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ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION Q4 2021 | V 16 NO. 4 | HEALTHTRUST

ANNUAL MEMBER AWARDS EDITION

SURGERY PARTNERS RECEIVES 2021 OUTSTANDING MEMBER AWARD

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The technology driving better care for vulnerable populations

COMMUNITY SERVICE

How members made remarkable efforts to vaccinate the masses

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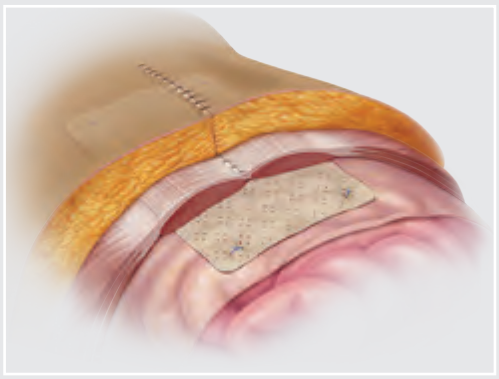

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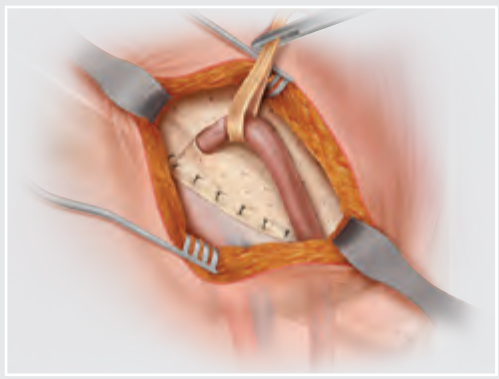

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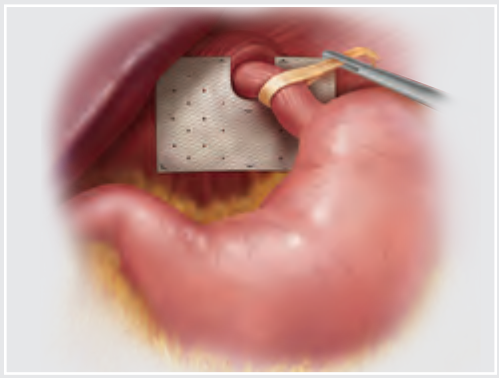

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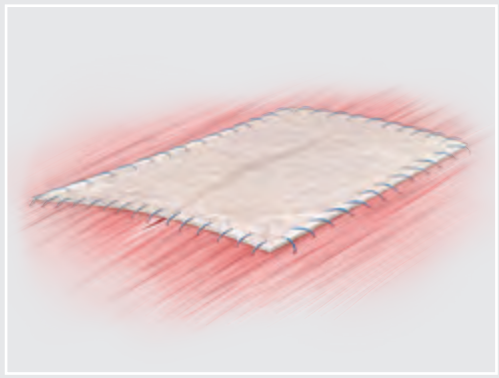

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FEATURES

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:

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

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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SCA pharma

CEO perspective

Recognizing excellence & innovation

HealthTrust University Conference—an annual highlight of the third quarter—was held for the first time in a hybrid format. With approximately 3,000 members, exhibitors and staff joining us in person, another 1,000 members joined our education and general sessions online. I heard countless attendees express how good it felt to be back together in person again.

HTU is also the event where we recognize an outstanding member organization as well as those with excellence in operations, pharmacy, clinical initiatives, social stewardship and, this year, a new category: innovation.

In addition to receiving honors at the conference, the following member organizations are featured in this edition, beginning on page 32:

Outstanding Member | Surgery Partners (Brentwood, Tennessee), for initiatives to achieve optimal savings, value and performance using HealthTrust contracts and offerings primarily in the areas of neurostimulation, spine and osteobiologics. Overall compliance over the past 18 months has steadily increased, and category utilization has grown from 468 categories in 2018 to 547 in 2020.

Operational Excellence | QHR Health, PLUS (Brentwood, Tennessee), for driving efficiencies in contract, spend and leveraged savings opportunities across $1.1 billion combined spend.

Clinical Excellence | Southwest Health System (Cortez, Colorado), for COVID response, including education initiatives to provide necessary and helpful information on COVID to a rural community, as well as vaccination initiatives focused on rural communities.

Social Stewardship—Sustainability | St. Luke's Health System (Boise, Idaho), for transitioning to reusable sterilization containers in response to shortage of blue wrap, resulting in less waste and cost savings.

Pharmacy Excellence | Scripps Health (San Diego), for early adoption of a medication central prior authorization initiative, and working with HealthTrust Clinical Pharmacy Member Support to improve biosimilar conversions and other key therapeutic areas to optimize from a pharmacoeconomic perspective.

Innovation Award | LCMC Health (New Orleans, Louisiana), for executing a 15-year agreement centered on energy-as-a-service (EaaS) in six regional facilities, resulting in a $96 million cost savings that allowed for immediate updates to better serve the community and redeploy the economic benefits into direct investment opportunities in core healthcare initiatives.

INAUGURAL "CHALLENGE ACCEPTED" AWARD

SVP of Strategic Accounts **David Osborn**, Ph.D., traveled to Dearborn, Michigan, the week before HTU to present our first Challenge Accepted Award to Ford Motor Company for protecting and supporting the safety of healthcare workers, patients and the nation during the COVID-19 pandemic.

PLAN AHEAD

Be thinking about your wins in preparation for the next Member Recognition Awards, and submit your initiatives for possible recognition in 2022. Contact your HealthTrust Account Director for more information on the application process, open annually January–March. **HT**

Ed Jones
President/CEO, HealthTrust
Publisher, *The Source* magazine

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CMO perspective

The practical reality

Amid the challenges COVID-19 continues to befall, we find providers throughout the country rallying once again in response to the needs of their communities and health systems.

The vast majority of reported COVID cases, hospitalizations and deaths in the U.S. are among those who are unvaccinated. COVID-19 rates have increased throughout the country due to the Delta variant and vaccine hesitancy. HealthTrust has reinstated its biweekly executive briefings and membership updates regarding clinical considerations and supply chain resiliency. Contact your HealthTrust Account Director for more information, or visit our public education site for helpful COVID-19 clinical resources (**education.healthtrustpg.com/covid-19-resources**).

IN THIS ISSUE

The exemplary efforts of two of our member organizations and how they have faced the COVID pandemic with innovative solutions are examined, beginning on page 44. Learn how San Diego-based Scripps Health and Las Vegas-based University Medical Center of Southern Nevada (UMC) successfully navigated logistical and supply chain challenges to make a difference in their communities through sharing information and establishing mass testing sites and vaccination clinics.

Imagine a future where the latest healthcare innovations will increasingly rely on telemedicine and artificial intelligence (AI) to better serve patients, especially in rural and at-risk populations. Beginning on page 38, HealthTrust Physician Advisor **Troy Sybert**, M.D., MPH, not only imagines this scenario—he sees it as an eventual reality based on how telehealth, AI and remote monitoring are evolving.

The benefits of interoperability in healthcare are discussed on page 28, as we take a look at the Center for Medical Interoperability (C4MI™) based in Nashville, Tennessee. Its mission is to accelerate the seamless exchange of information to improve the safety and quality of care, enable innovation, remove risk and cost from the system, and increase patient engagement. Representing hospitals and health systems, C4MI is collaborating with large technology vendors and policy groups to create certifications and technical infrastructure specifications for medical systems and devices.

On page 20, two HealthTrust members, Beaumont Health in Michigan and Steward Health Care in Texas, share details on successful product conversion and standardization initiatives. Learn how they engaged their physicians and utilized clinical value analysis to inform the process. HealthTrust Physician Advisor and general surgeon **Bruce McIntosh**, M.D., explains his role in Steward Health's hernia mesh standardization.

And, finally, a friendly reminder on page 40 that HealthTrust's Innovation Center is open for submissions at **healthtrustpg.com/healthtrust-innovation-center**. Suppliers are invited to share their new and innovative FDA-approved products related to patient care, information technology and supply chain management for possible contracting consideration. The center is open online year-round for submissions from both current and prospective suppliers. **HT**

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

HOW WE CAN HELP: If your facility or health system has a need for COVID-related evidence or support to fully combat vaccine hesitancy, reach out to HealthTrust's Clinical Services team at clinical.research@healthtrustpg.com

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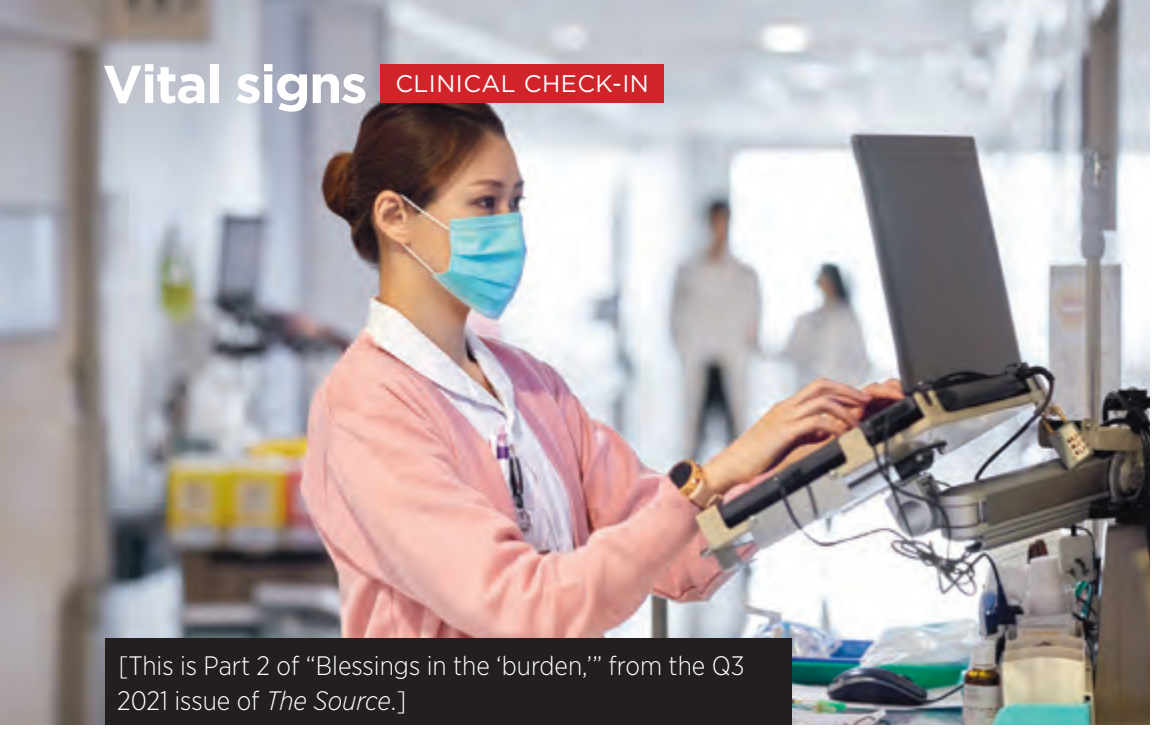

[This is Part 2 of "Blessings in the 'burden,'" from the Q3 2021 issue of *The Source*.]

Patient data standardization: Getting started

Tools & advice to reduce the documentation burden

Electronic health records (EHRs) came into widespread use largely due to Meaningful Use guidelines that were implemented as part of 2009 legislation providing billions in government reimbursement to expand this effort. "At the time, nursing leaders only thought about putting more things in EHRs, not about how to take things out," recalls task force member **Sarah Michel**, MBA, BSN, RN, NE-BC, former Director of Research and Clinical Engagement for HealthTrust. "By not having guiding principles and a process, we were simply adding elements that could take time away from patient care."

Reducing the documentation burden in a core group of facilities helped alleviate that burden. "One of the positive impacts was increased patient satisfaction," Michel notes. "If nurses have additional time outside of documentation, they can do more things for patients. And if patients are happier, typically nurses are happier."

This perspective fuels Michel's continued work as part of a national collaborative process to reduce documentation burden and improve data usability. She co-authored a March 2021 article in *The Journal of Nursing Administration* about creating a framework for the process to be replicated across other areas of a patient's record within an EHR.

GETTING STARTED

The Admission History Task Force was created in 2018 as part of a national collaborative effort that began five years earlier, which evolved into the annual Nursing Knowledge Big Data Science (NKBDS) Conference. (See the Q3 2021 edition of *The Source* for background on the Task Force.) Workgroups met annually and virtually to address multiple nursing team priorities, including transforming documentation.

According to article co-author and Admission History Task Force Chair, **Jane Englebright**, Ph.D., RN, CENP, FAAN, and SVP and Chief Nurse Executive at HCA Healthcare, "Our goal was to create a reusable process for reducing documentation burden, and the Admission History Task Force was our first example."

