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Q3 2022 | V 16 NO. 3 | HEALTHTRUST

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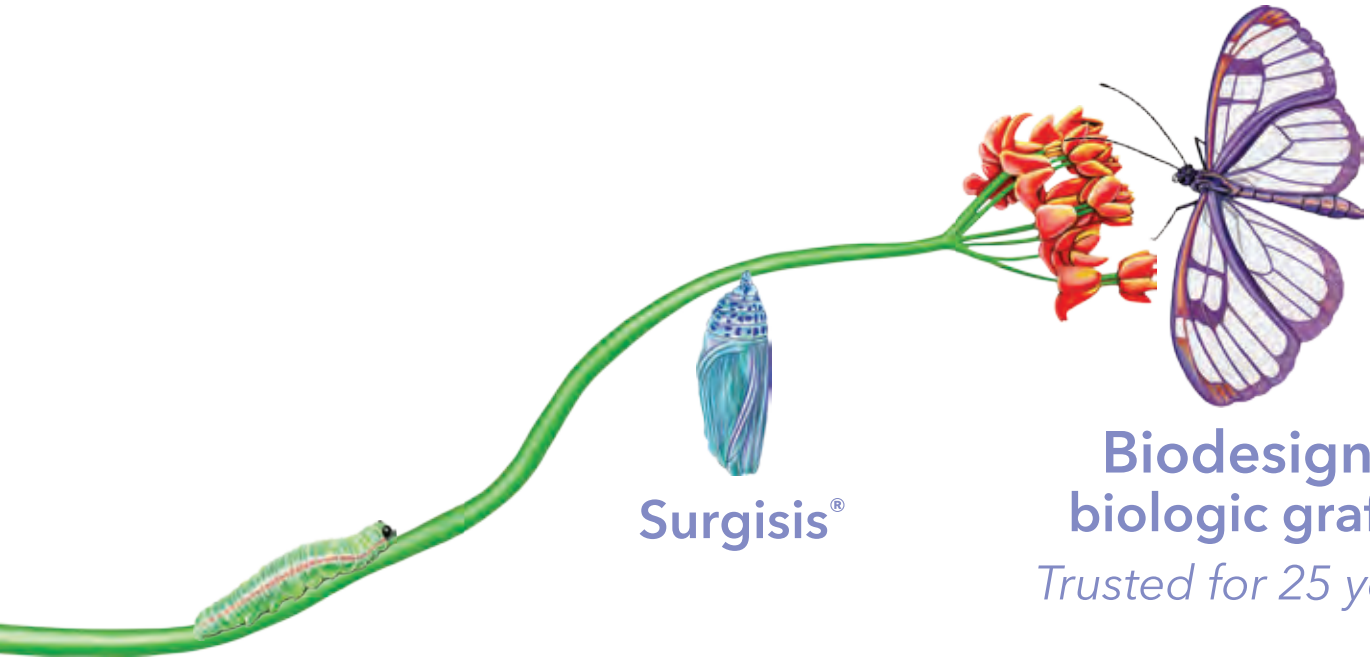

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THE CONTENTS

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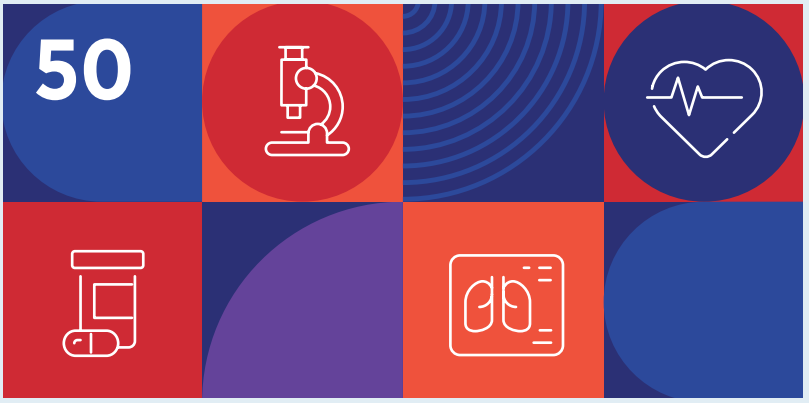
FEATURES



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:

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

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

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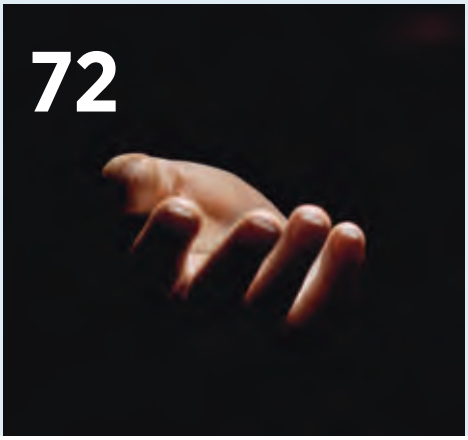

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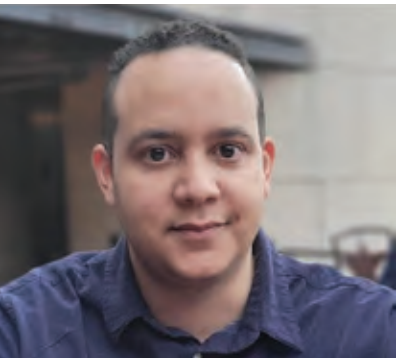




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CEO perspective

Boldly forward

It is impossible to predict how much further the SARS-CoV-2 virus may evolve from here. However, at the time of this writing, a number of experts predict—with a "cautiously optimistic" disclaimer—that the worst of it is likely behind those of us in the United States.

Boldly Forward—The Future of a World Disrupted is the theme of our upcoming HealthTrust University Conference (HTU), July 25–27, in Nashville, Tennessee. I can't think of a better way to trademark the difficult walk through a pandemic, appropriately reflect on the many lessons learned and to now transition, better and smarter with a new perspective, to life on the other side. Despite the weariness healthcare providers and their facility- and corporate-based support teams feel from the challenges endured over the last two years, I hope you are motivated by the ability to meet again in person, renew relationships and refresh our minds with boldly forward content and programs.

HTU HIGHLIGHTS

- **Member Recognition** — The annual member awards will be presented during the Monday night kick-off party (July 25), followed by an official press release and coverage in the Q4 edition of *The Source*.
- **"Beyond a Disrupted Supply Chain"** — During Tuesday's Opening General Session I will moderate an insightful discussion featuring panelists **Jim Boyle** (Medline Industries), **Matthew Rowan** (Health Industry Distributors Assoc.) and **Jocelyn Bradshaw** (HealthTrust).
- **"Perspectives on Corporate Social Responsibility for Organizational DEI & Supplier Diversity"** — Tuesday morning's professional development session will feature HealthTrust Chief Diversity Officer **Joey Dickson** and its DEI Leadership Council Chair **Aigner George** co-moderating a discussion on DEI within the realm of supplier diversity contracting and within organizations. The session includes panelists **Miles Asafo-Adjei** (HCA Healthcare), **Michael Ugwueke** (Methodist Le Bonheur Healthcare), **Jennie Hanson** (HealthTrust) and **Charlene Vickers** (J&J).
- **"From Insight to Action"** — COO **Michael Berryhill** will moderate Tuesday afternoon's General Session featuring boldly forward updates on meeting labor force challenges, exploring the shift of care and preparation for the next pandemic or natural disaster.

HEALTHTRUST AS AN EMPLOYER OF CHOICE

I am proud to announce that HealthTrust was one of 19 businesses in the large-company category recognized by *The Tennessean* as a Top Workplace in Middle Tennessee. The annual list is based on the results of employee surveys about a variety of categories related to their organization's attributes. (See ad on page 85.)

NATIONAL RECOGNITION FOR VALIFY

Congratulations to CEO **Les Popiolek** and the team at Valify! Valify Solutions Group was recently named to the list of the 50 "Most Promising Healthcare Solutions Providers" of 2022 by *CIOReview*, recognizing it as a company on the forefront of providing solutions that prioritize value-based care delivery. For those of you attending HTU, there will be a number of opportunities to learn more about Valify. One is an education session on July 25: "Achieving Next-level Savings: A Regional Approach to Purchased Services."

Here's to moving boldly forward together with resiliency and the resolve to continue to meet the issues brought forth by the pandemic's disrupted supply chain. We stand firm in our commitment to providing you with actionable information and alternative products and approaches that address these ongoing challenges. **HT**

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

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CMO perspective

Insights prevail

We are excited to be hosting live events again, including the annual HealthTrust University Conference (HTU). The HealthTrust Member Education team is working with more than 80 presenters to deliver a quality slate of education programs for member attendees who will join us July 25–27 in Nashville, Tennessee.

