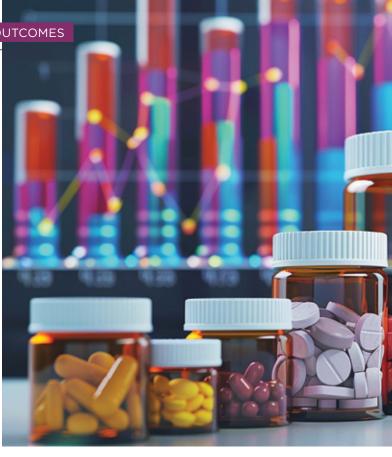
THE SHIFT IN OUTPATIENT DRUG SPENDING

Over the last decade, outpatient pharmaceutical expenses have surged. "For many health systems today, over 50% of total drug spend is now outpatient, when previously it was maybe 10% to 20%," Braithwaite says.

That increase is both good and bad. On the negative side, as drugs become more specialized and targeted, they're more expensive for hospitals to purchase, resulting in just a few drugs driving up spend.

"A clinician might select a drug that costs \$40,000 or \$50,000 per dose versus the relatively low cost of generics," he explains. "They would have to give thousands of doses for some of these generic drugs to equal one dose of an expensive biologic."

On the plus side, he says, is reimbursement. "From a reimbursement perspective," Braithwaite



adds, "the differentiator for outpatient is that you are separately reimbursed, so you're not subject to the DRG payment restrictions."

RETHINKING THE ROLE OF OUTPATIENT PHARMACY

Given these reimbursement advantages, hospital leaders should reconsider the perception of pharmacy as a cost center in the outpatient space.

"Their focus should not necessarily be on the increase in spend, but rather the reimbursement that they're receiving from those drug administrations. We are seeing huge increases, with some health systems having whole service lines for outpatient oncology or rheumatology."

While the opportunity for growth is great, C-suites within hospitals need to be thoughtful about realigning their focus from cost to revenue center in regard to outpatient pharmacy, Braithwaite says.

"The basic factors to consider are understanding your payers, your payer mix, your commercial versus Medicare and Medicaid mix, and the purchase or acquisition costs for the drugs. These considerations need to be understood before you can really delve into 'Should or should we not be growing in the outpatient space," he says.

TOOLS FOR INFORMED DECISION-MAKING

To achieve that level of discernment, Braithwaite recommends pulling together the pharmacy, finance, patient financial assistance and managed care contracting teams. "You need to fully comprehend what the hospital's business



model is, what you're winning on vs. what you're losing on," he explains.

HealthTrust also has tools to help those teams get fuller insights and continues to develop additional resources for members. One of those in development is a reporting tool that looks at drugs that are commonly used in members' inpatient and outpatient settings, so members can clearly detect the spend growth in each of those segments.

Reports based on an analysis of many of the top spend drugs and the way those are covered by plan sponsors and payers are available now through the Member Portal. That resource also provides some reimbursement reporting compiled from publicly available Medicare data, but in a format that is easier to digest and consume.

"Drug manufacturers, payers, etc., are all focused on that outpatient factor, so while we absolutely emphasize cost control on the outpatient segment, health systems should also understand cost versus reimbursement and have it as a focus and growth opportunity," Braithwaite adds. "HealthTrust is dedicated to helping members with that."

IS YOUR PHARMACY **POSITIONED TO GENERATE REVENUE?**

You'll need full visibility into your spend and reimbursements. For more information on available pharmacy tools and insights, contact your HealthTrust Account Manager or email askIHP@healthtrust pg.com

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What hospitals need to know

IN NOVEMBER 2024, THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) announced the release of a significant final rule aimed at improving the safety of pregnancy, childbirth and postpartum care. The new conditions of participation apply to obstetric services provided at acute care and critical access hospitals, addressing the country's ongoing maternity care crisis and marking an important step toward enhancing the quality of care in these settings.

ADDRESSING THE MATERNAL **HEALTH CRISIS**

When CMS says that the country has a "maternity care crisis," it is no overstatement, says Frank Kolucki Jr., M.D., FACOG, Chairman of Obstetrics



and Gynecology at Moses Taylor Hospital in Scranton, Pennsylvania, and a HealthTrust Physician Advisor.

The Commonwealth Fund, a nonprofit private foundation supporting independent research on health policy reform, completed an analysis in 2022 that showed the number of maternal deaths for every 100,000 live births in the U.S. was 22—a figure that is "more than double, sometimes triple, the rate for most other high-income countries in this analysis."

And while the number of maternal deaths per 100,000 live births in the U.S. came down slightly in 2023 to 18.6, that's still too high, Dr. Kolucki adds. It's important to note it doesn't reflect the full picture—not only is maternal mortality high in the U.S., so is maternal morbidity. "Things like shock, acute kidney injury, myocardial infarction, sepsis—all of these have increased exponentially over the past 10 to 15 years," he

explains. "Maternal mortality is an American tragedy because more than 80% of deaths are preventable."

CMS CONDITIONS OF PARTICIPATION: A PHASED APPROACH

With such dire outcomes facing pregnant women in the U.S., CMS felt it needed to act, explains Holly Moore, MSN, RN-K, Senior Director of Clinical Data Solutions with HealthTrust Clinical Services.



"Its goal is to nationally improve our maternal health mortality rate specifically, but improve maternal health overall," Moore says. "And, so, their thought process is to develop foundational standards of adherence that every hospital must meet in order to participate in the Medicare and Medicaid programs."

CMS has placed its new conditions of participation into eight categories, with implementation in three phases. The requirements of the first phase apply to all hospitals, whether they have obstetrical services or not, to ensure that emergency departments are properly prepared to handle obstetric emergencies when these patients arrive in the ED. These facilities will be required to have transfer protocols and agreements in place so those patients can be transferred to a facility with obstetric services, if needed.

- ▶ **Phase 1 (June 2025):** Emergency readiness and transfer protocols (applies to all hospitals, including those without obstetric services)
- ▶ Phase 2 (January 2026): Organization, staffing and delivery of obstetric services (applies only to hospitals with obstetric units)
- ▶ Phase 3 (January 2027): Staff training, quality assessment and performance improvement requirements

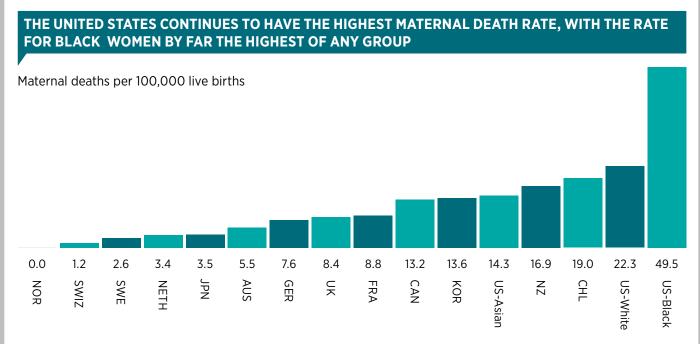
"Although compliance may seem daunting, the requirements focus on essential patient safety practices already followed by many high-performing hospitals," explains Moore.