The process begins with following a set of guiding principles the task force devised to evaluate each data element. Any element that doesn't meet the guiding principles should be eliminated. These guiding principles suggest that every data element is:

- Essential for patient care decisions, with a clear case for use of the data in care
- Addressing a regulatory requirement
- Evidence-based whenever possible
- Not documented elsewhere
- Best documented by a nurse
- Best documented during the admission process, as defined by an organization
- Making use of newly developed tools

The Admission History Task Force has generated three new tools to help organizations tackle the documentation burden. These include:

- NKBD Admission History Worksheet: This editable worksheet facilitates use of the Admission History Toolkit,

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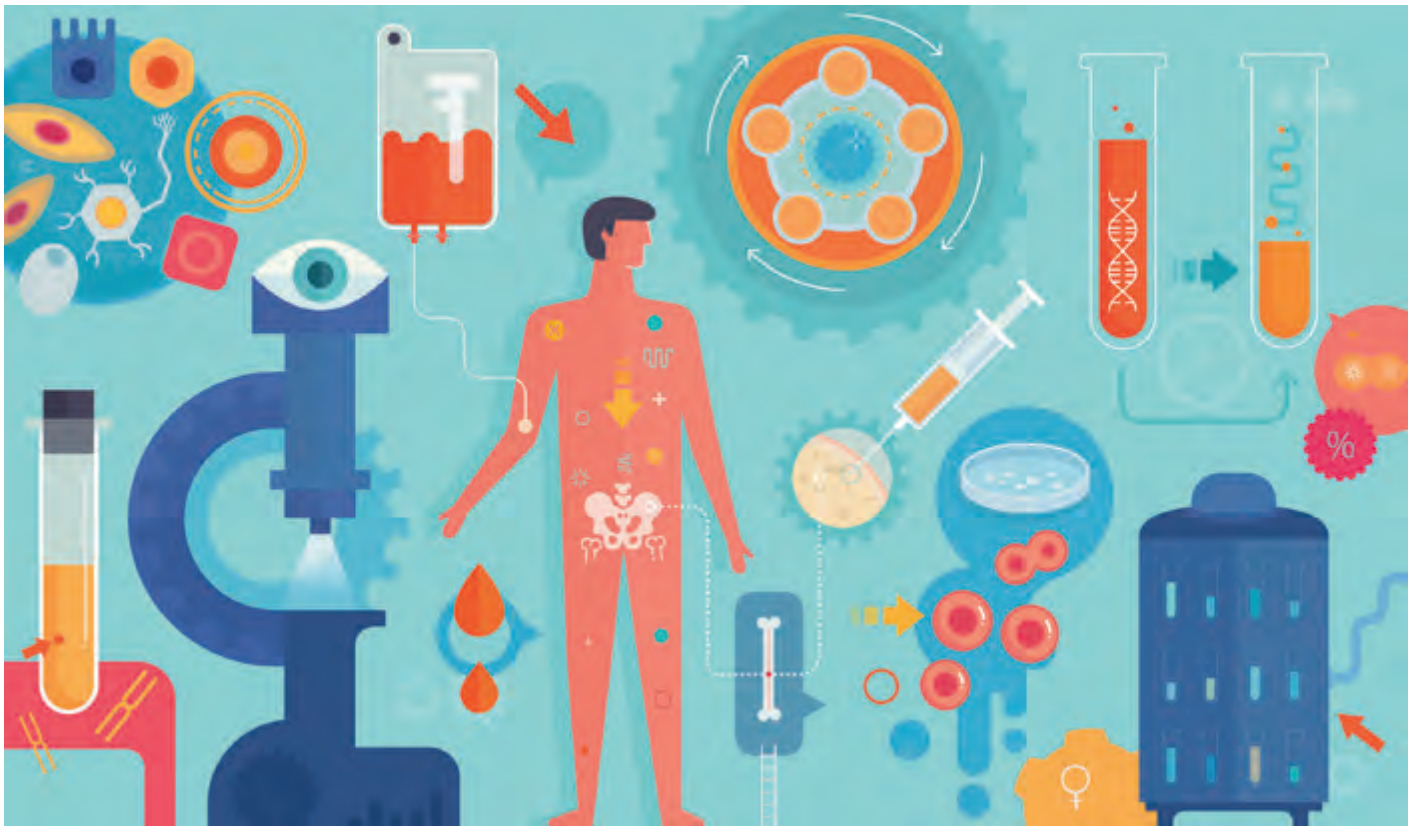
optimizing the nursing admission history with a two-step process. Step 1 asks for entry of components of the current nursing admission history in the first column, where answering a yes-or-no question enables critical examination of the content. Components with at least one "yes" response are deemed essential components for the Nursing Admission Assessment. Step 2 uses a second table to enter the essential components identified by step 1.

- NKBD Admission Task Force Content: This Excel workbook provides recommended content for an admission history that minimizes documentation burden and maximizes discrete data available for reuse. The workbook also details items considered but not included, with the reasons for exclusion. It can be used in combination with the Toolkit to guide the generation or revision of admission history documentation.
- NKBD Admission History Toolkit: This guide for designing or remediating clinical documentation provides a step-by-step approach, offering pertinent tools and resources.

The Toolkit uses the example of the admission history, but the process can also be used for other types of documentation.

"Having the required tools can jumpstart the process, and the tools are necessary for the direction in which standardization and workflow need to move," Michel says. "I've spoken to staff at a few hospitals trying to get started in recent months, and some didn't know where to begin. These types of resources are designed to help those stuck in the process and get them moving toward tackling the documentation burden with a standardized approach." **HT**

GET STARTED by accessing transformation documentation tools and related information at bigdata.dreamhosters.com/node/88. To volunteer for the work group, email nursingbigdata@umn.edu



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Making measured decisions

The reasoning behind contract decisions related to humanitarian use devices & orphan drugs

Patients with rare diseases are often desperate for relief, and humanitarian use devices (HUDs) and orphan drugs become important treatment options. But these alternate pathways to Food and Drug Administration (FDA) approval are still somewhat mysterious in vision and scope, so they seldom become on-contract products for HealthTrust members.

HUDs & ORPHAN DRUGS EXPLAINED

To promote innovation in drug and device development, the FDA offers key incentives to manufacturers to find treatments for various rare conditions. The incentives exist because profits are far from guaranteed, yet a distinct public health need exists. Regulations surrounding these products vary from those for more commonly used devices and medications.

"With rare diseases, in many cases, there's no logical way a manufacturer could make a drug in a manner where they could recoup the money spent on research," explains **Jason Braithwaite**, PharmD, MS, BCPS, AVP, Clinical Pharmacy Services at HealthTrust. "The FDA put the orphan drug designation in place because without this type of incentive, we may never have some of these treatments."

Similarly, HUDs can't be rigorously researched, explains **Karen Bush**, MSN, FNP, BC, NCRP, Director of Clinical Research & Education at HealthTrust. "It's very difficult to establish large-scale studies on these devices because the diseases they treat don't occur often enough," she adds.

HUD GROUND RULES

Much attention has been focused on the FDA's emergency use authorization (EUA) approval pathway since the COVID

Continued on page 12

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

Continued from page 10

pandemic began. But HUD and orphan drug approvals—while not obtained to meet such rapid demand—are still stringent processes that can also lead to full FDA authorization.

"The designation is not a permanent situation. Manufacturers can gather enough data over many years to apply for actual FDA approval, which would then lead to revocation of the HUD," says Bush.

Meant to benefit the diagnosis or treatment of conditions affecting no more than 8,000 people in the United States each year, HUD exemptions (HDEs) waive a manufacturer's requirement to provide scientific evidence demonstrating effectiveness before a product is marketed. No other FDA-approved competitive devices can be on the market for the same condition, and the device must be approved by a facility's internal review board or pediatric advisory committee.

An HDE allows manufacturers to sell such devices for profit only up to a point: Specifically, 8,000 devices multiplied by the annual distribution number—the amount needed to treat or diagnose each affected patient per year. The device can continue to be sold beyond this number, but not at a profit.

"Similar to an EUA, the clinician, facility and patient have to be notified that such a device has been approved through a HUD exemption pathway and is not FDA-approved, meaning that the effectiveness for a specific condition has not been fully demonstrated," Bush says. "The patient has to sign off on that."

ORPHAN DRUG DESIGNATIONS

As with HUDs, orphan drugs treat diseases so rare that drug developers are reluctant to shepherd them under typical marketing conditions, Braithwaite notes. Passed in 1984, the Orphan Drug Act defined a rare disease as affecting fewer than 200,000 people in the United States.

Only a fraction of the 7,000 known rare diseases have approved treatments, with about 700 orphan drugs currently available in the United States.

But many benefits await pharmaceutical companies that manage to jump the necessary hurdles to orphan

drug designation. Braithwaite says this includes creating a business case based on need by explaining long-term effects of a rare disease and how the drug prevents, treats or cures it.

"Manufacturers can avoid additional taxation for expenditures during a drug's evaluation and an additional seven years of marketing exclusivity or patent extension, which helps companies recoup some of their investment," Braithwaite explains. "Many times, they can also waive the fee to submit for FDA approval later on."

OFF-CONTRACT REASONING

Why aren't orphan drugs or HDEs typically on contract for HealthTrust members? The answer—while not absolute—largely comes down to sheer economics, say Bush and Braithwaite.

"Most of the time, competition is what creates contracts," Braithwaite says. "There's just not a lot of competition that would push manufacturers to provide an additional discount to our members when no one else makes the drug." He adds, "Some orphan drugs are on contract. But in cases where there might be only five, 10 or 15 patients in any given health system with such a need, the manufacturers don't see that as a business opportunity." (However, Braithwaite points out that some drugs get approval for other high-volume indications and then later apply for a rare-disease indication.)

Bush agrees, but she notes that most HealthTrust members don't face any resulting disadvantages to these devices and drugs being off contract because the demand is so low. **HT**

FOR MORE INFORMATION about FDA approval pathways visit education.healthtrustpg.com/clinical-resources/fda-approval-pathways. For a list of orphan drugs, visit rarediseases.info.nih.gov/diseases/fda-orphan-drugs

Building the foundation for pharmaceutical success

Key takeaways from HTU's Executive Pharmacy Exchange

Maximizing organizational strengths and structure is essential in managing the pharmaceutical enterprise. That was the premise of the Executive Pharmacy Exchange panel discussion at the HealthTrust University Conference in July.

Moderated by **Aigner George**, PharmD, Senior Director, Pharmacy Solutions at HealthTrust, the discussion featured four pharmaceutical leaders from member organizations who provided their insights: **Barry Baird**, R.Ph, Vice President of Pharmacy for HCA Healthcare's South Atlantic Division; **Kara Fortune**, PharmD, BCOP, Director of Pharmacy Consulting for HealthTrust, supporting Ardent Health Services; **Jon Lakamp**, PharmD, BCPS, Chief Pharmacy Officer, Mercy Health; and **David Silverman**, PharmD, BCPS, BCCCP, Vice President Pharmacy, Prime Healthcare.

> "The more we incorporate metrics that demonstrate outstanding clinical and operational outcomes, the more successful we will be."
>
> – Barry Baird, R.Ph

PUTTING THE RIGHT PEOPLE IN PLACE

Jon Lakamp

David Silverman

Structuring staff and securing the right leadership is imperative to organizational strength. Panelists described structuring their teams to ensure effective management at the regional, division and facility levels. But being able to adapt is also key.

"Despite our organizational chart, teams are flexible and respond to the different scenarios on the ground. We try to use people's strengths," said Silverman. Having the right processes in place from the top down is vital for turnover and succession planning. "What we've tried to do is emphasize the importance of communication and project management, so the entire team is aware which colleague should be completing which task at all times. If you don't have good processes, then succession planning doesn't really work."

Succession planning is an integral piece of solid leadership. Baird said he was complacent until he realized that about 50% of his pharmacy leaders could retire within the next few years. "That sent a wave of panic over me when I looked at our second level of leadership and realized that we didn't have that many managers who were interested in stepping up to the director roles," he explained. "So, we immediately pivoted to try to create more growth opportunities."

EMBRACING CROSS-FUNCTIONAL COLLABORATION

For an organization to meet its strategic objectives, it must have cross-functional collaboration. This is especially true of pharmacist leaders, who work with clinical, financial, legal and logistical issues every day—a reality that has become even more evident during COVID, the panelists pointed out.

"From talking to legal about vaccine transportation issues to billing advice from the finance team, pharmacy leaders

were interacting with people we had not worked with in the past about things we were never involved in previously," Silverman noted. "It has given pharmacy the opportunity to prove what we can do operationally, in addition to clinically. While our profession was already moving in that direction, the pandemic was a significant catalyst."