Priority was given to this year's theme, *Boldly Forward*, when subject matter experts selected programs for the 2022 education slate.

FROM STANDARDIZATION & UTILIZATION TO PHYSICIAN ENGAGEMENT

Product standardization in healthcare can offer an array of benefits, from optimizing patient outcomes and minimizing waste to boosting cost savings. Members of HealthTrust's Clinical Integration team have partnered with other subject matter experts to offer a six-program track that explores key components of a comprehensive approach to value analysis. Keep the value analysis track in mind when you register for HTU sessions.

PHYSICIAN PRESENTERS

On July 26 at 10:30 a.m., I'll moderate a physician panel that will offer insight into successful approaches to quality improvement. Joining me for "Quality Improvement Initiatives & Engaging Physicians in the Process" will be Physician Advisors **Ashley Mays**, M.D.; **V. Seenu Reddy**, M.D., MBA, FACS; and **Steven Gremillion**, M.D., FACC.

As you select the other education sessions to attend during HTU, look for those featuring the following HealthTrust Physician Advisors: **Genevieve Everett-Sigwalt**, M.D., MBA; **Erik Mikaitis**, M.D.; **Jason Mouzakes**, M.D., FAAP; and **William Sistrunk**, M.D., FACP.

SHIFT OF CARE

Part 2 of the Shift of Care Summit will take place during HTU on July 26 beginning at 2:45 p.m. Healthcare executives interested in attending the summit or participating in a peer focus group should contact their HealthTrust Account Manager or **Kim Wright**, AVP of Clinical Services, at **kimberly.wright@healthtrustpg.com**.

inSIGHT ADVISORY SERVICES

One of the teams for which I'm responsible at HealthTrust is inSight Advisory Services. Led by VP **Rick Phillips**, this team offers solutions for members in the areas of value analysis, supply chain, pharmacy, operating room and lab operations. (See page 26 for more about the savings and improved performance opportunities your organization can achieve from engaging with these consultants.) A newer offering for us is in the area of lab optimization. Beginning on page 16, learn how our comprehensive approach helped Trinity Health successfully impact the financial and operational performance of its labs. HTU will offer a number of opportunities to learn more about inSight Advisory Services, including a Learning Lab in the exhibit hall on July 26 at 12:15 p.m.

I look forward to seeing many of you in July at the conference. If you can't be with us in person, visit the education site (**healthtrustpg.com/education**) in August for content from many of the live programs. **HT**

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

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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.

MIDAZOLAM IN SODIUM CHLORIDE injection, for intravenous use, CIV
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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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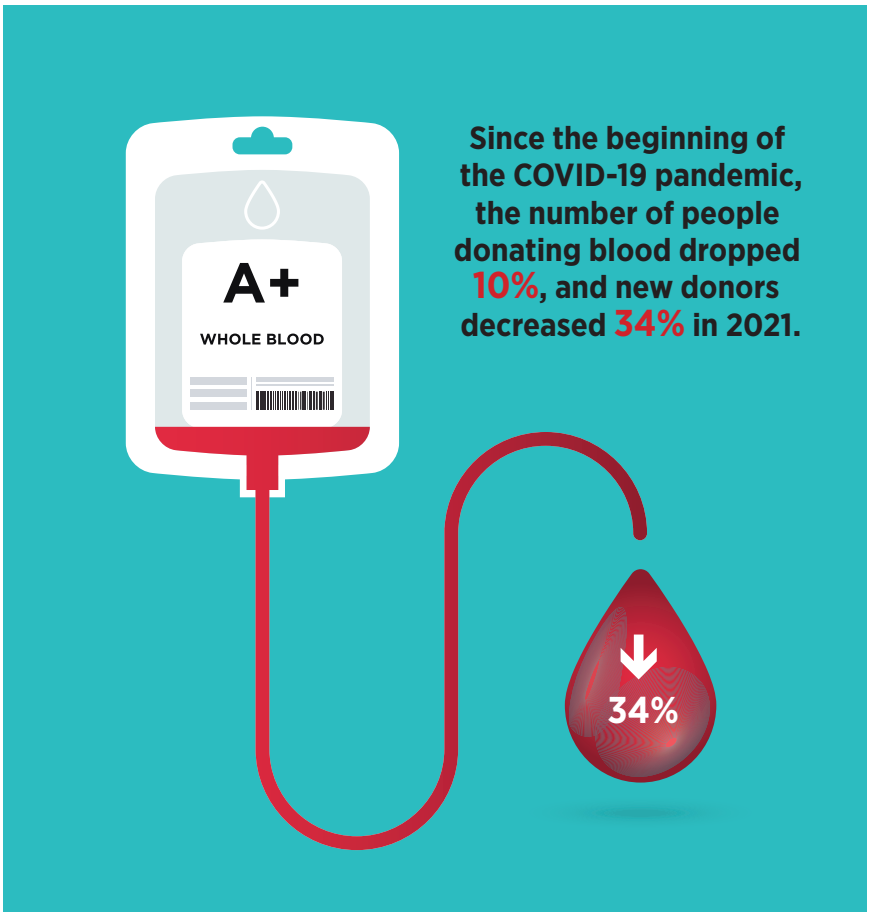
Meeting a crisis head-on

The U.S. is facing a blood supply shortage—HealthTrust is helping fill the gap

There are very few products in HealthTrust's contract portfolio that aren't produced by a manufacturer. One of those is human blood. And blood products, which include red blood cells, plasma and platelets, are facing a shortfall that has been deemed a crisis by the American Red Cross. In January 2022, the organization declared it the worst blood shortage in more than a decade.

HealthTrust has been challenged to develop work-arounds to help member facilities fill the gap. "It's been a great teaching moment for us," says **Joseph Dickson**, AVP, Purchased Services & Diversity Contracting, HealthTrust. "There's no manufacturer who can go and make more blood. If donations aren't there, supply isn't there, and then pricing and value aren't there."



CALLING ON THE PEOPLE

Blood, a vital component of patient care, relies entirely on individual donors to fill up blood banks all over the United States.

But since the beginning of the COVID-19 pandemic, the number of people donating blood dropped 10%, and new donors decreased 34% in 2021, according to the American Red Cross. "All of our suppliers are in the same position. If people aren't donating, there's just no blood out there," explains

Lucy Madura, Senior Manager of Contracts, HealthTrust. "On top of that, there are labor and staffing shortages at blood banks, and the cost of PPE [personal protective equipment] and other materials is also taking a toll."

The struggle continues even as the pandemic wanes, especially at workplaces and campuses that used to be the backbone of blood drives. "Even now, with workplaces staying hybrid or remote, it's limiting collections," Madura says. "It's the same at college campuses. Any settings where these drives have typically been hosted just aren't back to normal."

Dickson agrees and adds, "The idea of sitting in a large room and donating blood for a half-hour is still met with some hesitancy."

A ROBUST RESPONSE

Despite a significant drop in the use of blood products nationally since 2008—due, in part, to better blood conservation efforts and patient blood management programs in hospitals—the Red Cross estimates that nearly 29,000 units of red blood cells are still needed each day.

Continued on page 12

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In Planning for Brain Metastases Treatment, Imaging may be the Missing Link in Cost Containment[1]

When faced with a patient presenting with metastatic brain cancer, determining whether to use up-front stereotactic radiosurgery (SRS) vs. first treating with whole brain radiotherapy (WBRT) is a significant clinical decision.

WBRT: The whole story on cognitive impairment

While whole brain radiotherapy (WBRT) has been the main treatment option for many years, experts agree that it often results in cognitive deterioration and a negative impact on quality of life. This mental decline has a devastating impact on patients and their families and adds ongoing costs for the healthcare systems managing these symptoms.

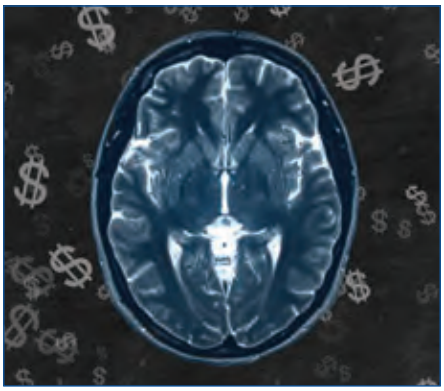
Using WBRT instead of SRS in some patients is estimated to decrease the total costs of brain metastasis management, though with increased toxicity.

SRS: Fewer side effects but greater risk of missed tumors

The cost of upfront SRS is the greatest contributor to cost of brain metastasis management.[1] SRS is often more expensive than WBRT. What's more, multiple applications of SRS can increase the cost of treatment greatly.