HOW MOSES TAYLOR HOSPITAL LEADS IN MATERNITY CARE

Hospitals can look to other facilities that already do these foundational measures for inspiration and guidance, such as Moses Taylor Hospital. In 2015, it became the first hospital in the U.S. to be certified by the Joint Commission as a perinatal care center, and it has received recognition and numerous awards for its obstetrical services.

Moses Taylor approaches CMS' eight categories by enacting the following strategies:

▶ **Organization and delivery of service**. Taking care of the mother is a team effort that begins in the office, says



Note: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

Source: Munira Z. Gunja et al., Insights into the U.S. Maternal Mortality Crisis: An International Comparison (Commonwealth Fund, June 2024).

Teri Evans, RN, BSN, Manager of Moses Taylor's Labor and Delivery Department, and Diane Grodack, RN, BSN, Moses Taylor's Director of Women's and Infant Services. "We realized that any type of change we wanted to make on an outcome needed to actually start in the office setting," shares Grodack. So, for example, they have social workers who meet with patients in the prenatal office to work with them on breastfeeding and safe sleep practices. They also support opioiddependent patients to help reduce anxiety about the birthing process.

Staffing, training and emergency readiness. Staff are cross-trained, and when they onboard new team members, they pair them with one or two preceptors during orientation and keep them on day shift for six weeks before rotating them into night shift. They also do drills and simulation trainings on a regular basis, so staff is up to date on competencies and are prepared for high-risk,

"Over 80% of pregnancy-related deaths are preventable."

—Centers for Medicare & Medicaid Services Fact Sheet

low-volume events, such as postpartum hemorrhage or eclamptic seizures. Fortunately, these events don't often occur, but when they do, everyone needs to be "on their game."

- ▶ **Transfer protocols**. As a level two maternity center, the team knows what situations they can and cannot care for, says Dr. Kolucki. "We have transfer protocols to tertiary care centers to make sure there is no delay in getting a patient to where they will best be served," he adds. And if, for example, foul weather delays a transfer, then they rely on the relationships with those care centers to provide advice and recommendations to care for the patient until it's safe to transfer.
- ▶ Quality assessment and performance improvement. The team members use dashboards to make sure they have appropriate outcomes, and they review their



statistics monthly. For example, they evaluate what their rates are for primary section, episiotomy and hemorrhage, and compare their outcomes to the Adverse Outcome Index, a nationally recognized metric that assesses the quality of obstetrical care. "We assess all those things to make sure that there are no outliers," Dr. Kolucki explains.

They've discovered one of the most useful practices from a performance improvement perspective is immediately debriefing after an event, Grodack and Evans add. Even out of a "small" crisis, they've learned valuable things that they can implement; those changes are made immediately and are reviewed after implementation to make sure they worked the way they were expected to.

The entire team from multiple disciplines and departments also meets twice every day to review possible high-risk patients and puts plans in place for how to handle those risks should they develop. "It's the first line of defense in the protection of our patients," Dr. Kolucki says. "We use the collective intellect of all team members to determine what is the absolute best plan of care for each patient."

"Most of the things CMS is requiring can be completed in an easy fashion with very simple tools like checklists, drills and simulations," Dr. Kolucki adds. They aren't costly to do, and free guides and tools are available from the Alliance for Innovation on Maternal Health, the California Maternal Quality Care Collaborative, the Society for Maternal Fetal Medicine and the American College of Obstetricians and Gynecologists.

Hospitals can also look within their own systems for guidance, says Moore. Smaller hospitals within a larger network can see what processes and procedures are already in place rather than reinventing the wheel.

And HealthTrust has resources for members, too. "We can help service line leaders set up processes so that they're meeting the CMS conditions of participation," she adds. •

ARE YOU PREPARED to meet the new CMS measures? HealthTrust can help. Contact CDSinfo@healthtrustpg.com or Kim Wright at kimberly.wright@healthtrustpg.com to start the conversation.



REVIVING

How transparency, trust & a people-first culture are transforming an Alabama Health System

"We did it through

transparency with

the community &

giving credit to the

frontline caregivers ... "

WHEN KATRINA KEEFER JOINED DCH HEALTH SYSTEM IN 2022 as its new CEO, she found an embattled, care-worn workforce. Years of serving on the front lines of a global pandemic, on top of developing endless efficiencies and process improvements, left caregivers feeling defeated. To further compound the situation, the community formed a negative view of the Tuscaloosa, Alabama, health system, which they perceived as failing due to a lack of clarity from leadership and a glaring D safety grade from Leapfrog, an organization that measures and rates hospital quality.

With Keefer at the helm, DCH made a complete turnaround in just two years and is on the road to transformational excellence. How, you ask? "We did it through transparency with the community and giving credit to the frontline caregivers who had being doing good work," she says.

"I feel I have been able to give a voice to the great care happening here," adds Keefer. "It has been a privilege to share our impact."

CHANGING THE CULTURE

–Katrina Keefer

Another decision that made a key difference: Rather than search only nationally for leaders, Keefer promoted standout talent from within the organization and region. People who gave their all during the pandemic were given opportunities to move up and grow their influence.

Rachel Anderson is one of those leaders. She stepped into the Vice President of Supply Chain role at DCH in October 2024. Anderson had proven her capabilities at her previous employer, Baptist Health—where she and Keefer met—growing from Value Analysis Specialist to Corporate Director of Supply Chain over 13 years.

Keefer also felt Anderson was a strong cultural fit. Like Keefer,

she takes pride in ensuring individuals in her home state receive high-quality care.

Anderson is helping shift the culture of the healthcare supply chain industry by championing education, visibility and leadership development. As a member of the Advisory Council for the Bellwether League Foundation (BLF)—a nonprofit dedicated to performance excellence in healthcare supply chain—she supports initiatives that not only recognize leaders but also foster future talent. Through academic scholarships, collegiate outreach and support for student-led projects, the BLF is helping build interest in supply chain careers.

As Chair of the BLF's Professional Development Committee, Anderson leads creation of educational content such as panels, podcasts and fireside chats that highlight innovators and risk-takers. "By amplifying these voices and stories, I hope to drive a cultural shift—one that values bold thinking, mentorship and continuous

FORGING A PATH FORWARD

DCH is what's known as a sole community provider, with two hospitals operating under one provider number. This designation puts them in a better position to respond to healthcare's ever-changing regulatory environment. But over the past five years, as DCH and the hospital industry struggled to bounce back from COVID, the people of Tuscaloosa grew frustrated with the culture and care quality, as well as the system's financial outlook. Faith in leadership declined as communication lagged.