"A lot of pharmacists from various health systems throughout the country were involved in COVID vaccinations from an inventory and logistical perspective," added Lakamp. "But most of our pharmacists were the ones that were opening, designing and running the clinic day to day as well as staffing it. It was a great opportunity for pharmacy to demonstrate leadership. It brought pharmacy into the space of being more than just the product, but also delivering that care."

DEMONSTRATING THE VALUE OF PHARMACY SERVICES

Advocating for pharmacy initiatives includes demonstrating an economic benefit to financial leadership, but that's not always easy. Pharmacy leaders are tasked with showing the value of a non-financial return on investment.

"In the line of business that we're in, it always has to get back to quality patient care," said Baird. "The more we incorporate metrics that demonstrate outstanding clinical and operational outcomes, the more successful we will be."

Continued on page 16

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Continued from page 14

Fortune's team is working on an initiative around medication reconciliation (i.e., medication history), an effort that shows the "soft return" of efficiency. "We're not having to spend 45 minutes calling five different pharmacies to get an accurate med history," she explained. "Some folks are not as used to hearing the value piece of how it contributes to the ROI, so you have to figure out what those metrics are. It's about always having a story to tell."

Silverman explained it as a bit of a shell game, in that you use easily tangible savings and profits and reinvest them into more "intangible" things like infrastructure, which could impact patient satisfaction scores. "If you take care of the patient, usually the money will follow," he said.

MANAGING SUPPLY EXPENSE & RECONCILING REIMBURSEMENT

With the many different types of pharmacy offerings—retail, specialty, mail order—and spend on drugs increasing, pharmacy has the opportunity to pivot toward being a profit center.

Pharmacy has the opportunity to pivot toward being a profit center.

"There are significant opportunities," explained Lakamp. "Historically, most of our acute care inpatient pharmacies have been cost centers, as opposed to profit centers. But when we offer services in the ambulatory infusion space, it can help keep the lights on, so we can continue to provide care for patients."

He added that it's essential to have a balanced approach to reimbursement, taking a hard look at costs, revenue and the services offered, along with payor remittance and contract negotiations. "When you think about marrying up

the cost and revenue data all in one place, you would think it might be a pretty easy thing to do. But the reality is, it took a lot of work to get to that point," he said. "It's something that has been a multi-year exercise in our contract negotiations with payors."

"Financial toxicity is a real thing—we have to address it and can't ignore it," Fortune added. To analyze and improve Ardent's margins, Fortune's team created a committee structure to vote on outpatient infusion drug approvals. "We still have a lot of work to do just from the reporting standpoint … But we do a six- or nine-month look back to ensure the newly approved formulary drug additions are profitable."

"Start where your biggest sources of spend and your most significant losses are," advised Silverman. "Don't look at every single drug. Look from the top down, and you'll start to uncover those high-impact issues that you can start fixing sooner rather than later."

Baird offered examples of how his team at HCA Healthcare has optimized profitability:

- Partnering with prescribers to ensure optimal reimbursement
- Allowing physician-owned infusion centers to operate within facility space
- Closely monitoring medication formulary and reimbursement

Silverman noted it's all about making a calculation when it comes to pharmacy offerings. "Maybe we're losing money on a drug, but if the patient is going to come here for surgery, they're getting their radiology and labs done here. If the patient can't come to the hospital anymore for an infusion, then we've lost their business forever," he said. "It needs to be a clinical and a financial conversation." **HT**

FOR MORE INFORMATION about optimizing your pharmacy operations, email Aigner George at aigner.george@healthtrustpg.com

The big picture of savings

Valify Solutions Group streamlines purchased services for health systems

A HEALTHCARE ORGANIZATION'S PRODUCT PORTFOLIO has seemingly countless components—from personal protective equipment to medical devices, medications and everything in between. But one area that's often overlooked is the breadth of services it takes to keep hospitals running. With over 1,200 categories—including things like laundry and linen service, elevator maintenance and food services—purchased services account for an average of 45% of a facility's non-labor spend.

However, getting an accurate pulse on a facility's purchased services spend can be a challenge for a number of reasons. Organizations often have various contracts and suppliers in each category without realizing it, due to a lack of streamlined processes and communication. It is also more difficult to benchmark the cost of services versus the cost of products (compounded by the fact that purchased services vary geographically). And, it can be taxing to achieve effective collaboration between the supply chain and individual departments within a hospital.

The result? Hospitals overspend billions per year on purchased services.

STREAMLINING SOLUTIONS

In June 2020, HealthTrust and Valify launched Valify Solutions Group, a group purchasing organization (GPO) for non-labor purchased services. Valify Solution Group's goal is to help solve challenges in the world of purchased services by offering a comprehensive, data-driven look at an organization's complete portfolio and offering up solutions for where and how facilities can save.

Valify has several tools designed to help facilities streamline their purchased services. The GPO's spend analysis technology automates spend categorization visibility, while its purchased services assessment (PSA) tool helps facilities comb through

their data to find ways to save. Valify's data updates monthly, which offers facilities the ability to mine for opportunities instead of simply waiting for contracts to expire.

"The PSA is designed to help you take a proactive approach to managing categories, rather than just reacting to pain points," says **Raelyn Wilson**, COO of Valify.

Industry leaders may have overlooked purchased services in the past, but **Andy Motz**, Assistant Vice President with Valify Solutions Group's Custom Contracting & Advisory Services, says we've turned a page. "If anything has changed in the last 10 years, it's that purchased services is finally becoming more centralized and receiving the emphasis and attention it needs," he says. **HT**

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LEARN how you can drive value in purchased services for your organization by contacting the Valify team today at 972.963.5130 or info@valifysolutionsgroup.com

VALIFY LAUNCHES DIVERSITY REPORTING

Valify Solutions Group helps organizations hone in on their purchased services, offering data-driven insight into things like how many suppliers they have in each category and where they could achieve significant savings. Valify has announced a new feature that will give facilities insight into another key area: the diversity of their suppliers.

Countless health systems are prioritizing their diversity spend, and these initiatives are coming from the C-suite down, says **Raelyn Wilson**, COO of Valify. "We're adapting the Valify technology to support those efforts," she says.

Valify's diversity reporting tool identifies suppliers with a diversity designation, says **Jeanne McRedmond**, Product Manager for Valify. There will be a badge next to diverse suppliers along with the certification source and expiration date. The diversity designation will identify a range of categories, including minority-, women-, veteran- and LGBTQ+-owned businesses. In the future, the Valify team will be adding additional reporting around diverse supplier spend.

"The diversity reporting tool will provide value to our members by supporting their ability to make decisions around diversity suppliers and spend," McRedmond says.

THE GOLD STANDARD

Standardization can improve physician engagement while cutting costs & optimizing outcomes

ON ITS FACE, PRODUCT STANDARDIZATION IN HEALTHCARE can offer an array of benefits: It can minimize waste, boost cost savings and optimize patient outcomes. But standardization initiatives—considered

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an integral component of clinical value analysis—can also improve physician engagement.

HealthTrust often guides members through product and service standardization by identifying key opportunities, providing supporting clinical data and offering expertise during what can sometimes be an exhaustive process.

"Clinical value analysis is not new to the world of healthcare, but it is interesting to learn of the different ways it's conducted within facilities and the processes used," says **Angie Mitchell**, RN, AVP of Clinical Services at HealthTrust. While often not easy to initiate, Mitchell shares, "There's work to develop that sound process and put a structure in place. With diligence and perseverance, value analysis becomes routine for everyone, and the benefits are tremendous."

A BENEFIT OF ENGAGEMENT

Benefits depend on the department being assessed, says **Jennel Lengle**, RN, MSN, CCRN, NE-BC, AVP of Clinical Operations at HealthTrust. "Among them are limiting the size and scope of your supply list, limiting the storage capacity needed, less training required for caregivers, and keeping consistent processes throughout," she says.

"From a cost perspective, you can leverage the size and scale of an organization by standardizing it to certain products," Lengle explains. "It allows HealthTrust to negotiate better prices and health systems to control costs by buying in bulk and appropriately utilizing those products."

Remarkably, physician engagement is both a catalyst and a result of well-executed standardization initiatives, Lengle and Mitchell explain. Giving physicians a clear role in

Continued on page 22

Continued from page 21

standardization efforts empowers them, leading to greater buy-in during and after the process. "All stakeholders want to know what's in it for them, in terms of their ability to deliver quality patient care," Mitchell says. "Everyone likes having a voice. It is important to fully understand the perspective and experience of each end user and avoid making assumptions."

Health systems can help ensure engagement, Lengle suggests, by "involving physicians from the beginning and allowing them to help determine areas of focus and prioritizing the scope."

Two HealthTrust members, Beaumont Health in Michigan and Steward Health Care in Texas, recently tackled successful product standardization initiatives. Here's how they approached the process and the lessons they learned.

BEAUMONT: HERNIA MESH

Having previously sourced hernia mesh—a high-volume product for hernia repair—from many suppliers, Beaumont Health wanted to standardize to one vendor while also meeting contractual requirements and allowing carve-outs for exceptions.

Hernia mesh is considered a challenging category to convert because many surgeons are passionate about the mesh they use, says HealthTrust Physician Advisor and general surgeon **Bruce McIntosh**, M.D., Vice Chief of Surgical Services at Beaumont Hospital in Troy, Michigan. Dr. McIntosh played a key role in the standardization.

"There are many surgeons you're trying to satisfy with a lot of different types of mesh, who might use particular ones based on the application. The goal was trying to find a sole supplier who could accommodate the vast majority of needs," Dr. McIntosh explains. "From there, we had to determine a way of negotiating to enable appropriate carve-outs when there weren't other options available."

Part of the conversion involved depleting the inventory of existing mesh products by returning it where possible or swapping it out with the new supplier's products, which took

> “I think the overall success of this initiative can be attributed to having physician leaders guide the process.”
>
> – Bruce McIntosh, M.D.

about four months. The pandemic delayed this timeline, since hernia surgeries are typically elective.

Physician communication was vital during the conversion, with Dr. McIntosh facilitating surveys that were sent to the system’s highest-volume hernia surgeons to determine which mesh components were most important to them. Physicians then attended presentations on the clinical attributes of various products, where they could ask questions.

Various mesh supplier candidates were whittled down through this process, which included developing an “exception list” when the primary supplier did not offer a clinically equivalent product. Some Beaumont surgeons spoke up to say the new product wouldn’t work for a specific use and pointed out that what they used in the past was effective.

“In those cases, I think we all agreed that it was reasonable to allow them to continue to use that product because there was a defined reason they chose it in the first place,” Dr. McIntosh says. “We really focused on the higher-volume physicians and ensured that their input was heard throughout the entire process.”

The conversion timeline totaled approximately 15 months. Since March 2021, Beaumont has recorded about 95% compliance with the new hernia mesh, meeting an 80% benchmark in the first month. Cost savings are still being measured, with a tally expected by the end of 2021. “I think the overall success of this initiative can be attributed to having physician leaders guide the process,” Dr. McIntosh adds.

Continued on page 24

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STEWARD HEALTH CARE: SURGICAL ATTIRE

In November 2020, Steward Health Care seamlessly converted from surgical togas to AAMI protection level 4 surgical gowns among orthopedic surgeons at four of its 45 hospitals throughout the United States. HealthTrust was integral to Steward's efforts.

Mitchell and her HealthTrust colleagues shared compelling information with Steward officials. The results of clinical trials indicated that the switch could lead to significant cost savings without raising risks for surgical site infections or other negative patient outcomes.

"The evidence was there, and we had the support from HealthTrust with all their documentation," says **Cheryl Anderson**, DNP, MBA, RN, BSN, System Director of Value Analysis at Steward, based in Dallas. "They saw an opportunity, identified it quickly and provided us the clinical literature and financial implications. We've been fortunate to not have any negative results or issues with the conversion."

For orthopedic surgeons performing total joint replacement and other physically rigorous procedures often involving saws and drills, surgical attire needs to be especially durable and protective. Steward orthopedic surgeons wear a disposable hood in addition to the newly chosen surgical gown, a face shield and other elaborate gear often referred to as a "space suit."

Anderson notes that there isn't any clinical literature that states togas provide better patient care outcomes or decrease contaminants in the operating room. Togas also cost nearly double the price of the new AAMI level 4 gown and hood combination, which means the switch has the potential to save Steward about $47,000 per year.

From the start, Steward physicians and OR directors were engaged in the conversion process. They received extensive communications, including clinical literature, photos and comparative descriptions of surgical togas and gowns.

"We thought there might be some pushback, but there was none," Anderson recalls. "That was because of all the clinical documentation indicating that the OR togas did not decrease surgical site infections."