Stereotactic radiosurgery (SRS) has far fewer side effects, but upfront use of SRS is expensive and can carry the risk of missed tumors, requiring repeat procedures such as salvage SRS.[1]

Number of lesions and lesion size are key factors to be considered when determining the treatment plan for these patients. It follows that increased diagnostic information and accuracy could be beneficial in directing the proper therapy and improving overall long-term patient outcomes and containing costs. Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly, and high cost/high stakes procedures such as SRS need precise surgical planning.



Getting the diagnosis right the first time is crucial to ensure proper treatment begins quickly.

What does optimal visualization mean for outcomes and cost?

For surgical planning with SRS, radiologists need the best visualization achievable to accurately count the number and size of the lesions. These metrics are the key predictors of the need for SRS,[1] WBRT, or a combination of both.

By selecting the ideal contrast agent and equipment protocols, neuroradiologists can identify the proximate numbers of metastases for upfront treatment and reduced salvage treatment occurrences.

The role of radiology

As medical care for oncology patients continues to evolve, it will be increasingly important to assess the cost of various interventions given the often-limited life expectancy of cancer patients, the rising costs of cancer therapy, and the increasing prevalence of cancer in an aging population.

Through seeing all the tumors and tumor borders as clearly as technology allows, radiology can play a part in ensuring that proper treatment can begin quickly, while containing costs through optimized patient care. Efforts to carefully manage treatment approaches require improvements in protocol design, contrast administration in imaging, and utilizing multimodal imaging approaches.

In this era of precision medicine, radiology departments' contribution to this improved standard of care will have significant short and long-term implications by reducing cost of care, providing a more proximate diagnosis, and ensuring optimal patient outcomes. ■

Reference: 1. Shenker, R. F., McTyre, E. R., Taksler, D et al. Analysis of the drivers of cost of management when patients with brain metastases are treated with upfront radiosurgery. *Clin Neurol Neurosurg.* 2019 Jan;176:10-14.

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To help promote blood conservation efforts, HealthTrust's blood product suppliers have offered to perform assessments for members.

Continued from page 10

Demand is also fueled by the resumption of elective surgeries after the pandemic's early months, along with everyday treatment of traumatic injuries, certain cancers, hemorrhage, anemia and other conditions.

Part of HealthTrust's response has been to maintain frequent communication with its three blood suppliers to maintain awareness of the current blood supply. "Healthcare systems across the country are panicked by this shortage, and they are all trying to tap into secondary resources," Madura says. "Our suppliers have been very transparent about the situation. All three have been great about communicating to us when their levels are critically low, and they have tapped into other blood banks across the country to make sure our members' needs have been fulfilled."

Additionally, HealthTrust has developed a Clinical Evidence Summary as a reference for members to reinforce blood conservation strategies. It also points to additional resources, according to **Jennifer Werthman**, Ph.D., MBA, RN, NE-BC, Director, Clinical Services, HealthTrust.

The document includes patient blood management tactics to optimize transfusion practices, educating clinicians to ensure a standardized approach and urging them to consider the entire clinical picture when making transfusion-related decisions.

"Implementing a blood management program helps to manage the blood supply and ensures there's appropriate communication with internal blood banks," Werthman says. "It means you have a system to assess your stock of blood and understand utilization within the facility while always assessing the patients' needs."

WHAT MEMBERS CAN DO

To help promote blood conservation efforts, HealthTrust's blood product suppliers have offered to perform assessments for members. "The assessments can help make sure the member has the most efficient blood supply to their facilities and that they have no waste from expired products," Dickson says. "This isn't like a glove that can sit on a shelf for a year before it's opened. If blood expires, it's a tremendous disappointment because there may be another facility that could have used it."

HealthTrust members can help solve the blood shortage locally by coordinating blood drives. Madura was impressed by an event held in Boise, Idaho, by two competing healthcare systems, which hosted a "friendly competition" to determine which organization could collect more blood.

"That's an innovative solution," she says. "It was a great way to get the message out and get the community engaged. The end result is only going to benefit everyone."

Dickson adds, "We've made it a point to remind people to donate. It may not help us from a cost-savings perspective, but it's just the right thing to do." **HT**

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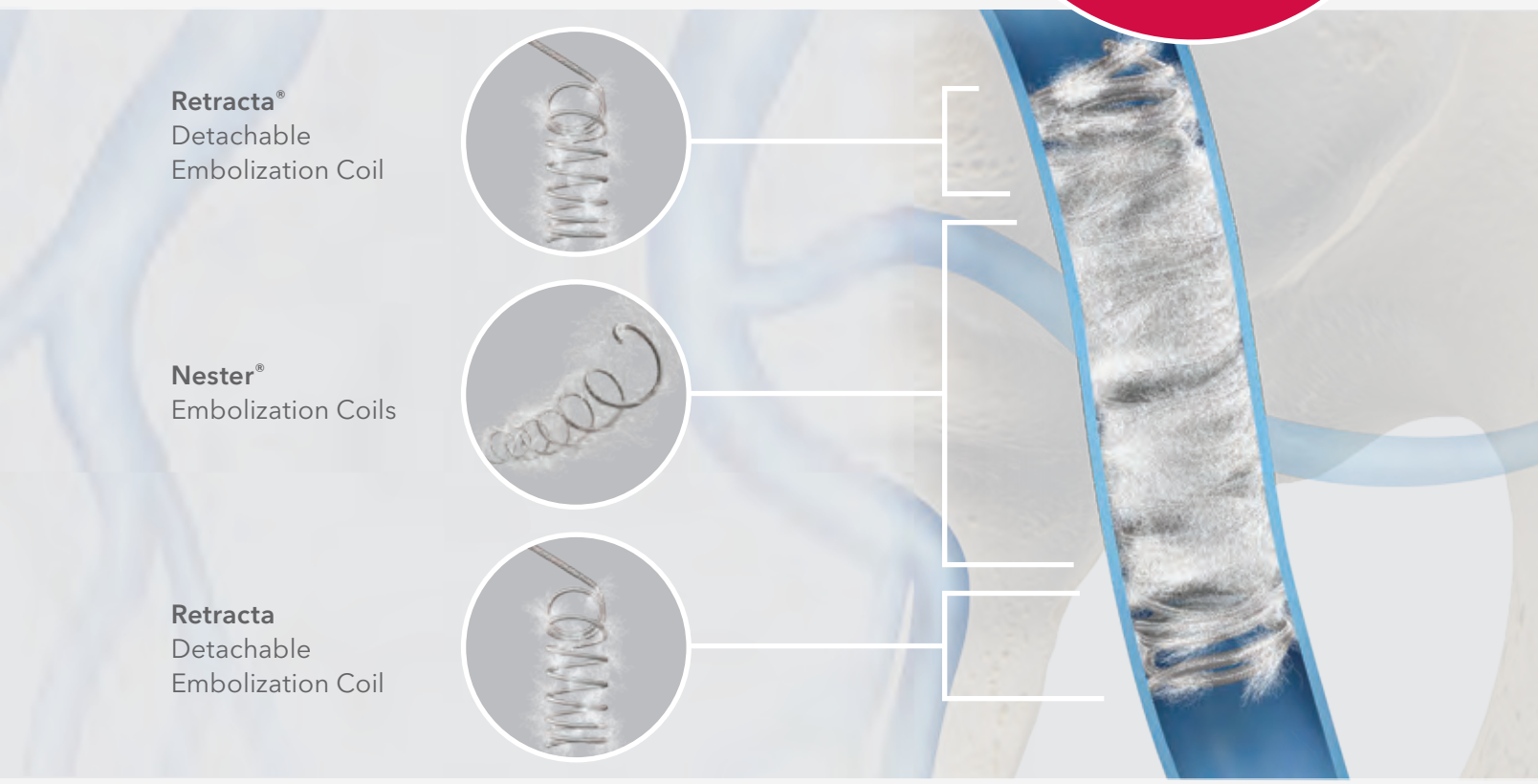

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CAUTION: U.S. federal law restricts this device to sale by or on the order of a physician (or properly licensed practitioner).

INTENDED USE: The Retracta Detachable Embolization Coil is intended for arterial and venous embolization in the peripheral vasculature.

CONTRAINDICATIONS: None known

WARNINGS: Positioning of embolization coils should be done with particular care. Coils should not be left too close to the inlets of arteries and should be intermeshed with previously placed coils if possible. A minimal but sufficient arterial blood flow should remain to hold the coils against the previously placed coils until a solid clot ensures permanent fixation. The purpose of these suggestions is to minimize the possibility of loose coils becoming dislodged and obstructing a normal and essential arterial channel. • The Retracta Detachable Embolization Coil is not recommended for use with polyurethane catheters or catheters with sideports. If a catheter with sideports is used, the embolus may lodge in the sideport or pass inadvertently through it. Use of a polyurethane catheter may also result in lodging of the embolus within the catheter.