Keefer spent time listening and talking with community members. "I asked people about their experiences—the good and the bad," she explains. "I wanted them to share with me so they can feel heard and we can improve. This simple act of listening to their needs and their concerns gave the community more confidence in the work we were doing to improve all facets of DCH."

Seeing the link between staff morale and community perception, Keefer lifted caregivers by sharing stories of the extraordinary care DCH provides.





professional growth across the supply chain landscape," Anderson shares.

Her leadership style, like Keefer's, is grounded in the belief that change begins by empowering individuals through development, cultural transformation and helping every employee see their role in the mission of patient care.

CONNECTING THE DOTS

Among the "Katrina-isms" staff have embraced, one stands out: "We are all caregivers," Keefer says. "We value everyone's place in the caregiving process." This means thinking about the patient experience from A to Z—not just clinical service, but also scheduling orders and ensuring billing is accurate. Even non-clinical roles affect patient outcomes.

Helping employees clearly see their impact has brought unexpected wins like revenue improvements. "We have been able to make big strides in reducing denials and improving reimbursement rates," she shares.

USING RATINGS TO DEMONSTRATE PROGRESS

Hospital ratings like HCAHPS, Leapfrog, and U.S. News & World Report are often divisive. Keefer admits she had once been dismissive of Leapfrog. But in Tuscaloosa, the community really cared.

She saw that the hospital's poor grade had confirmed public doubt. So Keefer leaned in. "Leapfrog is essentially an open-book test," she says. "It's all about demonstrating safer patient care."

DCH focused on improving the safety and quality measures that Leapfrog uses. From 2021 to 2024, performance improved by 41%, from a D to a high B. Like many health systems, DCH had used Lean methodologies to cut waste and drive improvement. While often effective, a narrow focus on metrics can become exhausting and limit creativity.

"Instead of Lean textbook thinking, we tried to bring everyone to the table and consider their discipline and the downstream effects of a decision," explains Keefer.

GROWING GREAT LEADERS

When hiring, Keefer emphasizes finding the right leader for each team, not just chasing impressive résumés. "We want a teamwork aspect for problem-solving," she says. "So we look at where a candidate's strengths might complement the team. Multidisciplinary and interdisciplinary teamwork have been the keys to success so far."

Anderson agrees. "Since recently joining DCH, I've already been given the opportunity to sit in on hiring candidate interviews for other departments and to lend my voice to

"I'm passionate about mentoring the next generation & shining a light on healthcare supply chain as a destination career."

-Rachel Anderson

the selection process for our future leaders. I see us picking the right individuals to invest back into the organization," she shares. "There is a positive, upward momentum across the health system and I can feel the enthusiasm amongst our staff as we work toward a common goal."

Keefer also supports leadership growth across career stages. "We have leaders who are excellent within their departments and who want to grow in their knowledge and decision-making," she says. "We look for opportunities for them to have exposure to other areas they may not have worked in previously. It's about helping people stretch across disciplines so they become better leaders and gain perspective." Leaders across departments and levels of seniority are encouraged to collaborate and solve problems together. The result: a culture where people feel safe raising concerns, asking questions and proposing ideas.

Anderson reflects on her own path. "I'm a prime example of someone who was given unique opportunities to learn and grow," she explains. "I started as an intern with Baptist Health and was asked to aid in redesigning its Value Analysis Program, to focus on the importance of a crossdisciplinary approach and driving decision-making down into the organization. This gave me the opportunity to work with Quality, Nursing, Education, Infection Control, etc., and it was invaluable exposure that I wouldn't have had otherwise. This experience and the promotion of multidisciplinary teamwork helped to shape, mold and ultimately propel my leadership journey forward."

MENTORING FUTURE GENERATIONS

Keefer and Anderson both believe that mentorship is a vital responsibility for leaders. At DCH, it's also a core part of succession planning. "We encourage leaders to make time for the next generation—not necessarily young people, but those without the same title," she says. "We are looking across all levels of the organization and encouraging them to stretch."



Anderson echoes that belief. "The more I invest my time in helping others grow and learn," she shares, "the more I grow as a leader myself. It's a cycle of growth that benefits everyone involved." Her leadership approach centers on the idea that success includes creating opportunities for others.

She currently serves as Board Liaison for the Association for Healthcare Resource and Materials Management's Young Professionals Advisory Council (YPAC), which supports students and early-career professionals in the healthcare supply chain. YPAC provides input on programs and policies that support emerging leaders and fosters a Mentor-Mentee program designed to cultivate reciprocal, meaningful connections across experience levels.

"I'm passionate about mentoring the next generation and shining a light on healthcare supply chain as a destination career," says Anderson. Her dedication to service aligns closely with Keefer's leadership philosophy. And both leaders understand the importance of recognizing every role in the healthcare system as essential to the overall patient experience.

A SYMBIOTIC RELATIONSHIP

The community needs DCH for healthcare, and DCH needs the community's support to stay viable. "There has been a lot of economic growth in Tuscaloosa, including international development, with Mercedes Benz located here," explains Keefer. "We have so much to offer. It's been great for the community and business leaders to be proud of DCH. This shift in perception has enabled us to recruit and retain top talent, both administrative and clinical." •



Pathways to a GREENER FUTURE

HealthTrust solutions assist members with sustainability initiatives

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES LAUNCHED THE HEALTH SECTOR CLIMATE PLEDGE IN 2022. It is a voluntary commitment by private sector healthcare organizations to climate resilience and emissions reduction—specifically reducing greenhouse gas scope 1 and 2 emissions 50% by the year 2030 (using a baseline no earlier than 2008) and to achieve net-zero emissions by 2050. As of the end of 2024, nearly 150 organizations representing more than 950 hospitals had signed the Pledge.

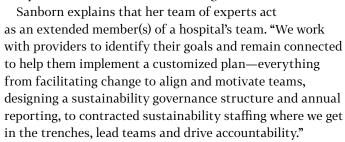
"Working with HealthTrust members, we've found hospitals across the country are in varying places on their journey to reducing emissions," says **Lucy Madura**, Director of Strategic Sourcing & Contracting on the Commercial Products team. "Some health systems have a sustainability program leader, while others look to their facilities team to manage their efforts," she adds.



In response to member requests for assistance with sustainability initiatives, **Nikko Giovino**, AVP of Strategic Sourcing, Commercial Products says, "HealthTrust has contracted with two firms that can be engaged for a broad scope of services related to sustainability, energy efficiency, infrastructure planning and resiliency solutions." The firms are **Environ Energy** (Contract #120800) and **Mazzetti, Inc.** (Contract #119500).