Other health systems contemplating a new standardization effort should do so methodically, Anderson advises. "Follow your process, and be sure to do your homework by reviewing the available clinical literature and thinking about what's best for the patients." **HT**

TO ENHANCE YOUR ANALYSIS PROGRAM contact HealthTrust inSight Advisors at solutions@healthtrustpg.com

CONSIDERATIONS FOR PRODUCT STANDARDIZATION OR CONVERSION

1. Know your product
- Where is it used? Capture all areas where product is stocked and utilized.
- Where are the clinical applications for use? Are protocols for use the same in every area that utilizes the product?

2. Understand the "why" for change
- Improved clinical outcomes
- Cost savings with no impact to clinical outcomes
- In support of a service line strategy

3. Establish a multidisciplinary task force to review and discuss the "why" for the planned changes. Consider including the following people:
- Supply chain leader
- Service line leaders from area(s) of use
- Physician champion
- Depending on the initiative, also consider people from these departments:
  - Infection prevention
  - Clinical educator
  - Quality/risk
  - Finance/managed care/billing & coding
  - C-suite

4. Identify potential challenges when developing the timeline
- Joint Commission or other surveillance activity
- Health system/facility initiatives
- Staff education needs
- Supply chain logistics (inventory control, PAR levels, etc.)

5. Engage a supplier representative to support a facility plan for changes (if needed)
- Education resources, clinical studies
- Supply chain logistics
- Accurate product cross-references

6. Develop a detailed advanced communication plan for all end users
- Email, posters, webinars, etc.

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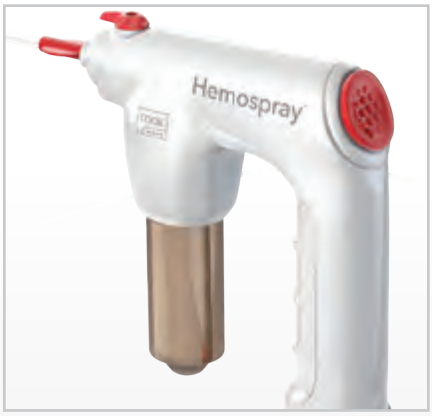
What our partnership means:

- Supply chain standardization
- The convenience of our full-service customer portal
- Opportunities for product training
- A full range of endoscopic hemostasis products

Our endoscopic hemostasis product family

When facing any GI bleed, the more simple and effective treatment options you have, the better your patient outcomes can be. That's why, for over 30 years, Cook has given you a wide variety of easy-to-use, efficient hemostasis options. From the Instinct Plus™ Endoscopic Clipping Device, to the Saeed® Six Shooter® Multi-Band Ligator and a selection of time-tested needles and probes—see how our simple solutions can solve your complex problems.



Hemospray® Endoscopic Hemostat

Instinct Plus™ Endoscopic Clipping Device

4,6,10 Shooter™ Saeed Multi-band Ligator

Instinct Plus™ Endoscopic Clipping Device

CAUTION: U.S. federal law restricts this device to sale by or on the order of a physician (or a properly licensed practitioner).

INTENDED USE: This device is used for endoscopic clip placement within the gastrointestinal tract for the purpose of: 1. Endoscopic marking, 2. Hemostasis for • Mucosal/submucosal defects less than 3 cm • Bleeding ulcers, • Arteries less than 2 mm, • Polyps less than 1.5 cm in diameter, • Diverticula in the colon, and • Prophylactic clipping to reduce the risk of delayed bleeding post lesion resection, 3. Anchoring to affix jejunal feeding tubes to the wall of the small bowel, 4. As a supplementary method for closure of GI tract luminal perforations less than 20mm that can be treated conservatively, 5. Anchoring to affix fully covered esophageal self-expanding metal stents to the wall of the esophagus in patients with fistulas, leaks, perforations, or disunion.

CONTRAINDICATIONS: Those specific to primary endoscopic procedure to be performed in gaining access to desired site. • Those specific to endoscopic hemostasis include, but are not limited to: uncooperative patient, coagulopathy, cricopharyngeal or esophageal narrowing or stricture, and tortuous esophagus.

WARNINGS: This device has not been evaluated for anchoring to affix fully covered esophageal self-expanding metal stents to the wall of the esophagus in patients with esophageal strictures or malignant obstructions.

POTENTIAL COMPLICATIONS: Those associated with gastrointestinal endoscopy and endoscopic hemostasis include, but are not limited to: perforation, hemorrhage, aspiration, fever, infection, allergic reaction to medication, hypotension, respiratory depression or arrest, cardiac arrhythmia or arrest, hematemesis, transient dysphagia, aspiration pneumonia, wound dehiscence, minimal acute inflammatory tissue reaction, transitory local irritation, migration of clip into the bile duct, and anatomy disruption.

See Instructions for Use for full product information.

AB_191002_REV1

Outcomes from an international multicenter registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray[1]

Prospective data from 314 patients across 12 centers. "These data show high rates of immediate hemostasis overall and in all subgroups."[2] "Hemospray was effective in achieving primary hemostasis with an overall hemostasis rate of 89.5%."[2]

MALIGNANCY (N = 50)

MEDIAN BLATCHFORD SCORE: 10
MEDIAN ROCKALL SCORE (RS): 9

as monotherapy

in combination with another modality

as rescue therapy

14%

rebleed with Hemospray

PATIENTS ON ANTITHROMBOTIC THERAPY (N = 107)

MEDIAN BLATCHFORD SCORE: 12
MEDIAN ROCKALL SCORE (RS): 8

as monotherapy

in combination with another modality

as rescue therapy

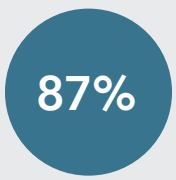
11%

rebleed with Hemospray

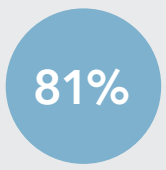
PEPTIC ULCER DISEASE (N = 167)

MEDIAN BLATCHFORD SCORE: 13
MEDIAN ROCKALL SCORE (RS): 7

as monotherapy



in combination with another modality



as rescue therapy

12.7%

rebleed with Hemospray

Monotherapy: use of Hemospray on its own.

Combination: use of Hemospray with conventional modalities (adrenaline injection, thermocoagulation, and mechanical clips) as an adjunct therapy to a single modality to help achieve hemostasis or as an adjunct with two other modalities after successful hemostasis.

Rescue therapy: use of Hemospray when all other conventional modalities failed to achieve hemostasis in the same endoscopic session.

1. A subset of patients in the registry (2.5%) were treated for variceal bleeding, which is an off-label condition. Cook does not encourage or promote the use of Hemospray for variceal bleeding. Clinical data summary information that was, in part, the basis for granting the de novo can be found on the Cook Medical website at CookMedical.com/HemosprayData.

2. Alzoubaidi D, Hussein M, Rusu R, et al. Outcomes from an international multicenter registry of patients with acute gastrointestinal bleeding undergoing endoscopic treatment with Hemospray. *Dig Endosc*. 2020;32(1):96–105. doi:10.1111/den.13502

Plug & play

The mission to bring interoperability to healthcare

A PATIENT IN THE ICU IS CONNECTED TO A DOZEN PIECES OF LIFE-SUSTAINING MEDICAL EQUIPMENT: IV pumps, a ventilator, monitors, cardiac machines. In the best-case scenario, three of those devices "talk" to one another to respond and adjust to the patient's situation. But more likely, they work in silos. Meanwhile, that patient's data is not being collected or managed, so other specialists, and even the patient, cannot access it in the future. Most medical devices and systems can't share information, creating redundancies, inefficiencies and possible safety risks.

"Each time a patient receives care in the hospital, they must reintroduce themselves," says **Kelly Aldrich**, DNP, MS, RN-BC, FHIMSS, Chief Clinical Transformation Officer at The Center for Medical Interoperability (C4MI™). "The data liquidity to help clinicians make the best decisions to impact a positive outcome is simply unavailable."

C4MI (**medicalinteroperability.org**), a nonprofit research lab founded by health systems to simplify and advance data sharing, is working to solve this issue. "We believe that through specifications to drive a common trusted and secure platform infrastructure, we can change the healthcare system's environment," says Aldrich.

GUIDING PRINCIPLES

A health system might purchase a vital-signs monitor and install it at one hospital, making sure it integrates into the electronic medical record and data warehouse, and the information flows, Aldrich explains. "But if the patient visits another facility, the process of medical device integration and the automation of recording patient information most likely will need technical support and new infrastructure to allow the same monitor to perform like the first, due to a lack of interoperability," she says. "Nurses and doctors are working at patients' bedsides to improve outcomes without the technological support."

Interoperability also aims to solve errors within the patient room by aligning the infrastructure of the technologies clinicians use, so the software can be integrated—allowing devices to exchange information seamlessly. For example, a pain pump delivering pain medication could be connected directly to the computer where the physician enters the prescription, which is also storing information about the patient's drug allergies. The systems work together to eliminate room for dosage errors and risks to patients.

To meet the high requirements of this mission, technology suppliers must adhere to the following standards:

- **High reliability:** The technology can operate under complex, high-hazard circumstances for long periods of time without serious error or failure.
- **Repeatability:** It can be installed and used in an environment using the same method without changing anything and get the same result.
- **Scalability:** It can adapt and manage an increasing number of users.

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CREATING CHANGE

Interoperability is already making headway. C4MI, representing hospitals and health systems, is collaborating with large technology vendors and policy groups to create certifications and open source technical infrastructure specifications for medical systems and devices. The team has worked with more than 40 industry vendors to create intellectual property agreements and common infrastructure, including Philips, GE, Masimo and InnoVision.

C4MI teamed up with lawmakers on the language for the 21st Century Cures Act, which contains requirements for advancing interoperability and prohibiting developers from preventing or interfering with the access, exchange or use of electronic health information. "There needs to be alignment in meeting the needs of suppliers, in terms of their ability to scale, as well as the needs of health systems, in terms of their ability to use certain medical devices," says Aldrich.

In June 2021, InnoVision and others such as Philips conformed to the C4MI specifications for medical devices and are building the specifications into their equipment. "As companies adopt these standards, we will have a common platform where the devices can all talk to each other," says Aldrich. "This way, hospitals won't have to pay over and over again to make this happen."

GETTING INVOLVED

Clinician involvement in this effort is paramount. "It is critical for clinicians to have a voice and get involved to make sure we are meeting the clinical requirements, which are just as important as the technical security solutions," says Aldrich.

HealthTrust member hospitals that have contributed to C4MI's mission include Community Health Systems, HCA Healthcare, LifePoint Health, Robert Wood Johnson Health System, Robert Wood Johnson University Hospital and Scripps Health. However, some members have had to pause their participation with the C4MI to focus on COVID-19 response. **HT**

The cost of INNOVATION

Bringing new medical devices & drugs to market

Innovation has its price. Here are facts and figures around the cost of bringing new medical devices and drugs to the marketplace.

DEVICES

R&D spending in healthcare

$180 billion+ in 2020

vs.

$86 billion in 2005

Source: PwC, The Global Innovation 1000 study

Average cost to bring a medical device from concept to market

$31 million

via 510(k) pathway with

$2 million to $5 million

of this total on development & engineering

$24 million

spent on FDA-related charges

$94 million via PMA pathway

Applications submitted to the FDA each year:

4,000 via 510(k) apps

<100 via PMA apps

The majority of medical devices are cleared through 510(k) vs. the PMA pathway.