PRECAUTIONS: Perform an angiogram prior to embolization to determine correct catheter position. • Prior to introduction of the embolization coil, flush the angiographic catheter with saline. • This product is intended for use by physicians trained and experienced in arterial and venous vessel embolization techniques. Standard techniques for placement of vascular access sheaths, angiographic catheters, and wire guides should be employed.

See instructions for use for full product information.

AB_T_MWCER_REV2

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INTENDED USE: Nester Embolization Coils and Microcoils are intended for arterial and venous embolization in the peripheral vasculature.

CONTRAINDICATIONS: None known.

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See instructions for use for full product information.

AB_T_NEC2_REV0

1. Trerotola SO, Pressler GA, Premanandan C. Nylon fibered versus non-fibered embolization coils: comparison in a swine model. *J Vasc Interv Radiol*. 2019;30(6):949-955.

* The Retracta coil is fully retractable only until it is detached from the delivery wire. Some products or part numbers may not be available in all markets.

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Rapid mRNA vaccine development unleashed a long-researched technology that is poised to deliver more vaccines & treatments

After scientists created mRNA (messenger ribonucleic acid)-based vaccines against COVID-19 at lightning speed, just one year after the pandemic emerged, a common misconception also surfaced—that mRNA was a brand-new focus for drug-development research.

In reality, nearly five decades of scientific efforts have identified many other promising treatments using this technology, which is now poised to deliver vaccines and therapies for other infections as well as certain cancers and genetic diseases.

Indeed, the two mRNA vaccinations approved by the Food and Drug Administration (FDA) resulted from the fastest vaccine development process in history, says **Jason Braithwaite**, PharmD, MS, BCPS, AVP, Clinical Pharmacy Services, HealthTrust. But the achievement was merely the visible tip of a huge iceberg of research dating to the 1970s.

Key recent scientific advances, such as human genome sequencing and nanotechnology to facilitate drug delivery to cells, also fueled this seemingly instant success.

"Many cascading processes allowed scientists to take advantage of the use of mRNA over time," Braithwaite explains. "In a sense, it was 'perfect timing' to respond to a pandemic because all those developments had already occurred."

HOW IT WORKS

In simple terms, mRNA is a molecule that instructs cells to make proteins that mimic the proteins found on the SARS-CoV-2 coronavirus. This protein triggers an immune response resulting in the creation of memory cells that are ready to attack the COVID-19 virus the next time the vaccinated person is exposed.

Even before the pandemic and the advent of mRNA-based COVID-19 vaccines, the market for drugs and therapies using mRNA technology was predicted to exceed $6 billion by 2025. Currently, more than 400 clinical trials are testing RNA-based drugs across nearly two dozen disease categories. Four dozen are in phase 3 trials—the last stage before potential FDA approval.

"Once we're able to identify proteins that are part of a virus or other disease-causing organism, scientists are able to develop a target for it really quickly," Braithwaite says. "Even though we're probably going to forever associate mRNA with the COVID vaccines, multiple drugs are using mRNA to fight cancer and other rare diseases that haven't been treatable before."

'ENDLESS POSSIBILITIES'

Braithwaite is excited by what he calls "endless possibilities" for mRNA use in drugs and therapies going forward. "I think it's the new wave and will serve as a backbone of treatments," he adds. Braithwaite shares some additional

use-cases for mRNA-based therapies that are on the horizon:

- Other vaccines: These include improved versions for infections such as shingles or pneumococcal pneumonia and meningitis, for which older vaccines are available.
- Cancer: Unlike chemotherapy that kills both malignant and healthy cells in a shotgun approach, mRNA-based treatments would hyperdrive your immune system to create a very targeted approach against only cancer cells.
- Genetic conditions: Essentially, any genetic disease, such as cystic fibrosis or spinal muscular atrophy, could be "corrected" by mRNA instructions to replace or build a missing protein fueling the condition.
- Common conditions: Even chronic conditions, such as high blood pressure, might respond to eventual mRNA therapies that instruct the body to interrupt the cell process triggering it.

While mRNA drug development technology is increasingly agile, the timeline for getting therapies to market is slowed by the FDA's rigorous approval process, Braithwaite says. "We'll begin to possibly see more approvals by the end of 2022, another handful by the end of 2023, and dozens thereafter," he predicts.

By working closely with pharmaceutical manufacturers and examining their drug pipelines years in advance, HealthTrust will be able to gather and deliver up-to-the-minute news about mRNA therapies to members. Braithwaite adds, "We plan to bring them to market ASAP with improved pricing at the time of launch, so members can access them at reasonable prices." **HT**

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Getting LAB RESULTS

Improving lab operations while enhancing patient care & saving millions

WHEN TRINITY HEALTH IDENTIFIED A VISIBILITY GAP in its supply chain for laboratory expenses in 2021, the leadership team saw it as an opportunity for improvement. HealthTrust, already a trusted partner, was the natural choice for clinical, operational and financial improvements in lab operations—including a savings of $1.7 million in lab testing spend. Here's how they did it.

STARTING AS PARTNERS

Michigan-based Trinity Health includes 88 hospitals, 131 continuing care locations, the nation's second-largest PACE program, 125 urgent care locations, and many other health and well-being services. The health system also operates a reference lab and hospital labs. As one of the largest non-profit Catholic healthcare systems in the country, Trinity

"We had a clear recognition of the gap between supply chain & lab, & HealthTrust was engaged to help us fill that gap."

– Dameka Miller

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Health had already engaged HealthTrust for custom contracting resources. It leveraged that relationship to tap into HealthTrust's expertise in laboratory solutions.

"We had a clear recognition of the gap between supply chain and lab, and HealthTrust was engaged to help us fill that gap," says **Dameka Miller**, VP, Strategic Sourcing & Value Analysis, Trinity Health. "HealthTrust has the perspective and comparative expertise to help us figure out where we need to prioritize our opportunities. The long-standing partnership is what led to our engagement."

Drew Preslar, AVP, Advisory Services, HealthTrust, says drawing on that relationship is part of the foundation for success. "The added value is that we'll be here long after that engagement ends. We're part of a long-term relationship."

The process was revealing. "We got to an assessment of our lab spend, and it's the best we've had to date," says Miller. "We now understand where we have opportunities to pursue. It's very clear to us how to reduce our costs in products and services."

TAKING IT BEYOND THE BASICS

HealthTrust went beyond its traditional GPO role and brought in Advisory Services to problem-solve. The first step was to fully understand supplies on hand and how to anticipate obstacles, identify waste and pivot as needed. The team established a lab operations steering committee that included Trinity Health and HealthTrust stakeholders to focus on operations improvement, supply cost savings and expense management.

Rick Phillips, VP, Advisory Services, HealthTrust, explains how HealthTrust dug deeper to find solutions. "We've seen an increased number of members needing support around their laboratory operations. When Trinity Health engaged us, it was not to create an infrastructure—because they already have one," he says. "They have lab leadership at the operations level. They have dedicated resources on the contracting side. We looked at their lab operations more comprehensively so decisions could be made from a system-governance perspective."

The work included setting up a governance model/structure, analyzing lab operations (including reference lab utilization) and incorporating value analysis. The team relied on the existing relationship to identify opportunities

and implement process improvements affecting clinical, operational and financial performance. It centered around testing processes, inventory and even staffing. "When we talk about staff modeling, it may be that they have enough people, but they just don't have enough people working at the right times," explains Preslar. "For example, we looked at data around test volume throughout the day and by the hour. Staff volumes and testing volumes should shift with each other."

Ed Hisscock, SVP, Supply Chain, Trinity Health, agrees. "We're tackling over 120 categories of products in short supply. And HealthTrust is giving us visibility into problems that have yet to show up and build strategies to address them," he says. "They have helped revolutionize how we manage lab inventory."

IDENTIFYING SIGNIFICANT OPPORTUNITIES

One key opportunity was Trinity Health's utilization of its low-cost reference lab, Warde Labs (co-owned by Trinity Health). HealthTrust worked to identify "leakage"—situations in which Trinity Health locations were under-utilizing their lab. This focus was critical as reference testing accounts for $50 million of Trinity's spend.

HealthTrust established utilization reporting, leveraging Trinity's size and scope, and heightened data collection and analysis. It was an approach Trinity Health hadn't been able to take on its own. "In the past, we haven't had the granularity that we needed to push the initiative," says **John Hilton**, VP, Laboratory Services, Trinity Health. "We could always get to overall purchased services spend and knew we were paying millions of dollars, but we needed to get more granular in spend to the facility level. HealthTrust helped us get to that granularity by focusing on utilization. Now, we can sit down with each site and talk about the leakage."