AN EXTENSION OF YOUR TEAM

The Source recently talked with Jennifer Kearney, President of Environ, and Christina Sanborn, Associate Principal and Sustainability Practice Leader with Mazzetti, to discuss their work with healthcare organizations of all sizes in helping them meet their reduction goals. Both indicate they work with members at any stage of their journey and have the staff to either "be" a provider's team or to complement the efforts of an existing team.



Kearney shares, "Often, a health system has signed the HHS pledge and has C-suite support, but it needs help developing a game plan. We assist with establishing their baseline so they know how much carbon they have to reduce to get to their goal and then turn that back into energy. Some organizations are actually further along than they realize, as there are many related projects sometimes already baked into their capital plan to optimize costs and improve efficiency. And the good news is: All of that counts toward their reduction goals."

RESPONSIBLE STEWARDS

An area where Kearney and Sanborn believe everyone can agree is that universally, all healthcare organizations are interested in driving healthy benefits for their communities and being good stewards of available resources.

"Programs and pledges may come and go," shares Kearney, "but this work will always be a net positive to those organizations who remain committed. Ultimately,

we are reducing a hospital's carbon footprint and operating costs, and saving money is always attractive to the healthcare sector. Improving efficiencies, focusing on the bottom line, and delivering great ROI is always the foundation of our practice."

OPTIMIZATION & REDUCTIONS

"Any healthcare organization and their communities can benefit from load reduction, energy reduction and decreasing its dependence on fossil fuels," Sanborn explains. "We suggest an energy audit and retro commissioning to optimize controls and identify ways to save money while reducing emissions. To help meet broader goals, we recommend aligning with a facility's capital infrastructure plan to maximize their budget with deferred maintenance and carbon reduction plans. When taking into account the facility's existing infrastructure plans, we recommend replacing equipment like chillers and boilers as they age with ones that are more efficient, such as heat pumps, leveraging their existing recapitalization plans. Concurrently, they are advancing their decarbonization goals."

HEALTHTRUST SUSTAINABILITY & ENERGY AGREEMENTS

Sustainability Consulting

Environ Energy - Contract #120800 Mazzetti - Contract #119500

Sustainability Equipment

CED - Contract #6448 Thompson Machinery Corp - Contract #120238

Sustainability/Carbon Reduction Software

Environ Energy – Contract #120800 Key Green Solutions – Contract #105835 Nzero – Contract #106753 SiteLogiq – Contract #106913

Energy Asset Concession

Bernhard Energy Solutions - Contract #57570

Utility Bill Pay Service

Conservice (an NISC company) - Contract #2570

FEATURE

"Environ also looks at what is already underway at a facility," shares Kearney. "We want to make sure the organization is getting credit for the great work they are already doing. We explore how to lower costs and increase profitability on investments. Our approach is practical; it's about driving better efficiencies, modernizing equipment and smarter infrastructure renewals—all driving to a better bottom line."

Kearney suggests that reviewing how a facility is heating and cooling and moving air are good places to start. "Air changes are mandated by code and infection control is a high-priority issue," she says, "so we see what we can do with building automation and controls to move and condition air that's not going to impact the patient experience—we concentrate on areas like administrative offices, common spaces and waiting areas versus patient rooms."

When asked where to look for some quick wins, **Bill Miller** and **Chris Hunt**, subject matter experts on the Energy team at HealthTrust, recommend things like LED lighting replacements. Even these smaller projects can help move the needle. When looking to upgrade existing equipment, the HealthTrust team can point you toward suppliers with Energy Star-certified models, energy-efficient HVAC systems, flows and pumps, as well as smart appliances and equipment.

FUNDING IS AVAILABLE

The Inflation Reduction Act of 2022 allows for new or expanded tax credits for energy-efficient facilities and incentives for solutions such as battery storage, solar panels or microgrids—all which can be utilized by hospitals for renewable energy and resilience initiatives.

"Hospitals are often surprised to learn about the amount of funding that is available to help defray these investments," says Kearney. "We recommend taking advantage of all the state energy grants and loans that are out there. Programs are always changing. Unfortunately, utilities don't do a good job of promoting what they offer; we can come in and provide turnkey service to help a healthcare organization get the money needed for a proposed project."

Miller and Hunt take a similar approach. "In our conversations with utility companies, we are asking them to be more proactive about informing us and/or our members about opportunities like incentives and rebates. We can also work with a member in contacting its specific utility companies to discuss available incentives, rebates, funding



ENERGY PROCUREMENT & UTILITY BILL PAY SERVICES

Over the last 25 years, HealthTrust has saved its members millions of dollars by leveraging data and strategically purchasing deregulated natural gas and electricity. Members in states where energy is available from suppliers other than utility companies can choose their own electricity or natural gas providers which allows them more options and typically better rates.

HealthTrust also offers a utility bill pay management service through Conservice (formerly Capturis) -Contract #2520), which provides facility managers and leadership better visibility into what is being spent each year on energy, as well as access to data analyses and benchmark reports. Hospitals can leverage this data to secure better pricing for energy and electricity.

CONSIDER RENEWABLE ELECTRICAL ENERGY & NATURAL GAS PLANS

Electricity providers offer renewable energy to help businesses to get part or all of their electric supply from solutions such as these:

- ► Renewable Energy Certificates (RECs) support the generation of green energy by offsetting power use with more green power entering the grid.
- ► Carbon Offsets can be purchased to address direct and indirect GHG emissions through "global" reductions on additional, external projects.
- ▶ Direct Source Renewables allow businesses to procure renewable electricity from renewable power generators in their area with the associated RECs.
- ► On-site Solar Panels can supply renewable electricity directly to a business along with the associated RECs.

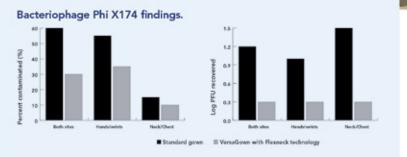
Source: Electricityrates.com

Continued on page 28



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*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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FEATURE

Continued from page 26

and financing that is available for a member's energy efficiency projects."