Source: MassDevice.com

MEDICATIONS

Cost to develop a new prescription medicine that gains market approval

$2.6 billion

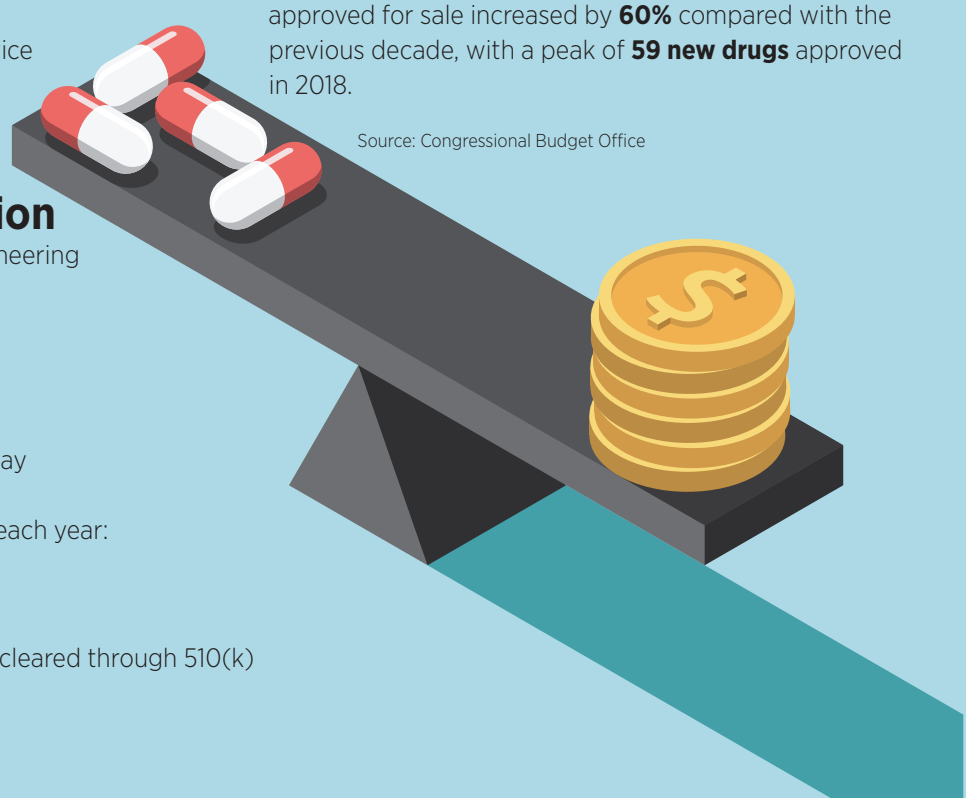
Approval rate for drugs entering clinical development

<12%

Source: Tufts Center for the Study of Drug Development

In 2019, the pharmaceutical industry spent **$83 billion** on R&D. Adjusted for inflation, that amount is about 10 times what the industry spent per year in the 1980s. Between 2010 and 2019, the number of new drugs approved for sale increased by **60%** compared with the previous decade, with a peak of **59 new drugs** approved in 2018.

Source: Congressional Budget Office



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Zero PIs for two years – what one hospital achieved after adopting a perioperative prevention program that includes **Z-Flo Fluidized Positioners**.[4]

Get the complete story at **www2.molnlycke.us/zflopositioners**

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1. Kapp S, Gerdtz M, Gefen A, Prematunga R, Santamaria N. An observational study of the maintenance of the 30o side-lying lateral tilt position among aged care residents at risk of developing pressure injuries when using the standard care pillow and a purpose-designed positioning device. Int Wound J. 2019;1–7. **2.** Brennan, M. and Laconti, D. Using Conformational Positioning to Reduce Hospital-Acquired Pressure Ulcers. Journal of Nursing Quality, 2013,11. **3.** Barakat-Johnson M et al. Evaluation of a fluidised positioner to reduce occipital pressure injuries in intensive care patients: A pilot study. Int Wound J. 2018;1–9. **4.** Kimsey, Diane. A Change in Focus: Shifting From Treatment to Prevention of Perioperative Pressure Injuries. AORN Journal. 2019: 379-393. doi.org/10.1002/aorn.12806.

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OUTSTANDING MEMBER
Surgery Partners

From left to right:
Top row:
Joye Booher, Senior Director, Procurement and Supply Chain
Rick Salzer, Senior Vice President, Procurement and Supply Chain
Bottom row:
Natalie Gustafson, Senior Supply Chain Manager
Jessica Rodriguez, Director, Procurement and Supply Chain
Kathy Kilgore, Senior Analyst of Purchasing

RISING TO THE TOP

Recipients of HealthTrust's 2021 Member Recognition Awards are taking a community-first approach to healthcare

Photos: Jason Mallory

HEALTHTRUST®

EACH YEAR, HEALTHTRUST RECOGNIZES THE BEST OF THE BEST THROUGH ITS MEMBER RECOGNITION AWARDS. These honors are given to healthcare facilities committed to excellence in a variety of areas, from supply chain and clinical operations, to pharmacy and sustainability initiatives.

This year's awards—given at the annual HealthTrust University Conference in Nashville, Tennessee—highlight facilities that have put their communities first, whether that has meant educating people about COVID-19, improving the environment through cutting-edge sustainability projects or ensuring patients had access to necessary prescriptions.

Take a look at this year's shining stars.

Outstanding Member Award

Surgery Partners, which operates more than 140 surgical facilities across the country, received the annual award for Outstanding Member by leveraging HealthTrust group purchasing organization (GPO) contracts to improve systemwide performance and achieve significant savings.

"In a year when so many of us were so focused on dealing with the challenges of COVID, our team was able to ensure that our doctors, clinicians and patients had what they needed. At the same time, we continued to expand our business relationship with HealthTrust," says **Rick Salzer**, Senior Vice President, Procurement and Supply Chain.

Surgery Partners acquired National Surgical Healthcare in 2017, and since then, the company has seen immense growth due to several key initiatives in neurostimulation, spine implants and osteobiologics. In addition, the company achieved success by conducting individual site reviews, which looked at everything from spend history to opportunity analysis.

The results? Contract volume grew by 200%, while contract adoption went from 32% in 2018 to 54% in 2020. This translated to a GPO volume of over $292 million in 2020. Surgery Partners' category utilization also grew, increasing from 468 categories in 2018 to 547 in 2020.

"It's a great honor to be recognized for this award, especially considering all of the outstanding members in the HealthTrust organization," says Salzer. "To receive this recognition—especially against the backdrop of the COVID pandemic—really speaks to the creativity, hard work and collaboration between the teams at Surgery Partners and HealthTrust."

OPERATIONAL EXCELLENCE
QHR Health, PLUS

From left to right:
Susan Dorsey, Associate Vice President, Supply Chain Operations
Tracy LaChance, Director, Supply Chain
Jeff Kimmell, RPh, President, PLUS
Kim Milliken, Director, Supply Chain
(Not pictured: **Dwayne Gunter**, CEO, QHR Health)

Operational Excellence Award

QHR Health, a healthcare consulting and management company founded in 1977, received the annual award for Operational Excellence after launching its PLUS supply chain program, which was created to align the company's managed and owned locations. The PLUS program—comprising several multidisciplinary teams—drove significant savings and efficiencies across $1.1 billion in combined contract spend.

"The COVID-19 pandemic created unprecedented challenges for hospitals and health systems across the country. PLUS embraced this challenge and utilized our Performance Impact Team to meaningfully partner with our hospitals to provide solutions and best practices," says **Jeff Kimmell**, RPh, Senior Vice President, Supply Chain and President of PLUS.

With over 150 clients in 40 states, the company primarily partners with independent, rural facilities. Allowing their member facilities access to the HealthTrust contract portfolio drove savings for the hospitals while also increasing volume and leverage for the HealthTrust GPO.

The PLUS program enabled the organization to implement various new reporting capabilities, such as price write-downs for refreshed strategic investment program (SIP) agreements, enhanced S2 contracts and full alignment of LOC tiers. In addition, through the PLUS program, QHR Health created a personal protective equipment (PPE) warehouse so it could provide gloves, masks and gowns to front-line health workers throughout the COVID-19 pandemic. It shipped nearly 52,000 cases of PPE to 115 client sites.

"Receiving the HealthTrust Operational Excellence Award affirms that we are delivering on our commitment to driving efficiencies in contract spend and leveraged savings opportunities for our 150+ hospital and health system clients," says Kimmell.

CLINICAL EXCELLENCE
Southwest Health System

From left to right:
Christopher Alvarez, Director of Patient Access
Lindsay Yeager, RPSGT, CCSH, Director of Sleep Services
Kelsey Gilbert, PharmD, Pharmacist Leader Outpatient Pharmacy
Marc Meyer, RPh, BPharm, CIC, FAPIC, Director of Pharmacy & Infection Control
Sara Crittenden, VP, Strategic Accounts (HealthTrust)
Matthew Lindsay, NR-Paramedic, CCEMTP, Director of EMS/ Ambulance

Clinical Excellence Award

Southwest Health System (SHS) comprises Southwest Memorial Hospital and Southwest Medical Group, which operates various primary care and specialty clinics in Cortez, Colorado. This rural town of fewer than 10,000 residents borders an Indian reservation and is just 30 miles from the Navajo Nation.

SHS received the Clinical Excellence award based on its commitment to providing COVID-19 vaccine access to rural communities while also becoming a national expert throughout the pandemic.

"The Clinical Excellence Award is prestigious, and it means a great deal to our critical access hospital in a very rural area in southwestern Colorado," says **Marc Meyer**, RPh, BPharm, CIC, FAPIC, Director of Pharmacy & Infection Control. "It says to everyone that a small hospital that puts patient care foremost, with good action plans, can be recognized along with big healthcare organizations for excellence. It shows that you can receive excellent care close to home."

At the height of the pandemic, SHS broadcasted hundreds of hours of Facebook Live Q&A sessions and managed a hotline that was available to residents five days a week. The Facebook Live videos drew viewers from across the country, with 900 to 4,000 signed on during each episode. SHS subject matter experts quickly established themselves as national experts, with viewers tuning in all the way from Hawaii.

Once the COVID-19 vaccine became available, SHS quickly deployed 7,400 doses across the health system's 41 clinics, ensuring rural community members had access to the vaccine. This helped to decrease the COVID-19 positivity rate in the area from 28% to less than 4%.

"I'm very proud of my team for being resilient during the last 18 months of the COVID pandemic. That resilience led to providing excellent care through our vaccine clinic and community outreach education program that was recognized on this national level," says Meyer.

SOCIAL STEWARDSHIP—SUSTAINABILITY
St. Luke's Health System

Social Stewardship—Sustainability Award

Founded as a six-bed frontier hospital in 1902, **St. Luke's Health System** has evolved to become Idaho's largest healthcare provider. Today, St. Luke's is the only locally governed, Idaho-based, not-for-profit health system, with a network of eight full-service medical centers and hundreds of outpatient centers and clinics serving people throughout southern Idaho, eastern Oregon and northern Nevada.

Earlier this year, St. Luke's realized it had a shortage of sterile blue wrap, a common issue during the COVID-19 pandemic. The health system quickly came up with a solution by switching to reusable rigid sterilization containers. This systemwide change not only eliminates the hospitals' reliance on blue wrap, but also has far-reaching environmental benefits. (Although it's possible to find ways to recycle blue wrap, the logistics of doing so are immensely challenging. Eliminating the use of it altogether is often the most eco-friendly solution.)

Supply chain professionals with St. Luke's did a thorough analysis of potential solutions to its blue wrap shortage and selected Aesculap rigid sterilization containers as the best option. By moving from blue wrap to containers, St. Luke's will reduce waste by 160,000 pounds a year, which translates to roughly 100 households' worth of trash. Although the upfront costs to purchase reusable containers are higher, a return on investment occurs after just three years, and the containers can be used for up to 10 years.

"We are making conscious and systematic efforts to evolve the healthcare supply chain into a network of partners, services and products that focus on holistic sourcing factors, including sustainability," says **Jason Merrill**, Senior Director, Supply Chain Management. "I appreciate HealthTrust for recognizing St. Luke's sustainability efforts. This recognition has given us the opportunity to share our successes with other healthcare providers across the country."

Team Members (not pictured, as they were unable to attend):

Kacey Wear, MSN, RN, BSN, CEN, Clinical Category Director
Jason Merrill, Senior Director, Supply Chain Management
LaNae Cunningham, Manager, Sterile Processing
Taylor Easterday, MBA Finance, KT, Logistics Manager
Sam Roberts, MBA, Finance Director
Adrian Wengert, MBA, Vice President, Supply Chain

Pharmacy Excellence Award

Scripps Health, a San Diego-based health system that includes five hospitals and 19 outpatient facilities, received the Pharmacy Excellence Award for its creation of a medication central prior authorization (CPA) department. This department, which comprises 12 staff members, submits and processes prior authorizations for medications in three categories: general, specialty and infusions.

"Scripps has always placed a high value on advancing pharmacy practice," says **Aaron Ginsberg**, PharmD, Director of Central Pharmacy Services. "In recent years, Scripps has been highly innovative in the area of ambulatory patient care, including improving patient access to ambulatory medications by establishing a CPA department. We are privileged to have HealthTrust provide national recognition for this important facet of patient care."