Visibility into the data yields evidence to support unified best practices and standardization. "We've helped Trinity look at opportunities to drive more of their own business through their lab," explains Preslar. "So rather than sending it out somewhere and paying cost plus 20%, they can keep it internal and save all of that markup."

The ultimate objective is to help streamline the process for lab leaders, so the workflow optimizes efficiency while allowing them to focus on their jobs—serving providers and patients. "How is it that we can continue to push these things, yet enable them to spend the majority of their time as clinicians?" asks Hilton. "That is the goal."

As a result of implementing the reference lab initiative with three of its locations, Trinity Health realized $1.7 million in savings. "And that's just the low-hanging fruit," adds Hilton. "Now we need to reproduce these efficiencies across all of our sites."

LOOKING AHEAD

The engagement with Trinity Health will be ongoing, with more positive results expected. "The initial phase was the assessment of opportunity to reduce spend on our products and services, and that has been very successful," says Miller. "Next, we'll be moving into the linkage between supply chain and lab at the hospital level and how things are happening from a lab operations standpoint."

"We expect to have visibility to laboratory inventory and better managing that inventory," says Hisscock. "It sounds very 101. But it's not how healthcare has ever done things in this space. So, it is revolutionary to manage the lab like we've managed other supplies across the health system."

Another focus area Trinity Health and HealthTrust will target is enhancing supplier diversity. Via HealthTrust's Valify platform—a technology that captures and categorizes spend—Trinity Health will be able to identify opportunities to contract with diverse suppliers for purchased services. "We have a strong commitment to diverse suppliers," Miller explains. "Valify identified our courier service as an opportunity. We had a national agreement with the supplier that was not in the HealthTrust portfolio but was veteran-owned. We used that information to negotiate with that supplier. We got our rates down, and that supplier was then added to the HealthTrust portfolio."

Indeed, the partnership is poised to grow. "HealthTrust is an extension of who we are," adds Miller. "Its consulting team doesn't let us go off the rails. It drives us forward." **HT**

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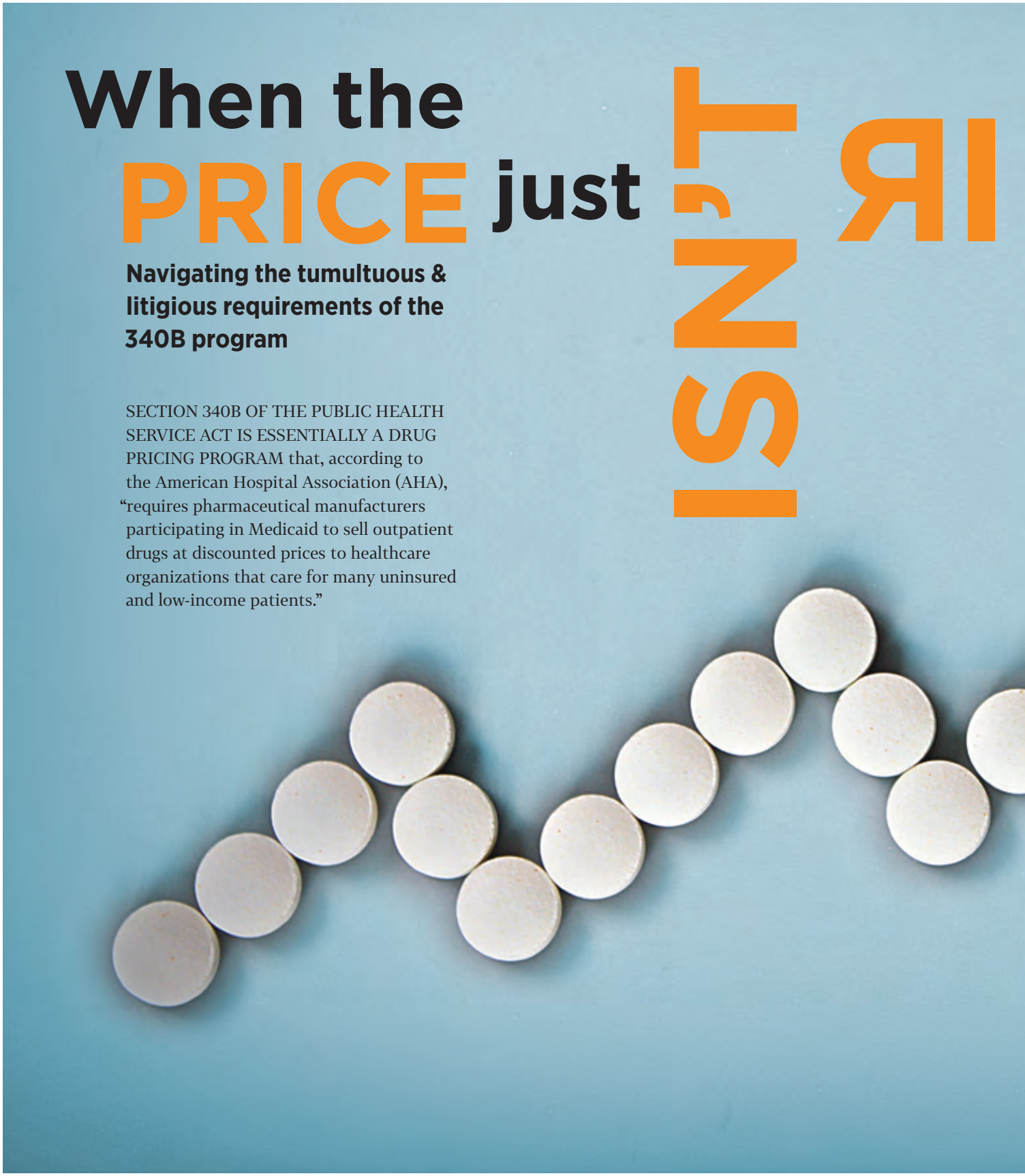
When the PRICE just ISN'T RI

Navigating the tumultuous & litigious requirements of the 340B program

SECTION 340B OF THE PUBLIC HEALTH SERVICE ACT IS ESSENTIALLY A DRUG PRICING PROGRAM that, according to the American Hospital Association (AHA), "requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to healthcare organizations that care for many uninsured and low-income patients."



Many aspects of the 340B program are complex. And, with drug manufacturers now restricting or cutting access and lawsuits making their way through the courts, things have gotten even more complicated. To assist members in navigating the program and its impact on pharmacy operations, HealthTrust has a new staff resource who specializes in this area: **Chris Yoder**, MHA, Director of 340B Member Support & Pharmacy Solutions.

THE CONTINUING IMPACT OF COVID

COVID has been especially challenging for 340B participants, Yoder shares. Due to COVID-related limitations in outpatient services over the past couple of years, hospitals have seen a change in their patient case mix and a lowering of their Medicare disproportionate share (DSH) adjustment percentage. For some covered entities whose 340B eligibility is based on a specific payor mix threshold, that has resulted in a loss of eligibility.

However, Yoder says that some relief is on the way. The recently signed omnibus spending bill provides protection to eligible hospitals. The Department of Health and Human Services (HHS) is working to ensure these hospitals have their eligibility reinstated. To help accomplish this, the Health Resources and Services Administration (HRSA) has posted guidelines and a template for hospitals to submit an attestation of how COVID has impacted their operations and resulted in 340B ineligibility due to a decrease in DSH percentage.

DRUG MANUFACTURERS RESTRICTING ACCESS

In the summer of 2020, drug manufacturers began cutting off the sale of products and implementing new policies that curtailed the ability of 340B participants to use contract pharmacies. "This action is in direct violation of federal law and completely undermines the foundation of the 340B program, which is access to discounted pricing on drugs," Yoder explains.

As of April 16, several drug manufacturers have imposed or have announced their plans to impose restrictions on contract pharmacy relationships.

Drug manufacturers say they are limiting 340B access to ensure program transparency and compliance and to limit duplicate discounts. They also point out that covered entities still have access to 340B products and pricing—just not through an unlimited number of commercial contract pharmacies. And, says Yoder, "They are now requiring that covered entities comply with onerous and concerning requests. The data they are requesting exceeds the justification and will undoubtedly be used to undermine the integrity of the 340B program."

340B Health, a membership organization of nonprofit hospitals and health systems participating in the 340B program, estimates that 62% of hospitals expect to lose 15% or more of their 340B savings under the cuts, Yoder shares. The ripple effects of the cuts and restrictions imposed by these drug manufacturers mean that millions of patients are at risk of losing access to a wide range of services. "For example," Yoder says, "covered entities are

reporting their inability to provide high-cost insulin to their uninsured or underinsured patients. Before the restrictions, through 340B community pharmacy partnerships, patients in need could access medications that would otherwise be unaffordable. Patients are now going without therapy or are being treated with less-ideal options."