Both Environ and Mazzetti are poised to assist HealthTrust members at any stage of their carbon reduction journey. While initial engagements typically begin with an energy audit, the firms can be engaged for the following customizable solutions:

- ▶ Strategic energy planning
- Greenhouse gas inventories
- ▶ Goal setting
- Data gathering and analysis
 - Direct and indirect GHG emissions
 - · Regulatory reporting and certification
- ▶ RFP assistance for large carbon reduction projects and/ or resiliency projects (e.g., PPAs, VPPAs, solar, wind, microgrids)
- ▶ Act as an owner's rep throughout an entire project
- ▶ Contract negotiation support
 - Terms and conditions
 - · Financial analysis

Sanborn shares, "From the initial greenhouse gas inventory and data collection process, we can understand the current state of the organization's portfolio. We then identify specific opportunities for efficiency, recommend technologies to electrify the remaining loads and advise the facility team on sourcing the clean electricity it needs to complete the decarbonization process. We build a roadmap that leverages their master plan and deferred maintenance plan, looking for opportunities to introduce new technologies or efficiency measures aligned with planned investments. That way, an organization is tackling decarbonization each time it invests in one of its facilities."

AN ALTERNATIVE APPROACH

HealthTrust also offers Energy-as-a-Service (EaaS) solutions through a national agreement with Bernhard ProStar (BPS, Contract #57570).

In an EaaS model, healthcare providers partner with BPS for customized solutions to manage their complete energy infrastructure needs—everything from engineering design, construction, operations and maintenance, to financing that will reduce their carbon footprint and energy consumption, while providing unique financial and operational benefits.

By shifting capital needs to an operational expense, EaaS solutions provide clients with efficient and resilient infrastructure along with the long-term guaranteed benefits of budget certainty and risk transfer. BPS' program can be tailored to guarantee results and allow the provider to focus their typically scarce resources on core healthcare operations.



BPS can also partner with the HealthTrust Energy team for a collaborative approach that addresses both the supply and demand aspects of utilities. In this scenario, BPS focuses on demand, while the HealthTrust Energy team handles the supply side and how a facility purchases its utilities, as well as how it hedges risk and manages the utilities.

STRATEGIES FOR REDUCING HEALTHCARE **FACILITY ENERGY EXPENSES**

- ▶ Engage in an electricity and natural gas usage audit to review recent energy bills and related costs.
- Make easy and low-cost upgrades by replacing dated equipment with ENERGY STAR-certified models like LED lighting, smart appliances, and efficient heating and cooling systems.
- ▶ Install advanced energy management systems that optimize when devices switch on and off based on real-time use.
- ► Assess on-site areas that have appliances such as laundry areas, kitchens and laboratories to finetune cycles and minimize waste. Usage audits of electricity (hourly) and natural gas (daily) can help with identifying spikes in use, fluctuations and opportunities to potentially move to a more costeffective rate in regulated states.
- ▶ Work with your utility companies to ensure you have the most cost-effective rates for both electricity and natural gas, and to see what options are available for rebates, incentives and funding.

Source: Electricityrates.com

READY TO REDUCE ENERGY & INCREASE EFFICIENCIES AT YOUR FACILITIES? Contact commercial@ healthtrustpg.com to explore HealthTrust's contracted providers for energy and sustainabilityrelated initiatives.



HealthTrust Contract #62978

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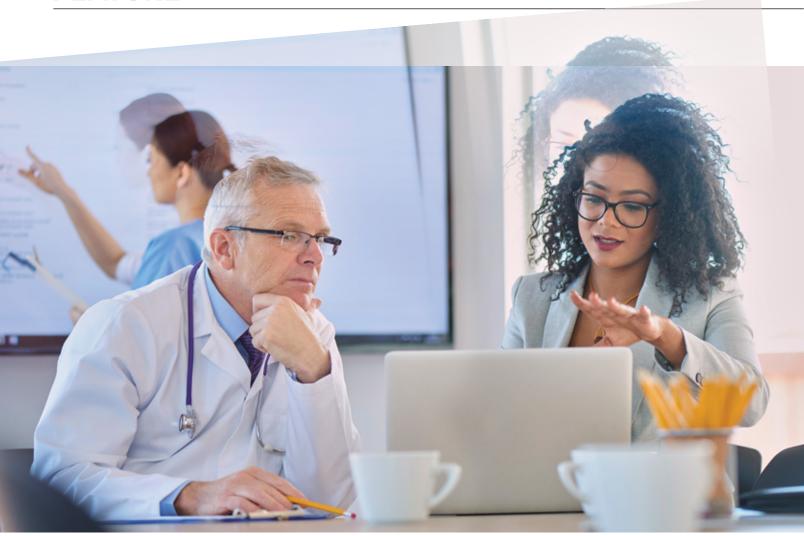
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Out of ALIGNMENT?

3 ways to think about physician engagement

PHYSICIANS MANAGE A WIDE RANGE OF RESPONSIBILITIES BEYOND DIRECT PATIENT CARE, including completing medical records, attending meetings and staying current on the latest clinical advancements. Engaging physicians in health system improvements even when it impacts patient care—can be difficult. But it doesn't have to be impossible. Here are three options that offer a win-win for the physicians, their patients and the health system.

1 | THE PHYSICIAN'S ROLE IN ELECTRONIC **HEALTH RECORDS**



While early electronic health record (EHR) systems focused on collecting patient data for billing purposes and regulatory compliance, later versions improve timely record-keeping and support quality and other initiatives. It's a lengthy and time-consuming process for some physicians to click through the EHR screens and dropdown menus when entering details from a patient visit.

Customizing the EHR to improve physician workflow is best done with physician help. Consulting physicians before restructuring relevant fields enables them to find the information they need more quickly, because they know where to look for it.

For HealthTrust Physician Advisor Frank Kolucki Jr., M.D., FACOG, Chairman of Obstetrics and Gynecology at Moses Taylor Hospital in Scranton, Pennsylvania, "the EHR can be a great resource to ensure that evidence-based, protocol-driven medicine is being practiced." Adding order sets (a collection of instructions for healthcare providers that are used to treat a patient) as a "forcing function" requiring physicians to complete specific information, minimizes potential patient harm and ensures that up-todate care is being delivered, he says.

These order sets should be reviewed by physicians regularly. In Kolucki's group, they review order sets every two years. "Medicine is always changing. Evidence is always changing. So, a team's practice has to change," he says. Collaborating with providers on the EHR is paramount to ensure the standard of care is being met, as well as for physician buy-in.

Templates can help doctors find information in the records more easily and ensures they don't miss key details, says Vijay Chilakamarri, M.D., an interventional cardiologist at Lutheran Health Physicians and a HealthTrust Physician Advisor. Templates "are in the best interest of the patient and they help the hospital meet criteria for core measures, to be adequately reimbursed," he explains. When affiliated hospitals make any major changes to their EHR system, including updating or adding templates, a physician champion from their group collaborates with the hospital and Lutheran Health Physicians on compliance.