When the CPA department launched in January 2018, the average turnaround time for authorization of episode-based medication (EBM) infusion referrals was 3.5 weeks, while the

Continued on page 36

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PHARMACY EXCELLENCE
Scripps Health

From left to right:
Hardi Tjhie, CPhT, Prior Authorization Technician Specialist
Lisa Risser, CPA, MBA, FACHE, FHFMA, Corporate Senior Vice President, Ancillary Operations
Aaron Ginsberg, PharmD, Director of Central Pharmacy Services
Betty Richardson, RPh, Clinical Pharmacist
Kathy Kim, BS, CPhT, Prior Authorization Technician Specialist
Angela Rosenblatt, MS, PharmD, BCPS, BCNSP, APh, Corporate Director of Pharmacy, Ambulatory Services
Tony Jackson, PharmD, MBA, Assistant Vice President Pharmacy
(Not pictured: **Erin Lowrey**, CPhT, Prior Authorization Technician Specialist)

average turnaround time for fee-for-service (FFS) non-managed-care referrals was 24 days. By March 2019, the CPA team had reduced the total EBM infusion referral turnaround to just 3.7 days and the average FFS, non-managed-care referral turnaround to 2.4 days. And the benefits extended beyond time savings to cost savings: Scripps Health reduced the overall spend in denials on medical claims by more than $500,000 in the first half of fiscsal year 2021.

"We have assisted hundreds of thousands of patients in getting access to medications. Otherwise, these patients might not have been able to get the acute treatments and maintenance medications that are the cornerstones of healthcare," says Ginsberg.

Scripps Health also stood out for its commitment to working with HealthTrust Clinical Pharmacy Member Support to identify biosimilar conversions and other therapeutic areas that could be improved from a pharmacoeconomic standpoint.

"Medication prior authorization continues to grow in complexity every year," explains Ginsberg. "The success of Scripps CPA and what we have been able to accomplish in only three years can provide a roadmap for other organizations to follow."

INNOVATION
Louisiana Children's Medical Center

From left to right:
Stephanie Grant, BBA, CMRP, Purchasing Director
Joseph Thibodeaux, MBA, Vice President, Chief Resource Officer
Clifford (C.T.) Harlan, Senior Director of Operations
Alianora Schmidt, AVP Implementation (HealthTrust)

Innovation Award

Louisiana Children's Medical Center (LCMC) signed a groundbreaking 15-year agreement in which Energy-as-a-Service (EaaS) will be implemented in six regional facilities. The hospital system partnered with Bernhard Pro Star (BPS) for this project which will lead to a total cost savings of $96 million. This can go toward improvements to water and steam systems, and upgrades to air-handling units, building controls and electrical infrastructure, as well as LED lighting installation.

"The EaaS agreement between BPS and LCMC is the largest of its kind in healthcare history," says **Joseph Thibodeaux**, MBA, Vice President, Chief Resource Officer. "This agreement will deliver operational efficiencies, enhanced infrastructure, cost savings and have a positive environmental impact. It may serve as a model to other IDNs exploring their own EaaS agreements in the future."

Although the cost savings from this project are noteworthy, sustainability benefits are at the core of LCMC's undertaking. The various upgrades will lead to a 21% reduction in electricity consumption, a 34% reduction in natural gas consumption and a 26% reduction in carbon emissions. These energy savings are the equivalent of taking 140,000 cars off the roads in Louisiana.

"This award memorializes the hard work and perseverance of the team over the past year and highlights LCMC's commitment to the community we serve," adds Thibodeaux. **HT**

DRIVING CHANGE: FORD MOTOR COMPANY WINS HEALTHTRUST'S INAUGURAL CHALLENGE ACCEPTED AWARD

This year, HealthTrust added a Challenge Accepted Award to its annual awards program to recognize companies that take bold risks and overcome obstacles in order to put the health of community members first. Ford Motor Company was chosen for the inaugural award based on its dedication to fighting the COVID-19 pandemic.

In March 2020, Ford partnered with United Auto Workers to launch Project Apollo, a massive undertaking that helped get PPE to millions of front-line healthcare workers and at-risk communities across the U.S. at no cost. Their initiative got national attention, with well-known director Peter Berg making a short documentary about Ford's efforts titled "On the Line."

By the end of August 2021, Ford had produced more than 55 million face masks, 20 million face shields, 1.6 million washable isolation gowns, 50,000 patient ventilators, and 32,000 powered air-purifying respirators (in conjunction with 3M).

READ MORE about this initiative at healthtrustpg.com/InThisTogether

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Technological innovations are driving improvements in healthcare for at-risk & underserved populations

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Dr. Sybert, founder of HealthyMe LLC, a primary care clinic that offers both in-person and telemedicine visits, not only imagines this scenario, he sees it as an eventual reality. He envisions that the latest healthcare innovations will increasingly rely on telemedicine and artificial intelligence (AI) to help better serve patients—especially rural and at-risk populations.

"Generation Z has grown up with Xbox and virtual reality headsets," says Dr. Sybert. "If they get a chronic disease, they're going to want some form of technology to help manage it."

Technology such as telehealth, AI and remote monitoring are evolving to meet those needs and bring us to a future that, at one time, was only in our imaginations.

TELEHEALTH

Prior to COVID-19, healthcare organizations had been slow to adopt the technology because, historically, it wasn't

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covered by insurance. That all changed during the pandemic when people couldn't physically get in to see their physicians. The Centers for Medicaid & Medicare Services responded to the crisis by widely expanding reimbursement for telehealth. "COVID is the biggest use case example of how reimbursement drives telemedicine as well as other tech adoptions," says Dr. Sybert.

Although telehealth may seem like it's essentially video chatting, it is extremely effective when healthcare organizations integrate it as complementary to a regular doctor visit. In a direct contract reimbursement model, a number of payors are developing their own versions of telehealth to help manage chronic illness, work-related illness and urgent care.

Since the rise of freestanding urgent care centers in the last decade, primary care offices now may see more patients for chronic care and prevention. These visits often have predictable health journeys, so telemedicine models can be integrated to make care more efficient and less costly, says Dr. Sybert. The ability to manage chronic conditions from afar also presents a solution for people who live in areas with shortages of healthcare providers, or who have transportation or mobility issues.

AUTOBOTS

Anyone who has used the internet in recent years has noticed or even interacted with chatbots, or autobots, on company websites. These little helpers pop up on your screen and ask a question: "Do you need assistance finding something?" Based on your response, the bot helps lead you in the right direction. Humans program these bots to perform automated repetitive functions, and machine

learning algorithms respond to customer input with templated responses.

Hospitals and health systems may use chatbots as a screening tool, a solution triggered by the pandemic. With stay-at-home orders in place, visits to hospitals and clinics declined. Healthcare organizations were caught off guard with how to interface with patients in this type of environment. "There was so much going on, much of which was remote, so chatbots were brought to market to run a series of triage questions for COVID symptoms," explains Dr. Sybert.

He believes companies will continue to develop more algorithms to use bots in healthcare scenarios. Still, in the clinical world, people are cautious. "What happens if a chatbot guides a patient in the wrong direction?" Dr. Sybert asks. These types of concerns will continue to drive how bots are implemented and customized for healthcare settings.

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ENCOURAGING HEALTHCARE ADVANCEMENTS

HealthTrust's Innovation Center invites current and prospective suppliers to submit their new and innovative FDA-approved products related to patient care, information technology and supply chain management for consideration. It's open year-round for submissions.

"Our field of vision is wide, and we're looking at products from companies of all sizes—whether they are a startup or a Fortune 500 organization," says **Angie Mitchell**, RN, AVP of Clinical Services. Products are considered for contract based on several factors, including whether the clinical data supports the product's use, Food and Drug Administration (FDA) approval and cost, as well as supplier diversity and sustainability. Here are a few recent additions to HealthTrust's portfolio that have emerged from the Innovation Center process.

Disposable endoscopes

The FDA recently communicated an update on their recommendations for endoscope processing and cleaning, given the ongoing concern for secondary infections due to endoscopes not being effectively cleaned and disinfected. In these updated recommendations, the FDA suggests the use of disposable, single-use endoscopes to further prevent these secondary infections.

Through the Innovation Center submission process, HealthTrust identified two companies that developed disposable endoscopes. "It was an advancement in the market," says Mitchell. "We were able to add disposable endoscopes to contract for the benefit of our members."

Early sepsis indicator

An innovative point-of-care lab test introduced through this process is an early sepsis indicator. There are lab tests that serve as markers for sepsis, but there are varying schools of thought on those. "The early sepsis indicator lessens that debate," says Mitchell.

Ventilator that allows for patient mobility

Studies show that when ICU patients are able to be mobile early, they frequently have better outcomes, including a shorter length of stay in the hospital. Respiratory care supplier Ventec Life Systems recently came out with VOCSN, a ventilator that enables patients to be more mobile while receiving breathing assistance. "In addition to ventilators, some people also have IVs, catheters and other pieces of equipment," says Mitchell. "Early mobility programs help increase patients' strength and prevent muscle atrophy."

The Innovation Center has enabled HealthTrust to stay on the cutting edge of new technology and see how products in development may impact clinical practice recommendations. "I don't know of any other market that changes as quickly as healthcare does," says Mitchell. "Internal SMEs and clinical experts from within the membership spend a lot of time reviewing these products. Members provide a 'boots on the ground' perspective that is so critical to the process. We make no assumptions."

TO SUBMIT a product for consideration through HealthTrust's Innovation Center, visit healthtrustpg.com/healthtrust-innovation-center

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REMOTE PATIENT MONITORING

Remote monitoring provides a major opportunity to automate care for at-risk populations with chronic conditions, including depression, addiction, hypertension, heart disease and many more—especially for those who have limited or no access to physicians.

"Let's say my dad has a pacemaker," offers Dr. Sybert. "He sets a device down by his bedside. As he sleeps, the device automatically connects to a system where information is pumped in and shared with the company that monitors him remotely on behalf of the physician's office."

For a patient who lives hundreds of miles from a cardiologist or who is at high-risk for a health event, the benefits are clear. Physicians can obtain a real-time picture of the patient's health and make immediate adjustments to medications and care plans without the patient having to physically come into an office.

Still, ease-of-use is a key factor in patient adoption. "If it's too complicated to set up or use, the patient will just forget it," says Dr. Sybert.

ARTIFICIAL INTELLIGENCE

There is a significant opportunity to use AI in healthcare to drive better access to treatment, especially when geography and poverty are barriers. AI uses neural networks, a type of machine learning inspired by the human brain, to mimic how biological neurons signal each other to drive outcomes.

AI technology will help us reach vulnerable and at-risk patients with limited access to care. In less resource-rich areas of the world, a primary care doctor or radiologist may not be available to read a mammogram. "To have an AI that could reliably read a mammogram without needing to access a radiologist would be huge," says Dr. Sybert.

AI takes a hefty investment upfront, but once it's developed it can be highly cost effective. "We don't have enough radiologists in the world to do this, so why not take

Remote monitoring provides a major opportunity to automate care for at-risk populations with chronic conditions.

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AI that can detect breast cancer in mammograms and open healthcare access to patients all over the world?" he asks.

PHYSICIANS LEADING THE WAY

Dr. Sybert encourages physicians to be diligent about understanding technology and to be part of the process in developing it for future use. As baby boomers retire, we will see increased adoption of these technologies more quickly by younger generations, he suggests. "It's disruptive to physicians to have to learn a new system," Dr. Sybert acknowledges. "But that's not patient-centric. These technologies are completely disrupting care for the benefit of patients, which may not always be for the convenience of the doctor. Don't shy away from it—learn about it, lead it and help shape it." **HT**

COMMUNITY SERVICE

The remarkable efforts by HealthTrust members to vaccinate the masses amid a global health crisis

Photos: Scripps Health

Chris Van Gorder, President & CEO, and Ghazala Sharieff, M.D., MBA, Corporate SVP & CMO, Acute Care & Clinical Excellence, took part in the mass vaccination effort at Scripps Health.

YEARS FROM NOW, the healthcare world will look back at the COVID-19 pandemic as a historically grueling test of resources and stamina. While healthcare providers battled the surges of infections, they were also faced with one of the most logistically challenging vaccination rollouts in our nation's history—all within the space of a year. It's worth noting the exemplary efforts of two of our member organizations and how they have faced this challenge with innovations and solutions.

SCRIPPS HEALTH

On Dec. 14, 2020, Scripps Health in San Diego received its first shipment of the Pfizer vaccine, just three days after it received emergency use authorization (EUA) from the Food and Drug Administration (FDA). Scripps began administering vaccinations quickly. The goals of its program were to ensure fair distribution, uphold a transparent patient selection process, maintain a safe environment, and sustain a plan for transporting vaccines and supplies safety and securely.

"Serving the community is a longstanding tradition for Scripps. It is part of our mission and vision," says **Angela Rosenblatt**, MS, PharmD, Corporate Director of Pharmacy Ambulatory Services and Scripps MD Anderson Pharmacy Services at Scripps Health. "We have both underserved

and more affluent populations. We need to reach all those areas with patient care in a way that is understandable, equitable and accessible for them."

Using Microsoft Teams, the organization developed workgroups and a centralized online repository for sharing documents and educational resources. It also formed a vaccine advisory committee to scientifically evaluate each vaccine, provide guidance, and educate the organization, its patients, and staff to reduce any hesitancy or fears people had about getting a vaccine that had been developed and approved for use so quickly.