NAVIGATING THE BUMPY LEGAL LANDSCAPE

The HRSA has not stood idly by. The agency has notified drug manufacturers that their actions are unlawful and ordered them to restore access to 340B pricing. The HRSA has also referred cases to the HHS to consider penalties.

Various lawsuits between the federal government and drug manufacturers have been filed, resulting in rulings for both sides, as well as appeals. This drawn-out legal process could ultimately require Congress to make changes and clarifications to the program. In fact, judges who have weighed in on the cases going through the legal system have expressed that they believe Congressional clarification will be necessary.

While this issue makes its way along various legal paths, covered entities do have some options to gain access to 340B pricing, Yoder explains, but nothing is simple. Each drug manufacturer has provided policies associated with the restrictions, including detailed special requirements for covered entities to gain access to 340B discounts. These policies range from limiting 340B access to a single contract pharmacy to submitting all claims through a third party.

"One third-party platform that drug manufacturers have partnered with is 340B ESP, which manufacturers use as a gateway to access 340B pricing," Yoder shares. "Each manufacturer has its own set of unique requirements that must be met to access the pricing, and the 340B ESP platform tailors the process to those unique requirements."

Some of the data drug manufacturers are requiring makes covered entities uneasy. "Providing sensitive information

Continued on page 24

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Continued from page 22

is a major concern within the healthcare industry," Yoder explains, "which makes the decision to comply to the manufacturer's request extremely troublesome, especially when it's not clear how the data will be used."

The drug manufacturers have said that claims data that is collected will be used to ensure program compliance, reduce duplicate discounts, and to ensure overall transparency. However, says Yoder, the information can also be used to negatively impact the program through reimbursement reductions. If such a thing were to occur, the covered entity's ability to maintain and expand on current patient services would be reduced, and the integrity of the 340B program would be completely undermined.

"It's important to understand that the drug manufacturers who have decided to impose restrictions are ultimately holding covered entities hostage," Yoder adds. "For years, drug manufacturers have battled to gain access to covered entity claims data. They are now attempting to leverage the restrictions by demanding access to patients' drug claims and will likely then use such data to minimize their rebate liability. Ultimately, hospitals are left with the decision to either reduce their patient services or to submit to the unlawful requests."

WORKING WITH THIRD-PARTY ADMINISTRATORS

If covered entities work with third-party administrators (TPAs) either from their own choice or to comply with policies being enforced by drug manufacturers, it is extremely important to partner with a TPA that is firmly established in the 340B market, Yoder says.

There are dozens of TPAs within the 340B market, and each offers a unique product and approach to managing eligibility and compliance. Yoder recommends that covered entities outline their unique requirements based on their level of 340B participation and then walk through each aspect with the TPAs they're considering before signing a contract. "Whether the covered entity's needs are report-heavy, or they are looking for a partner to completely manage the program from start to finish, it is important to understand the TPA's limitations and ability to meet the client's needs," he adds.

HealthTrust can offer education and support as members work through their options. HealthTrust has a contract with Verity Solutions, a 340B TPA. Through this partnership, members may receive discounted services and rates. HealthTrust can help facilitate a demo of offerings and can assist members with navigating contract pharmacy options and working through 340B ESP submission requirements. **HT**

TO LEARN MORE about navigating 340B programs, HTU attendees are encouraged to join Chris Yoder for a live 340B education session on Monday, July 25 at 3 p.m. Visit the HealthTrust public education site after HTU for a link to the session.

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The CHAIN REAC

Recognizing supply chain's role in meeting regulatory standards & avoiding penalties

"WHETHER IT'S THE FACE MASK YOU'RE WEARING, the alcohol swab you're using or the robot that's performing the surgery—all of these things come through supply chain," says **Carla Pierson**, DNP, MBA, CCRN-K, CPHQ, former Director of Nursing Services at HealthTrust.

Because supply chain is truly integrated into every aspect within a hospital, it has a significant role in ensuring that hospitals meet the Centers for Medicare & Medicaid Services (CMS) regulatory standards on patient safety and quality of care. Hospitals must meet these standards to receive Medicare and Medicaid payments.

There are more than 250 hospital accreditation standards assessing competency in areas such as patient rights, infection control, medication management, staffing and training, emergency preparation, and proper use of supplies—each with a spectrum of criteria. Regulatory risks range from low to "immediate jeopardy," which can strip a hospital of Medicare and Medicaid funding. For example, having

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hospitals will be better positioned to meet regulations while maximizing the quality of patient care and safety.

COMPETENCY & CONTEXT

Supply chain professionals not only ensure that hospital workers have the necessary and appropriate equipment they need, when they need it, but they also should ensure those supplies continue to meet CMS standards. Annual performance maintenance requirements, recalls and other quality issues must be tracked and maintained.

Continued on page 30

expired alcohol swabs in stock is low risk for patient harm, while administering expired medications or not properly caring for a patient in restraints are considered high risk.

"Supply chain's role is to vet everything and to make sure products meet all of the standards before they are allowed into a hospital," explains Pierson. By connecting supply chain and compliance,

Continued from page 29

Any changes to a product must be communicated to all relevant teams. "We have to get updated manuals, also known as instructions for use, back out to the staff and the facilities, and ensure they know what they're supposed to do related to the change," adds Pierson. "Do you need to send the product back completely? If you're going to replace it, is there a comparable product on contract?"

Plus, supply chain teams make sure clinicians and staff know how and when to use supplies. "When we allow something in the hospital, supply chain plays a role in ensuring that it is implemented in a way that meets regulatory and accreditation standards," says Pierson. "The first thing any surveyor looks at when they go into a hospital are the instructions for use to make sure that clinicians, and anybody who's using it, are competent in performing or using that piece of equipment."

When bringing in a new product, the supply chain team should include conditions around training and building competency in using that product into the contract. "All of that needs to be agreed upon on the front end and included in the price," explains Pierson. "We have to make sure that those dots are connected and those loops are closed, so that when it gets to the hospital, the care team is set up for success."

Jared Dougherty, MBA, MSN, RN, CNML, CCRN-K, Director of Adult Inpatient Nursing Practice at HCA Healthcare, agrees that providing guidelines about the use of a particular product is an important supply chain role. "It's not just about having the product available. It's about setting the context behind it, and that's very much supply chain," says Dougherty.

The use of restraints, for example, comes with clear regulatory and accreditation oversight that needs to be considered when evaluating products to be added to the hospital's formulary. Dougherty shares the example of a roll belt: When it's used with a patient who understands its purpose and who can get out of it, it's not considered a restraint, but the same device used with a dementia patient might be viewed as one. "You really have to balance how you structure that formulary from a supply chain standpoint because you want to provide options where appropriate, but you also don't want to open the floodgates too much," he adds.

THE RIGHT CONVERSATIONS

Supply chain operations can't function successfully in a silo. But because its role isn't always clearly understood within a hospital, supply chain leaders are not always included in necessary teams, such as a hospital's regulatory readiness team. "Teams that are getting ready for The Joint Commission may not include someone from supply chain if they don't connect those dots," explains Pierson.

Expired supplies are a common regulatory finding. But, explains Pierson, nursing and supply chain leaders should work together to identify and replace expired supplies, which requires including supply chain in the appropriate meetings.

At HCA Healthcare, nursing, supply chain and infection prevention teams work together to make sure supply choices are informed by evidence and meet regulatory standards. "We have a monthly collaborative meeting among our three teams. It's a think-tank session, and we talk a lot about the open contracts and the open formularies," says Dougherty. For example, a recent discussion focused on arterial lines and ensuring that the process for placing them was standardized across the operating room and inpatient unit.

SOURCES OF TRUTH

With supply chain so interwoven across hospitals and health systems at various levels, a clear, consistent source of information becomes crucial. "With so many individuals involved in a process, you can quickly and easily twist messages on something," notes Dougherty. "We have started to very clearly call out where those sources of truth lie, so there's no confusion on the stance of the organization."

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HCA Healthcare has leveraged its patient safety organization to be the source of truth for supply chain alerts. It has criteria for determining when information can be released via the patient safety organization: The alert must have the potential to cause imminent patient harm, and it must have far-reaching impact across HCA Healthcare. Any messaging must also include a clear summary of the issue and recommendations for mitigation.

Dougherty has found that empowering key people and teams to act as champions of information is helpful. "We have a nursing advisory board within the supply chain swim lane," he says. "We leverage those key groups to act as the champions of information because they're often tapped to give input along the way. It's good to have those individual champions of the process scattered across the organization who can say, 'We knew about this, and this is the process we're working through.' "

The impressive technological advancements seen in the healthcare industry are increasing the varieties of supplies and suppliers available to hospital systems. This is compounding the critical role supply chain plays in meeting regulatory and accreditation standards.