2 | INCLUDE THE PHYSICIAN IN VALUE ANALYSIS

Physicians today play a greater role in value analysis than in the past. **Jonathan** Mandelbaum, M.D., a bariatric and general surgeon with Franciscan Health, medical director for the Franciscan Alliance

and a HealthTrust Physician Advisor, shares that his system, with 13 hospitals and multiple surgery centers, did not have a physician on the value analysis team. That changed last year when he created a Value Analysis Physician Advisory Committee. "I found that having a physician on the supply chain team opens up a lot of doors," he explains.

In the past, a surgery nurse on the supply chain team would approach Dr. Mandelbaum's surgery group, requesting they switch to a different product without providing an explanation or evidence to support the decision. Surgeons often feel that hospital administrators are trying to switch to cheaper and lower quality products. "None of us understood what a group purchasing organization such as HealthTrust was or the role it plays in helping members make informed purchasing decisions," he adds.

Doctors on the Value Analysis Physician Advisory Committee who now understand a strategic sourcing process can approach their colleagues about potential changes—by sharing their experience using the product, presenting clinical evidence that demonstrates similar patient outcomes and the potential to lower costs without impacting quality. Last year, a switch to a different tissue-sealing device saved Franciscan Health \$180,000 a year, and it was ultimately accomplished by physicians advocating among their peers. "Having a physician leader from each hospital address their surgeon colleagues can make a difference, and changes can be more easily made," Dr. Mandelbaum says. "When it comes to vetting new technology, we reach out to HealthTrust to see if any of their Physician Advisors have weighed in on a particular device or innovative product. These physician insights are critical to helping us make better informed sourcing decisions that benefit both our patients and the financial viability of Franciscan Alliance."

When Lifepoint Health considers changing a product, "We ask opinions and want a response," says Bert Altmanshofer, DPM, a podiatrist with Lifepoint Conemaugh Nason and a HealthTrust Physician Advisor. They ask physicians about their experience with the product, what their specialty college says about it and how switching products will affect the procedures and patients. "On the local level, we engage everyone," he explains, including the operating room supervisor, nurses working in that area and the finance department. Dr. Altmanshofer finds that the best value analysis experiences are when a provider asks for a different product, "coming in with all the needed evidence and information to effectively sell the stakeholders on approving it," he adds.

When onboarding a new physician at Lifepoint, the administration shares how the value analysis process works. Lifepoint is open to hearing about their needs, but they must bring the products to the committee and be ready to answer how it will change their practice and patient outcomes. "We fully expect to collaborate with our providers on getting the best possible products," he says, but requestors have to understand that what gets approved is partly based on patients' health plans, keeping all stakeholders aligned on a common vision.

3 | HOW SOCIAL MEDIA CAN EFFECTIVELY ENGAGE PHYSICIANS



A 2024 Sermo/LiveWorld survey of 317 U.S. physicians showed that 48% engaged with social media content created by healthcare leaders or key opinion leaders (KOLs) multiple times a day, and another 42% engaged with it weekly or once daily. HealthTrust Physician Advisor Mikio Nihira, M.D., urogynecologist and Medical Director at Seven Star OB/GYN, regularly uses Sermo, a social network for physicians.

On Sermo he sometimes answers paid commercial surveys, donating the payment to philanthropic causes. But he also posts questions or information for domestic and international doctors to comment on. For example, he shared information about a newer tibial nerve stimulation neuromodulation treatment for overactive bladders that received FDA clearance but does not yet have a CPT code. He posts about newer technologies and treatment options "with the hope that people from around the world can see it and potentially access it at some point," he says.

Dr. Nihira also posts on LinkedIn to share career information. He has multiple work roles, so he shares information relevant to what might interest recruiters, along with medical education opportunities. "In California, we have a grant program to support graduate medical education, and to encourage doctors with educational debt to work with Medicaid patients through loan repayment programs," he explains.

While Dr. Nihira does not use social media to recruit for clinical studies, he knows many younger physicians who do. He's also seeing organizations like the American College of Obstetrics & Gynecology (ACOG) use social media to educate patients and reduce disease stigma. For physicians, ACOG shares information on fellowship awards and opportunities via social media instead of primarily on email, as was done in the past. "Social media can be a quick way to learn about new studies, clinical trials and advancements in urogynecology," he adds.

Dr. Kolucki participates in ACOG Engage, a members-only social media forum to talk about pertinent topics in women's healthcare. He's also active on Doximity, which shares articles from vetted journals and some "esoteric publications," he says. Dr. Kolucki uses these forums to stay current on medical topics, preferring platforms with a highly valued reputation. "One has to be discerning as to where the evidence is coming from," he adds, though this is especially true of platforms like Facebook and X. "There can be a lot of less-than-accurate information displayed at these sites." •





MORE THAN medicine

Developing a systemwide behavioral health product formulary

THE DEMAND FOR BEHAVIORAL HEALTHCARE HAS SURGED since 2020—and across the country health systems are still trying to catch up. Many patients face barriers like cost, stigma and limited provider availability. But while organizations work to close those gaps in care, another opportunity exists: rethinking how supplies and products support behavioral health patients.

From a supply chain perspective, there are ways to deliver more economical and consistent products for this unique patient population, whose needs can differ from acute care patients.

WHY BEHAVIORAL HEALTH **REQUIRES DIFFERENT PRODUCTS**

"From a clinical standpoint, there are certain supplies you wouldn't use for behavioral health patients due to the risk of self-harm," says Jared Dougherty, DNP, MBA, RN, CENP, CCRN-K, Senior



Director of Clinical Resource Analysis at HCA Healthcare. Safety protocols are critical to providing these patients with high-quality care—and it requires looking at supplies through a different lens. Something as seemingly benign as a shampoo bottle with sharp edges can pose a risk to behavioral health patients. "We want to make it easy for health systems to obtain supplies while following evolving regulatory requirements."

Behavioral health patients also experience care differently than those in acute settings. "The latter typically wear a hospital gown and are in a patient room for the majority of their stay. Behavioral health patients are able to wear plain clothes in a more communal setting and can attend sessions for five or more hours per day," explains **Laura Hollis**, DNP, RN, NE-BC, Assistant Vice President of Behavioral Health Nursing Operations

for HCA Healthcare's TriStar Division.

"Getting well involves more than just taking medications and procedural treatments."

For instance, behavioral healthcare involves not only clinical supplies but also therapeutic items such as markers, pens and paper. These must be evaluated for safety just as rigorously as other products and equipment. On the flip side, many items in the med/surg formulary are designed to meet infectious disease protocols that may not be applicable to behavioral health. For example, says Hollis, CHG bathing wipes are used with patients to prevent central line-associated bloodstream infections (CLABSI), but most behavioral health patients are not at risk for CLABSI. Instead, they may benefit more from access to fresh and clean-smelling soap—a product that can help preserve dignity and improve mood during their stay.