Automated scheduling

Hospital staff was first on the tiered vaccine rollout list. They started with acute care staff and subsequently targeted those in ambulatory departments, administrative staff and, finally, volunteers. They were careful to stagger vaccination appointments for the acute care workforce since they were already dealing with the impact of COVID sick calls.

To schedule and manage patient vaccine appointments, Scripps leveraged its electronic health record system and created a user-friendly process for self-scheduling and eligibility screening. When appointment slots became available, eligible patients would automatically receive a notification letting them know they could make an appointment through the online patient portal. Patients also automatically received a prompt to schedule their second dose at a clinic offering the same vaccine brand they started with.

Medication orders in the EHR were configured so they would function identically irrespective of vaccine brand, which allowed the pharmacy team to send single bulk batches of orders to a large patient population. At the time of the clinic encounter, they would associate the vaccine type with the patient. Because the specific vaccines offered at various clinics changed based on availability, this made the medication order process highly efficient and eliminated the need to manually revise and resend orders.

Accessible sites

"It was an enormous effort. The IT team did a significant amount of heavy lifting. We had our nurse executives running the clinics. There were so many intricacies. And, a huge number of volunteers," says Rosenblatt.

From the northernmost part of San Diego County to just a few miles from the Mexico border, Scripps set up 15 vaccine clinics for community members who span a wide-ranging socioeconomic demographic. Clinic sites were selected to ensure equitable vaccine access and minimize health disparities to meet the top priority of serving a diverse population.

At the drive-through mass vaccination site in Del Mar, California, patients pull up to receive their COVID-19 vaccine.

Photo: Angela Rosenblatt

Each vaccine type is a little different in terms of how it is administered and handled. As a result, the team at Scripps became experts on each of the three COVID vaccines very quickly. Superusers were assigned to clinic sites to provide training and support to clinic staff, and to ensure all protocols were properly followed.

In mid-February, they worked with the county to open a drive-through mass vaccination site at the Del Mar Fairgrounds, where they could administer up to 10,000 vaccines a day. Patients pulled up to the center and stayed in their cars as they were screened and received the vaccine, and then pulled over to an observation area.

Stellar patient experience

The appointment system within the EHR allowed most of the work to be completed ahead of time, so community members breezed through the smaller clinics with almost no wait times.

"We received nothing but positive feedback from the community, and the whole experience was amazing," says Rosenblatt. "The first person I gave a shot to started crying and said that this was the first time they had been out of their house in 12 months. To experience that glimmer of hope was very special."

Scripps was able to meet its goal of having people in and out in under 30 minutes, including observation time, which is credited to a meticulously mapped-out traffic flow, advance dose preparation and the ability to staff up or down in real time.

"When we finally closed the clinic, we had an appreciation event, and people said it was the most fun they'd had in a long time," says Rosenblatt. One woman who lost her job

Continued on page 49

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References: 1. On file WG Critical Care, LLC. To request data on file, please contact Customer Service at 1-888-493-0861 or CustomerService@wgccrx.com

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44567-611-10		100 mg	100 mL	100 mL Premix Bag	1 mg / mL	10	10260032	5738067	2347508	105049

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use MIDAZOLAM IN SODIUM CHLORIDE INJECTION safely and effectively. See full prescribing information for MIDAZOLAM IN SODIUM CHLORIDE INJECTION.

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See full prescribing information for complete boxed warning

- **Only personnel trained in the administration of procedural sedation, and not involved in the conduct of the diagnostic or therapeutic procedure, should administer Midazolam Injection.**
- **Administering personnel must be trained in the detection and management of airway obstruction, hypoventilation, and apnea, including the maintenance of a patent airway, supportive ventilation, and cardiovascular resuscitation.**
- **Resuscitative drugs, and age- and size-appropriate equipment for bag/valve/mask assisted ventilation must be immediately available during administration of Midazolam Injection.**
- **Continuously monitor vital signs during sedation and through the recovery period.**
- **Concomitant use of benzodiazepines with opioid analgesics may result in profound sedation, respiratory depression, coma, and death. Continuously monitor patients for respiratory depression and depth of sedation.**

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

Midazolam in Sodium Chloride Injection is a benzodiazepine indicated for:

- continuous intravenous infusion for sedation of intubated and mechanically ventilated adult, pediatric, and neonatal patients as a component of anesthesia or during treatment in a critical care setting.

----------DOSAGE AND ADMINISTRATION --------

- For intravenous injection only. Avoid intra-arterial injection or extravasation.
- Individualize dosing and titrate to desired clinical response, taking into account patient age, clinical status, and concomitant use of other CNS depressants.
- See Full Prescribing Information for complete dosage and administration information.

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

Injection: 50 mg per 50 mL (1mg/mL) and 100 mg per 100 mL (1 mg/mL) in single-dose bags.

---------- CONTRAINDICATIONS ----------

Midazolam in Sodium Chloride Injection is contraindicated in patients with:

- known hypersensitivity to midazolam.
- acute narrow-angle glaucoma.

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

Cardiorespiratory Adverse Reactions: Serious cardiorespiratory adverse reactions have occurred, sometimes resulting in death or permanent neurologic injury.

Paradoxical Behavior: Agitation, involuntary movements (including tonic/clonic movements and muscle tremor), hyperactivity and combativeness have been reported in both adult and pediatric patients.

Dependence and Withdrawal with Long-Term Use: Use for several days to weeks may lead to physical dependance to midazolam. Do not abruptly discontinue midazolam. Gradually taper the dosage using a tapering schedule that is individualized to the patient.

Debilitation and Comorbid Considerations: Higher risk adult and pediatric surgical patients, elderly patients and debilitated adult and pediatric patients.

Risk of Intra-Arterial Injection: There have been limited reports of intra-arterial injection of midazolam. Adverse events have included local reactions, as well as isolated reports of seizure activity in which no clear causal relationship was established.

Impaired Cognitive Function: Because of partial or complete impairment of recall, patients should not operate hazardous machinery or a motor vehicle until drug effects have subsided.

Hypotension and Seizure in Preterm Infants and Neonates: Avoid rapid injection in the neonatal population.

Neonatal Sedation in Later Stages of Pregnancy: Benzodiazepine use during later stages of pregnancy can result in neonatal sedation. Observe newborns for signs of sedation and manage accordingly

Pediatric Neurotoxicity: In developing animals, exposures greater than 3 hours cause neurotoxicity. Weigh benefits against potential risks when considering elective procedures in children under 3 years old.

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

The most common adverse reactions (≥15%) were decreased tidal volume, decreased respiratory rate, and apnea.

To report SUSPECTED ADVERSE REACTIONS, contact WG Critical Care, LLC at 1-866-562-4708 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

---------- DRUG INTERACTIONS ----------

Opioid Analgesics and Other Sedative Hypnotics: Risk of respiratory depression is increased

Cytochrome P450-3A4 Inhibitors: May result in prolonged sedation due to decreased plasma clearance of midazolam.

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

Lactation: A lactating woman may pump and discard breast milk for 4 to 8 hours after treatment with midazolam.

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Continued from page 46

UMC set up a large-scale vaccination site in the heart of the Las Vegas strip.

during COVID said that volunteering at the clinic gave her purpose during the pandemic.

Altogether, Scripps had administered over 150,000 vaccines to the community by August 2021, including more than 75% of its employees.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMC)

UMC had already earned its reputation as a community leader three years prior to the pandemic when it responded to the deadliest mass shooting in modern American history at the Route 91 Harvest Festival in Las Vegas. With COVID-19, UMC has once again led its community through crisis, including providing tens of thousands of vaccines through a unique corporate partnership and, ultimately, a permanent COVID-19 clinic.

Knowledge-sharing with community hospitals

In early 2020, before Nevada saw its first case of COVID, UMC initiated a forum to bring together executive and clinical leadership from local hospitals and other healthcare organizations. The team at UMC shared response plans to help other hospitals prepare for the impact of COVID-19, since it was the only hospital in Southern Nevada with a dedicated, full-time team of employed infectious disease physicians.

On-site COVID testing

UMC built a second on-site lab within the medical center for COVID-19 testing. The team converted a space in the hospital that was formerly occupied by an outpatient physical therapy gym. "The lab significantly expanded Nevada's overall testing capacity at a critical time," says **Jamie King**, Director of Pharmacy. "Our team built this lab from the ground up in a matter of weeks, recognizing the urgent need for testing resources early in the pandemic."

With a capacity of 10,000 tests per day, the lab had processed more than 1.1 million COVID tests by mid 2021. This includes testing all admitted patients to promote a safe clinical environment.

Photos: Scott Kerbs

Mass vaccination site with positive economic impact

By summer of 2021, UMC had provided more than 66,000 vaccine doses to community members. It is the only hospital in Southern Nevada offering public vaccinations. Following the tier system, it began with vaccinating its front-line healthcare workers. As the vaccine program criteria opened up and more people were eligible to receive the shot, UMC realized it couldn't keep up and decided to open a mass vaccination center.

In 2020, the Nevada economy suffered greatly due to its high dependence on tourism. The impact of hotel and convention closures, coupled with fear of travel during the pandemic, significantly decreased the number of vacationers. A partnership with Wynn Resorts provided staff and security to help screen patients for appointments, direct traffic and assist patients as they entered the property.

The prime location allowed UMC to operate a mass vaccination clinic right on the Las Vegas Strip, with the ability to reach the region's many hospitality workers. Vaccinating the community, especially hospitality workers, was one of the first steps in reopening the city to tourism and will be instrumental in reestablishing the region as a thriving, vibrant and healthy destination for travelers.

UMC shifted operations to a dedicated COVID-19 vaccination site and clinic in May 2021. This site, known as the UMC Advanced Center for Health, will continue to play a critical role in safeguarding the health of community members.

"As Nevada's most sophisticated hospital, UMC has a unique responsibility to meet the urgent healthcare needs of community members and offer leadership during times of crisis," says King. "This community-focused philosophy continues to play a vital role in UMC's response to the COVID-19 pandemic, supporting our efforts to safeguard the health of Nevadans during their greatest time of need." **HT**

FOR MORE STORIES about member community outreach efforts, visit bit.ly/HTCommunityOutreach

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*Reference: Kuo FC, Chen B, Lee MS, Yen SH, Wang JW. AQUACEL® Ag Surgical Dressing Reduces Surgical Site Infection and Improves Patient Satisfaction in Minimally Invasive Total Knee Arthroplasty: A Prospective, Randomized, Controlled Study. Biomed Res Int. 2017;2017:1262108.

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HealthTrust Members Recognized for Environmental Excellence

Practice Greenhealth's (PGH) annual Environmental Excellence Awards honor outstanding sustainability achievements in the healthcare sector. For 2021, PGH revised its awards process, suspending the tiered awards structure in favor of a single, broad recognition category.

The organization looks forward to celebrating hospitals that have continued their sustainability work in the face of incredible challenges, while capturing facilities' unique stories of resiliency and innovation that emerged throughout the pandemic.

Congratulations to the following HealthTrust member health systems and facilities that received 2021 recognition.

ATLANTIC HEALTH SYSTEM

System for Change Award

Environmental Excellence Awards

- Chilton Medical Center
- Hackettstown Medical Center
- Morristown Medical Center
- Newton Medical Center
- Overlook Medical Center

2021 Practice Greenhealth ENVIRONMENTAL EXCELLENCE AWARD

BETH ISRAEL LAHEY HEALTH

Environmental Excellence Award

- Beth Israel Deaconess Medical Center

CHRISTUS HEALTH SYSTEM

Environmental Excellence Award & Making Medicine Mercury Free Award

- CHRISTUS St. Vincent Regional Medical Center

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CONNECTING principles

How healthcare organizations can begin their journey to ESG reporting

AN ORGANIZATION'S ENVIRONMENTAL, SOCIAL AND GOVERNANCE (ESG) PRIORITIES can include a broad and varied spectrum of practices and policies, around everything from emissions levels and waste management to employee safety and diversity, and ethical supply chain sourcing.

ESG reporting was first introduced in the finance world as a barometer for responsible investing, favoring organizations with solid ESG practices. But what started on Wall Street is trickling down to Main Street, and all businesses, including hospital systems, have to take ESG best practices and reporting into account.

"It has a ripple effect," says **Zoë Beck**, Manager of Sustainability at HealthTrust. "It affects not only for-profit businesses that rely on investors, but it also makes everybody more aware of these principles."

However, the structure around ESG reporting doesn't yet have an exact roadmap. Healthcare organizations looking

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to incorporate this into their processes, policies and communications will have a learning curve as they navigate this new terrain.

WHY FOCUS ON ESG IN HEALTHCARE?