"Hospitals are increasingly being regulated in terms of technology to make sure that the more we automate, we are still maintaining quality, and that starts with supply chain," says Pierson. "Whether it's 14 different kinds of needles versus the one we had 15 years ago or the latest robot, as technology advances, supply chain is integrating even further into the standards and regulations." **HT**

FOR MORE TIPS on meeting regulatory standards around supply chain processes, email Jennel Lengel, AVP, Clinical Operations, at jennel.lengle@healthtrustpg.com

NO item LEFT BEHIND

The imperative to avoid retained surgical items & how new technologies can help

THE SURGERY IS GOING WELL, AND IT'S TIME TO CLOSE UP THE SURGICAL SITE. The process begins to ensure soft goods and tools are accounted for. The manual count reveals that a sponge could be missing, but the surgeon can't see it in the cavity. Looking for it could mean a longer surgery and more time under anesthesia for nothing. Not looking for it could mean the patient needs another surgery to remove it, prolonging their hospital stay and potentially causing an infection, or worse.

The National Library of Medicine indicates that retained foreign bodies are among the top sentinel events. Each year, there are an estimated 4,000 incidences of retained surgical items (RSI) during operations, according to a report from the advocacy group NoThing Left Behind.

"It's still considered a rare event, but it has huge implications," says **Jody Upton**, MSN, MSM, RN, Director, Clinical Services, HealthTrust.

Retaining any foreign body is considered a "never-event"—one that should not happen under any circumstances. Fortunately, there are newer technologies that can help mitigate the problem.

HOW RSIs HAPPEN

An item is deemed an RSI if it is discovered after the skin is closed, whether the patient is in the operating room, recovery room, hospital room or even at home. While the most commonly retained items are surgical sponges, an RSI is any foreign body. It can be soft (like gauze) or hard (like a surgical instrument or instrument parts). It could also be a catheter or drain.

There are many reasons RSIs occur. The first considers the type of surgery, such as an emergency surgical procedure, which can be hectic. "The operating room is a complex and dynamic environment," explains **Jennifer Westendorf**, MSN, RN, CNOR, Director, Surgical Services, Clinical Operations, HealthTrust. In fast-paced situations,

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an item may not be captured correctly by the circulating nurse or scrub tech. It can also occur when there is a change in the type of procedure, such as going from a laparoscopy to an open procedure.

If unexpected complications occur during surgery, the urgent response process can make it more difficult to track items. This can also happen when surgical supplies are opened but not used, which can lead to incorrect counting and tracking. It can also be more difficult to find or track items in an obese patient.

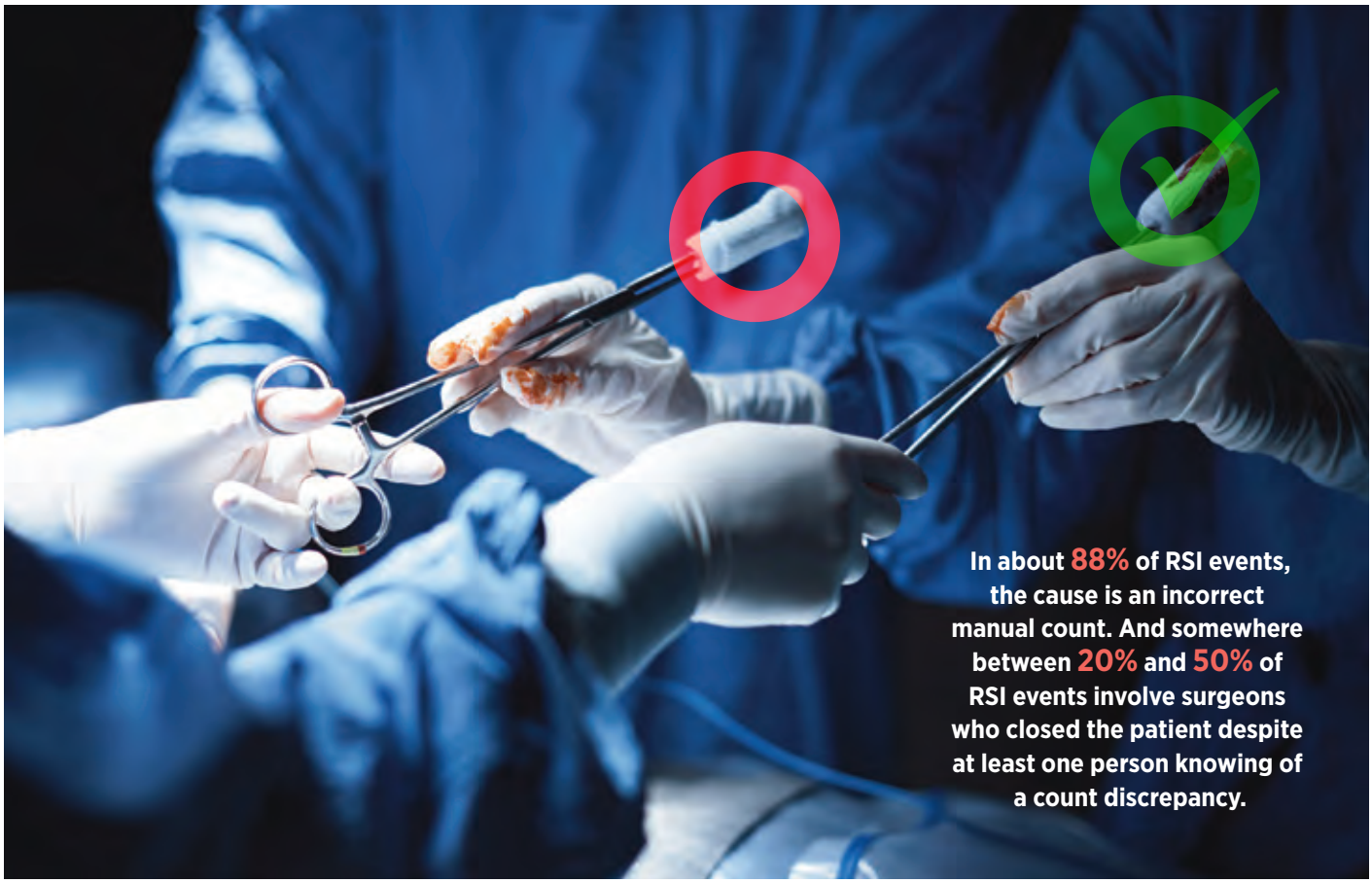
Staff changeovers during a procedure are another potential cause of RSIs. Clinicians who are not there at the beginning of the counting, or those who come in mid-case to relieve another staff member, can make keeping an accurate count more difficult. Staffing changes, such as not having the attending surgeon available at the closing—especially when a large number of instruments have been used—can also introduce risk. "Preventing RSIs is the responsibility of every member of the surgical team," says Westendorf. "Teams must not overlook the importance of strong communication, particularly hand-off communication during shift changes."

RISKS OF RSIs

In rare cases, retained items can be fatal. The most common indicators, however, are pain and discomfort, Upton says, especially when items are left in the abdominal cavity. The abdominal cavity is the most common area impacted by RSIs, followed by the vagina and chest. RSIs can add to the length of stay or affect a patient's stability, and they may require additional surgery.

Of course, potential patient harm is the biggest issue with RSIs. But health systems could face legal and financial repercussions as well. With the emphasis on value-based care rising, health systems are increasingly responsible for outcomes, so retained items are an expensive proposition.

Continued on page 34



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BEST PRACTICES FOR TRACKING SURGICAL ITEMS

Counts should be performed audibly before the closure of any body cavity, with two people counting, explains Upton. One person states what was counted, like two sponges, and a second person responds that two sponges were counted. The items should be recorded in a visible location and on standardized sheets.

Still, there is the potential for human error, Westendorf shares. In about 88% of RSI events, the cause is an incorrect manual count. And somewhere between 20% and 50% of RSI events involve surgeons who closed the patient despite at least one person knowing of a count discrepancy. "The operating room requires a heightened level of communication among the team members and a culture in which all members can safely speak up," Westendorf adds.

Maintaining good policies and procedures helps minimize RSIs. Upton recommends using a standard form in large group practices and health systems, so staff moving between facilities, whether an ambulatory surgery center or a hospital OR, can expect the same process and documentation.

HOW TECHNOLOGY CAN HELP

Intraoperative X-rays can help identify items left during surgery, although not all. "Some facilities have the caveat that an X-ray is not needed for needles under a certain size, as they are unable to be seen on a radiograph anyway," Upton adds.

Facilities can also use a magnetic retriever, a wand or bar to sweep across the surgical area. The magnet can pull up metallic goods like needles, staples or instrument fragments. Research shows that both experienced and inexperienced surgeons were 11 times more likely to find a needle within 15 minutes with a magnetic retriever, compared to a standard visual search.