"If we're able to think outside the box, we can seek care items that positively affect behavioral health patients' moods while in our facilities and still keep them safe," adds Hollis.

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"Every emergency department & med/surg unit includes behavioral health patients, too."

—Jared Dougherty, DNP, MBA, RN, CENP, CCRN-K

BUILDING A SAFER, SMARTER FORMULARY

Products like Play-Doh and coloring books are used therapeutically in behavioral healthcare, but they aren't typically available for purchase in a group purchasing organization (GPO) contract. Instead, facilities often turn to commercial retailers like Amazon. Including these types of products in a standardized formulary would help leverage potential financial savings—and improve safety.

"Behavioral health patients are such a specialized population that has grown so much over the years," says Dougherty. "It makes sense for us to develop a focused Supply Chain initiative for this patient population that takes the need for different products into account." That means working with existing suppliers to expand their offerings and collaborating with contracted distributors to find creative solutions and improve access.

HCA Healthcare has a detailed product review process and an internal committee that meets monthly to evaluate new product requests. "By having a standing member of that committee be someone representing behavioral health," says Dougherty, "we're able to handle projects, carve out special product needs and have conversations that address real-world challenges."

For example, ACE bandages often come with either tacks or Velcro. From a behavioral health perspective, Velcro is the safer option—tacks present a potential risk for self-harm. "It's all about providing a level of care, safety and consistency in practice for patients and staff," says Hollis.

"We need to make decisions for all patients," adds Dougherty. "Every emergency department and med/surg unit includes behavioral health patients, too."

Hollis agrees. "Since the COVID-19 pandemic, people are much more aware of behavioral health, mental health and wellness. Whether you enter a hospital for a knee replacement, heart surgery, as a staff member or a visitor, you or someone you know can be impacted by mental health challenges."

CREATING CONSISTENCY ACROSS THE SYSTEM

The pandemic reshaped the healthcare workforce, bringing in a younger workforce demographic and introducing new political and operational complexities. The pandemic also emphasized the importance of supply chain flexibility in emergency scenarios. When natural disasters threaten supply operations, HCA Healthcare Supply Chain teams respond. "We have 16 warehouses across the country," Dougherty says. "If one warehouse is impacted by a natural disaster, we would have supplies from alternative sources to assist impacted facilities. Response to these events is not just about bringing supplies from a different location—we have to consider the impact of bringing different products that caregivers may not have seen before. That's what we want to avoid."

In addition, HCA Healthcare Supply Chain can provide consistent execution and clear standards of care that are critical for safety. "When there is a recall or change needed for a specific product, that message can be consistent and heard throughout the organization," says Hollis.



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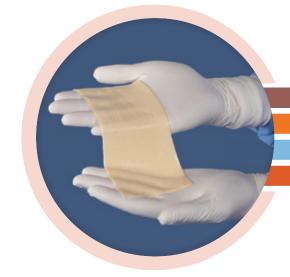








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References: 1. Data on file, Allergan Aesthetics, November 2024; Aesthetic Monthly Tracker. 2. Data on file, Allergan Aesthetics, July 2023; PRM Customer Summary. 3. Data on file, Allergan Aesthetics, September 2023; Supply Chain Attitude and Usage Assessment. 4. Wainwright DJ. Use of an acellular allograft dermal matrix (AlloDerm) in the management of full-thickness burns. Burn. 1995;21(4):243-248. 5. Data on File, Alloderm FDA Approval Letter, Allergan Aesthetics, August 3, 1994. HealthTrust Contract: #2639, #95491, #108736

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USING DATA TO DRIVE SMART DECISIONS

Dougherty has reviewed product usage data from HCA Healthcare facilities to establish a starting point for the development of a Behavioral Health National Product Formulary. "We have a lot of data at our fingertips and we're working to understand it from divisions that have a lot of behavioral health patients," he says. This baseline helps the Supply Chain team identify how standardized purchasing already is—and where there are opportunities for improvement.

"HCA Healthcare is a data-rich company," adds Hollis. "The ability to utilize, optimize and transition data-driven insights is

an opportunity for the healthcare industry as a whole." Developing a behavioral health formulary sets an example not only for GPO members but in support of safer care for behavioral health patients across the country—and the world.

The work is drawing interest throughout the industry. "At HealthTrust Advisory Board meetings, my colleagues are excited to learn what we're developing," Hollis says. "They want to understand how this could help reduce risk within their own systems." Dougherty says smaller health systems can especially benefit. "They may not have access to robust data, so they look to larger systems that do. This formulary can offer them a path forward."

COMMUNICATING ACROSS THE SYSTEM

Integrating behavioral health into a health system's broader communication is key. "We use the HealthTrust Huddle online resource to ask questions and find helpful tools that support all of HCA Healthcare's integrated delivery networks," says Hollis. "It's a great way to share strategies and stay aligned."

As HCA Healthcare Supply Chain continues building this formulary, members will have the opportunity to add



behavioral health-specific products to their contracts. Participating health systems will receive an analysis of their current product usage and be able to identify opportunities to standardize and optimize their supply chain for behavioral health populations.

HCA Healthcare will be sharing this initiative at HealthTrust University later this year, spotlighting how supply chain innovation can improve care for one of the nation's most vulnerable patient populations.

PLANNING TO ATTEND HTU IN AUGUST? Be sure to sign up for the HealthTrust University Conference education session—Getting Psyched Up: Developing a Systemwide Behavioral Health Product Formulary—and hear more from Laura, Jared and their co-presenters. Not attending HTU? Visit the public education site at healthtrustpg.com/education to view this content after HTU in Q3.

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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					

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Focus on sustainable food services operations

IT'S BEEN SAID THAT "FOOD IS MEDICINE" AND THAT PROPER NUTRITION CAN ACTUALLY AID IN THE HEALING PROCESS. It stands to reason then that good tasting and nutritious food can have a positive impact on patients, since food is one of the areas measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey about a patient's hospital stay and experience.

"HealthTrust's contracted supplier Foodbuy (Contract #43973) offers members a vast selection of healthy and sustainably sourced foods," says Sam Potter, MHS, RD, BS, Senior Director, Food & Nutrition Services at HealthTrust. Working closely with HealthTrust's Food & Nutrition Advisory Board,

> Potter shares that, "increasingly more member organizations have expressed interest in sustainable food options." These take into consideration things like agricultural practices and how food is produced, processed and distributed. A number of members also wanted options for regionally and locally distributed food, as well as labeling that is easy to understand and with fewer artificial ingredients.

"Foodbuy's online ordering system makes it easier to tell when a buyer is making a sustainable purchase," explains HealthTrust's Director of

Food & Nutrition Kristie Schutt, RD, LDN. "At the point of order, there is information to identify items that are biodegradable, local and organic, or fair trade certified."