ESG considerations can be applied to virtually any type of organization. But they're especially meaningful in healthcare, considering how hospitals play a crucial role in the well-being of the communities they serve and are often a major employer and economic epicenter.

For example, a focus on reducing emissions—one of the environmental factors—has far-reaching benefits. "As organizations focus on emissions, we continue to create communities with a healthier environment at the local level," says Beck. "There are groups of marginalized people in certain communities that will see better health because of it. And, hospitals are often at the center of those areas."

Financial gains are at play as well. According to Nasdaq, establishing these priorities can create value by allowing organizations to unlock competitive value, cut costs (through reduced energy use, for example) and attract and retain talent.

HIGHLIGHTING IMPORTANT EFFORTS

Whether they realize it or not, many hospitals are already focusing on ESG initiatives. Beck explains ESG is still a largely unexplored frontier in terms of collecting and managing the information around the work hospitals may already be putting in, especially when it comes to environmental and social factors.

"In the 'environment bucket,' ESG's overall focus is really on emissions," Beck says. "A lot of health systems are seeing that maybe their energy efforts can be publicized, which would be helpful in ESG reporting. Their existing efforts can be consolidated and turned into a report of value to the community at large, not just the world of investors."

As for the social and governance components of ESG, hospitals are focusing on factors that include employee safety and equity within their organizations—and they're

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also looking at the practices of the suppliers they partner with. "We need to make sure our suppliers are utilizing legal workforces, and that they are paying a living wage," says Beck. "On the governance side, who's leading a particular company? Stakeholders really want to know that now."

Patient privacy, care quality and pricing transparency are also social elements hospitals can highlight as part of their ESG reporting—all of which may eventually play into patient choice and drive consumer change. "It's not at that point yet," Beck says. "Once hospitals return to operations outside of COVID crisis mode, and when patients are choosing their providers and their hospitals, I think ESG will become a contributing factor in choice—especially in larger markets."

HOW HEALTHTRUST CAN HELP

As ESG reporting is uncharted territory, Beck says that HealthTrust is stepping in to help members navigate the course. “There are so many frameworks for an ESG report,” she explains. “Part of the guidance on ESG reporting is, report out on what you can control—choose what’s material to your organization.”

HealthTrust can provide guidance at any point in the process by helping members understand the landscape and decide what matters most to them. “No matter what stage a member is in on their ESG reporting journey, HealthTrust can help provide a framework and some of the data they might need for their reports,” Beck says.

While the rules around ESG reporting are still a work in progress, its importance is likely here to stay. Healthcare organizations would benefit from paying attention now. “It’s going to be an evolution, for sure,” says Beck. “And we are evolving to better assist our membership.” **HT**

FOR MORE INFORMATION on how you can structure ESG reporting for your healthcare organization, email Zoë Beck at zoe.beck@healthtrustpg.com

SUPPLIER DIVERSITY

Program update

HealthTrust's program opens the door to more opportunity & competition

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HEALTHTRUST'S DIVERSITY PROGRAM ASSISTS DIVERSE SUPPLIERS (nationally certified minority-, women- and veteran-owned companies) with bidding on and winning contracts. This effort is making strides through new tools and membership involvement—and it's a win-win for suppliers, member hospitals and patients.

"It's important for our suppliers to reflect the population we serve in terms of patients," says **Janet McCain**, Director of the Diversity Program at HealthTrust. These suppliers also bring competition to the market and help drive down prices. "Smaller suppliers are often more nimble, have quicker response times and can change their game plan to address members' needs."

Over the past 20 years, HealthTrust's program has become one of the most respected in the industry. Today, 160 contracts with 90 suppliers and more than $320 million in member spend make up the diversity portfolio.

NEW TOOLS TO IMPROVE SUPPLIER DIVERSITY

In addition to its annual symposium, HealthTrust held the first-ever HealthTrust Supplier Diversity Workshop for non-contracted suppliers in the fall. The organization has a mentorship initiative in the works for potential launch in late 2021. "Our plan will be to match suppliers with potential diverse suppliers currently not on contract with HealthTrust and facilitate mentoring sessions," McCain explains.

Through its partnership with Valify, HealthTrust also has a new diverse supplier identification feature soon to be launched. Members will be able to use the database to determine whether there is an opportunity to consider converting business to a diverse supplier. (See page 19.)

MEMBER CHECK-IN

HealthTrust has a Supplier Diversity Council composed of representatives from 15 of its integrated delivery system members. One of the goals of the Council is to identify best practices that can be shared with other HealthTrust members.

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"We believe a diversified supplier base is vital to our company's growth and to the economic success of the communities we serve."

– Terry Deas

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McCain says supplier diversity initiatives across the membership are making a difference. "Diverse suppliers often establish their businesses in areas of low economic development, which has a positive impact on the communities our members serve," she says.

Here are program updates from two Supplier Diversity Council health system members:

BEAUMONT HEALTH

Having launched its supplier diversity program in February 2021, Beaumont Health's goal is to reflect the diversity of the communities it serves. The Michigan health system has eight acute care locations and more than 100 offsite care locations.

By 2023, it expects to grow its diversity spend to more than $30 million.

"The key in Detroit is not only to grow our diverse supplier spend, but also to create jobs across the state," says **Melanie Fisher**, Senior Vice President of Supply Chain at Beaumont Health.

The organization has had some early wins. For example, when a patient requested a shampoo for African American hair not in the product catalog, the team networked with the HealthTrust program to identify a supplier that offered the ideal product. This can now help inform other hospitals. "We are piloting this product in one of our hospitals and will then introduce the supplier to HealthTrust," says **Gordon Spencer Matthews**, Senior Director of Contracting and Supply Chain at Beaumont. "If we encountered this need, then one could assume there may be a need for this product at the national level."

For hospitals looking to initiate a supplier diversity program, Matthews suggests understanding your baseline before setting goals. "You don't need to reinvent the wheel," he says. "Talk with HealthTrust and other hospitals, and get going."

HCA HEALTHCARE

With more than 2,000 sites of care, including 186 hospitals in 20 states and the United Kingdom, HCA Healthcare is committed to expanding partnerships with a diverse range of businesses, including those owned and operated by people of color, women, veterans, members of the LGBTQ+ community, and members of socially and economically disadvantaged groups.

The organization's goal over the next three years is to increase its annual spend with diverse suppliers by at least 10%.

"We believe a diversified supplier base is vital to our company's growth and to the economic success of the communities we serve," says **Terry Deas**, Assistant Vice President of Inclusion at HCA Healthcare.

A large part of the organization's success has been through capital deployment in strengthening relationships with diverse suppliers to meet vendor and subcontractor needs. With new builds, upgrades and renovations in the works, HCA Healthcare continually has the opportunity to bring diverse

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suppliers to the table to competitively bid on projects throughout a multitude of product categories.

As one of the nation's leading providers of healthcare services, business owners can leverage the organization's scale when procuring materials and accessing capital for contracts. HCA Healthcare also provides mentoring and business development support for our contracted suppliers.

"Supplier diversity broadens HCA Healthcare's base of vendors, ensures the organization can procure goods and services at the most optimal cost, and brings creativity and innovation into our supply chain processes," Deas adds. **HT**

FOR MORE INFORMATION on initiating a supplier diversity program at your organization or for guidance on taking your program to the next level, contact Janet McCain at janet.mccain@healthtrustpg.com

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2021 Practice Greenhealth ENVIRONMENTAL EXCELLENCE AWARD

HACKENSACK MERIDIAN HEALTH

Environmental Excellence Award

- Hackensack Meridian Jersey Shore University Medical Center

HCA HEALTHCARE

Environmental Excellence Award

- Lee's Summit Medical Center

Making Medicine Mercury Free Award

- Angel Medical Center
- Belton Regional Medical Center
- Blue Ridge Regional Hospital
- CarePartners Health Services
- Eastern Idaho Regional Medical Center
- Greenview Regional Hospital
- HCA-HealthONE LLC d/b/a Swedish Medical Center
- Highlands-Cashiers Hospital
- Lakeview Hospital
- Lone Peak Hospital
- Medical City Frisco
- Medical City Plano
- Memorial Hospital of Tampa
- Mission Hospital
- Mission Hospital McDowell
- Parkridge East Hospital
- Parkridge Medical Center
- Parkridge Valley Adult & Senior Campus
- Parkridge Valley Child & Adolescent Campus
- Parkridge West Hospital
- Summerville Medical Center
- Tampa Community Hospital, a campus of Memorial Hospital of Tampa
- Timpanogos Regional Hospital
- Transylvania Regional Hospital
- TriStar Horizon Medical Center

FOR MORE INFORMATION and a complete list of winners, visit the awards section of the Practice Greenhealth website: practicegreenhealth.org/membership/awards/2021-awards-promotion

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WARNINGS: Nitinol (nickel-titanium) may cause allergic reactions in some patients. • The device is designed for single use only. Attempts to reprocess, re-sterilize, and/or reuse may lead to device failure and/or transmission of disease. This may also increase the risk of contamination. • Sterile if package is unopened or undamaged. Do not use the product if there is doubt as to whether the product is sterile. Inspect the product to ensure no damage has occurred. • This device is a permanent implant.

PRECAUTIONS: This product should only be used by physicians trained and experienced in diagnostic and interventional vascular techniques. Standard techniques for interventional vascular procedures should be employed. • Manipulation of the Zilver Vena Venous Stent requires high-resolution fluoroscopic control. • Do not use power injection systems with the delivery system. • Prior to the procedure, the patient's underlying condition should be assessed for compatibility with anticipated procedural and post-procedural antiplatelet/anticoagulation therapy. • Use in patients with a history of contrast sensitivity is not recommended unless the patient can be adequately premedicated. • Safety and effectiveness of the Zilver Vena Venous Stent for use in the arterial system has not been established. • When more than one stent is required, resulting in stent-to-stent contact, stent materials should be of similar composition to avoid the possibility of dissimilar metal corrosion. • The potential effects of phthalates on pregnant/nursing women or children have not been fully characterized and there may be concern for reproductive and developmental effects. **Stent Handling** • Do not attempt to remove the stent from the delivery system before use. • Do not expose any part of the delivery system to organic solvents (e.g., alcohol). • Use the stent system prior to the expiration date specified on the package. **Stent Placement** • Ensure that the safety lock is not inadvertently removed prior to stent release. • Do not rotate any part of the system during deployment. • Repositioning of the device once deployment has begun (i.e., the stent markers begin to flower) is not possible because the outer sheath cannot be re-advanced over the stent. • Repositioning of the delivery system to the intended deployment location can be carried out up until the stent markers begin to flower. • If excessive resistance is felt when beginning deployment, do not force deployment. Remove the delivery system without deploying the stent and replace with a new device. • Ensure the handle remains in a stabilized position while deploying the stent. Tension to remove the slack outside the patient's body should be applied; however, do not apply excessive tension on the system as stretching of the stent may occur. • Once stent deployment has begun, the stent must be fully deployed. **Stent/System Removal** • Do not advance outer sheath after stent has been deployed. Delivery system can be removed without the need to recapture tip. **Post Implant** • Antiplatelet/anticoagulant therapy should be administered during and after procedure according to institutional standard of care. • Use caution when re-crossing a stent to avoid stent damage or migration (i.e., the use of a balloon has the potential to get caught).

POTENTIAL ADVERSE EVENTS: Potential adverse events that may occur include, but are not limited to, the following: • Abdominal or back pain • Abrupt stent closure • Allergic reaction to anticoagulant and/or antithrombotic therapy or contrast medium • Allergic reaction to nitinol (nickel-titanium) • Amputation • Aneurysm • Arrhythmia • Arteriovenous fistula • Bleeding associated with anticoagulation • Death • Embolism • Fever • Hematoma/hemorrhage at access site • Hypersensitivity reactions • Hypertension • Hypotension, nausea or symptoms of a vasovagal response • Infection/abscess formation at access site • Intimal/injury/dissection • Myocardial infarction (MI) • Pseudyaneurysm formation • Pulmonary embolism • Renal failure • Restenosis, occlusion, or thrombosis of the stented vein • Septicemia/bacteremia • Stent malapposition • Stent migration or embolization • Stent strut fracture • Stroke • Tissue necrosis • Vasospasm • Vessel perforation/rupture • Worsened pain

See Instructions for Use for full product information.

AB_IFU0091_REV1

1. Shamimi-Noori SM, Clark TWI. (2018). Venous Stents: Current Status and Future Directions. *Tech Vasc Interv Radiol.* 2018;21(2):113-116.

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[1]Market leadership claims based on Q1 2021 Clarivate Data.
[2]In comparison to weight of plastic for similar canister format; contact PDI Customer Service at 800.999.6423 for more info, attention Allison Buldo.

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