"WASTE NOT"

Supplying food to a hospital setting is no small undertaking and food waste can be significant. "A number of hospitals are looking at initiatives to reduce food waste," shares Potter. Foodbuy can help teams order the right type of product to fit recipe and serving needs, so waste is minimalized. Other strategies include not tossing products that don't meet 'appearance standards' and learning how to creatively incorporate leftover products into recipes.

Here are some of the available program options for waste reduction:

- ► **Goodr**—Instead of throwing away surplus food, member hospitals can now have it picked up and delivered to another end user such as a food bank or shelter for a small fee, thanks to Foodbuy's partnership with Goodr. In turn, the facility receives documentation recording its donations for tax credit purposes.
- ▶ **Imperfectly Delicious Produce**—When ordering fruits or vegetables to be used outside of their full form, members can select 'imperfectly delicious produce' on the Foodbuy order system. "While these fruits and veggies may look like misfits," Schutt says, "they taste just as good as their more perfect counterparts. And, by incorporating them into recipes they are being kept out of the dump."



▶ **Waste Not 2.0**—Through use of a programmed tablet, Foodbuy enables hospital food service teams to document what they experience as they work in food production. "Consider, for example, how much food waste could be generated when a facility doesn't order precut lettuce," Potter explains. "With the Waste Not 2.0 program, a team member can photograph, document and measure the cores, ends or stems that have to be cut off and tossed. By the end of a predetermined time, (e.g., a week or a month), the documented waste can be measured and a dollar amount attributed to it. Over time, leadership is able to see waste through the lens of both cold and hot food production. Teams can then work on initiatives like ordering differently or getting more creative with leftover products," she adds.

EMBRACING THE PROGRAM

Franciscan Health started using Waste Not 2.0 in the spring of 2024, according to its Nutrition Informatics Specialist, Michelle Schelling, RD. "We did a site-by-site rollout, then slowly bringing on four more sites. There will be two additional facilities to get started before all of our hospitals are utilizing the program," she says.

The staff's experience has been positive, and it has found the tablets very user friendly. "For Franciscan Health as an enterprise, not all kitchens are created equal, so the ability to customize by location was critical for us. Foodbuy tailored the program to our needs," Schelling explains.

"Two of Franciscan's locations have made recipe changes to patient menus as a result of what they've tracked using the Waste Not 2.0 tablet," Schelling says. Recipe changes are a direct result of what the staff saw and recorded in the Waste Not 2.0 tablet. "When the staff records the amounts that have been discarded, it's because the recipe yield is greater than the amount consumed by patients and/ or cafeteria customers. Altering the recipe/production of an item is necessary to reduce waste going forward."

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STRONGER TOGETHER

How suppliers keep healthcare running in crisis

HEALTHCARE DOES NOT AND CANNOT STOP WHEN DISASTER STRIKES. When unfortunate events happen, a critical network of suppliers is working behind the scenes to ensure healthcare providers and their facilities have the resources they need to continue caring for patients. HealthTrust relies on a network of dedicated supplier partners to help members navigate the unique challenges of natural disasters.

In 2024, Hurricanes Helene and Milton devastated many communities, putting immense strain on healthcare organizations across the southeastern U.S. In the face of these dual crises, Grainger didn't let the unprecedented stand in the way; it went above and beyond so communities could continue receiving care and resources in the face of adversity.

OVERCOMING OBSTACLES IN THE WAKE OF HURRICANES HELENE AND MILTON

For over 25 years, Grainger has been a key partner with HealthTrust, specializing in B2B product sourcing, demonstrating their commitment to providing reliable, top-tier service, even during national emergencies like Hurricanes Milton and Helene. Grainger is HealthTrust's sole source supplier for maintenance, repair and operations (MRO) supplies.

Melanie Kuenning, Health Systems Sales Manager of Grainger, says, "We treat every request as the most important one."

During the 23-day response to Hurricanes Helene and Milton, Grainger processed over 180 orders. From generators and hygiene kits to cots and over-the-counter medications, it was able to source almost any type of emergency supplies required by healthcare facilities in the impacted areas.

Grainger's emergency response team stood ready to address any need. Just days before Hurricane Helene's landfall, for example, Grainger received a critical request: source and deliver 1,200 cots to a healthcare facility in the hurricane's path. Within 12 hours of the original request, Grainger was able to deliver the cots to the site. Shortly after, faced with a cleaning supplies shortage, Grainger stepped in, sourcing the required inventory from six locations and shipping it to the hospital in under 24 hours, ensuring continued operations and cleanliness.

When Hurricane Milton arrived shortly after, hospitals in the impacted region turned to Grainger again because of their positive experiences just two weeks prior.

"'No' isn't in our vocabulary. It's a testament to the process we have in place at Grainger when we activate emergency response," explains Kuenning.

PREPARING FOR FUTURE DISASTERS

Informed by the experiences of these recent hurricanes, Grainger is looking ahead and bolstering its disaster preparedness strategy even further to enhance member value. Continued on page 44

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Continued from page 43

While the company has already strategically positioned distribution centers and pre-positions inventory along coastlines in anticipation of hurricane season, these recent storms underscored the need for even greater agility. With Grainger's own facility in Asheville, North Carolina, facing destruction, its response involved not only leveraging coastal resources, but also strategically pulling stock and deploying trucks from inland locations to meet the surge in demand.

While Grainger is ready to help members should any disaster strike, it also emphasized the critical importance of proactive planning, collaboration and preparation between providers and suppliers before a crisis occurs. Grainger engages in ongoing dialogue with HealthTrust members to strengthen communication channels and collaboratively prepare for future crises. This includes educating members about the wide range of emergency supplies and layers of support available to them.

"Prepare with your partners during blue skies. Don't wait. Emergency preparedness is key," says Kuenning.

The nearly simultaneous challenges presented by Hurricanes Helene and Milton reflect the necessity of robust partnerships and proactive planning. Grainger ensures that when disaster strikes, healthcare providers can focus on what matters most—delivering essential care to their communities.

DISCUSS WITH YOUR HEALTHTRUST ACCOUNT MANAGER the desire to pre-plan for your facility's emergency needs. For more information about Grainger or any of the other suppliers that are part of the Commercial Products & Services portfolio, email commercial@healthtrustpg.com





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707-25	,	1 g	15 mL Vial	20 mm	25	10111003	4791661	1827096	229161
840-25	3 *44347*84023** 0	2 g	20 mL Vial	20 mm	25	10283564	5874698	2856458	314021
845-25	3 Anger I Moos II ,	3 g	20 mL Vial	20 mm	25	10291239	5933114	2969657	396168
708-10	,	10 g	100 mL Vial	28 mm	10	10111004	4791687	1827906	229922

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