RFID (radiofrequency identification) is a way to track items electronically and is becoming more commonly used. Some suppliers now sell soft goods with RFID tags on them. An RFID scanner can be used over the cavity to identify a missing item like a tagged sponge, or to do a general search before closure. Identification and counting can also be done with bar coding. The scanner documents the coded item as it enters the body cavity and again when it comes out. There

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> "The OR requires a heightened level of communication & a culture in which all members can safely speak up."
>
> – Jennifer Westendorf, MSN, RN, CNOR

is no risk of counting an item twice because the system identifies duplications.

While these technologies come with a cost, healthcare facilities must conduct a cost-benefit analysis. Using this technology could potentially reduce time in the operating room, staff time, length of stay, readmissions and additional operations due to RSIs.

The analysis must also occur with each RSI. "Hospitals should have a strong root-cause analysis structure in place, in the event of an RSI or an RSI near-miss," Westendorf says, "as well as reviewing education and training strategies to ensure staff competencies."

To that end, hospitals and ambulatory surgery centers should review their current policies and procedures annually, as well as review guidelines from professional organizations such as the Association of periOperative Registered Nurses (AORN) and American College of Surgeons, to further guide policy development. For example, in December 2021, AORN updated its guidelines to recommend using technology over the manual counting of soft goods.

Whatever systems, products or procedures are put in place to prevent RSIs, avoiding them should always be the ultimate goal. "Patients are at their most vulnerable moment while in the operating room," adds Westendorf. "A nurse's primary role in the operating room is to be an advocate for the patient on the table, and having a strong surgical conscience is a guiding principle." **HT**

Cyber AWARE

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IT'S HARD TO IMAGINE OUR LIVES TODAY WITHOUT THE BENEFITS OF TECHNOLOGY, but along with its positive impact comes real risks and threats. "Whether it be in your work life or your personal life, if you are a user of technology, you are a target of cybercriminals," says **Joey Tamboli**, Director of Information Security Assurance at HealthTrust.

Cybercriminals are individuals or organizations who use technology to commit criminal activities. "They are well funded and take advantage of political upheavals," explains Tamboli. "They don't discriminate who they target, as demonstrated by attacks against all industry sectors, especially healthcare."

Continued on page 38

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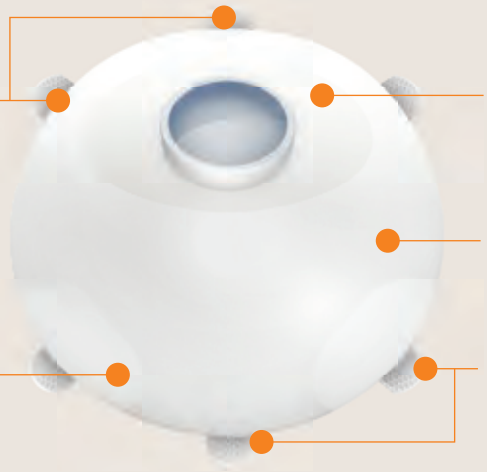

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Continued from page 36

COMMON THREATS

The most common threats currently seen include malware and ransomware, plus a relatively new threat on the rise—scareware.

Malware—such as a virus or a worm—is software designed to harm a computer, server or network and has existed for decades. More recently, ransomware has increased in use. "Ransomware has seen a huge proliferation in the last five or six years, and a lot of that is because, while criminal, it's become a profitable business model," says Tamboli. In a ransomware attack, the cybercriminal encrypts the person or organization's data and demands payment for its safe return.

Even newer to the scene is scareware, which usually comes in the form of a web pop-up or browser notification that makes it look like the user has been the victim of a ransomware attack when they haven't. "It's a quick and easy way to profit off of people because ransomware is so pervasive, and people are worried about it," adds Tamboli.

Cybercriminals use social engineering to trick people. "It's the manipulation of the natural human tendency to trust. They prey on your good nature," notes Tamboli. A common form of social engineering is phishing, which tricks a person into opening an email or clicking a link by building trust, often by pretending to be a legitimate organization. Other similar techniques use text messaging and voicemails.

These types of cyberattacks are common, in part, because it's easier for cybercriminals to target people who have access to the data they want, rather than going after the data directly.

"It's almost like a never-ending game of whack-a-mole, where you've got the good guys against the bad guys," explains Tamboli. "In a game where the stakes are high, it's often the person being targeted who is the last line of defense. The bad guys only need one person to click the link."

HOW TO STAY SAFE

While you should always follow your organization's IT and security guidelines, there are industry best practices to help protect you and your organization from cybercriminals. Here are six ways to start:

RESOURCES TO HELP
Visit these sites for more security tips:
cisa.gov/cisa-cybersecurity-awareness-program

h-isac.org

Multifactor authentication creates an extra level of security & requires users to verify their identity in some way, often via a text message.

- **Use unique passwords.** Using different passwords across all of your accounts helps minimize the impact if data is compromised.
- **Get a password manager.** Now that you have multiple, unique passwords, a password manager will help you safely keep track of them.
- **Opt for multifactor authentication.** This creates an extra level of security and requires users to verify their identity in some way, often via a text message.
- **Know that less is more.** Every download comes with a level of risk, so consider if you really do need that extra browser extension before downloading it.
- **Stay current.** Make sure your business and personal devices are up-to-date with the latest software patches as they typically contain valuable security updates.
- **Keep personal separate.** If possible, keep your work passwords separate from your personal ones.

Continued on page 40

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Continued from page 39

SECURING MEDICAL DEVICES FROM CYBER ATTACKS

Recent improvements in the medical device space are helping HealthTrust's IT security professionals work with members and suppliers to improve security and increase understanding of cybersecurity around medical devices. The team also provides HealthTrust's supply chain and clinical boards with the cybersecurity information they need to decide which products and services to bring on contract.

Over the past three years, HealthTrust has developed and tested a security information protection agreement (SIPA), which outlines the minimum expectations that HealthTrust has around cybersecurity for contracted suppliers.

"We're all about informed business decisions. The requirements we have of suppliers are designed to inform our members on product and service capabilities as well as where their limitations are from a cybersecurity perspective," says **Marc Sammons**, Director of Security Sourcing, HealthTrust.

SIPA covers all of a supplier's products and services, regardless of where they're purchased. "We didn't want to leave our members with a document that only partially covers security," says Sammons. "If a member needed to purchase a product and it wasn't on a HealthTrust contract yet, then SIPA will actually apply to that product."

Even with SIPA, suppliers must continue doing security assessments and answer any additional questions around security that members might have.

HealthTrust also facilitates communication between suppliers and members so both can better understand what the other requires. For example, HealthTrust's Cybersecurity committee is made up of members representing 12 health systems and meets at various times throughout the year. "It's a good way for us to hear from members about what is going well and the areas that need improvement so we can communicate back to our suppliers," explains Sammons. Suppliers are also invited to introduce new product lines and security features to the committee.

INDUSTRY STRIDES

"From an industry perspective, there have been great strides in the medical device space for a number of years now," Sammons says.

This includes post-market guidance from the Food and Drug Administration for medical devices that promotes a standard expectation of how cybersecurity should be managed. "While it's not a one-size-fits-all situation, it is a start for helping medical devices get more standardized in the area of cybersecurity," says Sammons.

Another useful tool is the Manufacturer Disclosure Statement for Medical Device Security (MDS2), developed by the Healthcare Information and Management Systems Society (HIMSS). This gives medical device manufacturers a way to disclose the security features of their products. It also includes a software bill of materials, which lists the various versions of software and hardware used within the device. "Having this bill of materials is very helpful in keeping our eyes as wide open as possible on the risks that are coming into the medical device space," says Sammons. "For instance, maybe one of these pieces of software will have a vulnerability discovered. The software bill of materials allows suppliers to respond quickly and specifically about whether their medical devices are vulnerable, and that helps members manage their risk faster and more accurately."

Many suppliers are now providing cybersecurity portals where their customers can access a wide range of information, including disclosed vulnerabilities. Some suppliers offer access to MDS2 documents through portals and are also creating API interfaces.

HealthTrust is also working strategically with contracted suppliers to help them design their portals to meet members' needs. "Some of our members have different levels of maturity around cybersecurity or different ways that they want to handle it," says Sammons. For example, some members might want the supplier to patch devices on their network, while others want the documentation and ability to do it themselves. "We're seeing a higher degree of flexibility in the space of medical devices and that enables members to better manage the risks." **HT**

TO LEARN MORE about HealthTrust's SIPA with contracted suppliers, contact Marc Sammons at marc.sammons@healthtrustpg.com or Matthew Webb, AVP of Product Security, at matthew.webb@healthtrustpg.com

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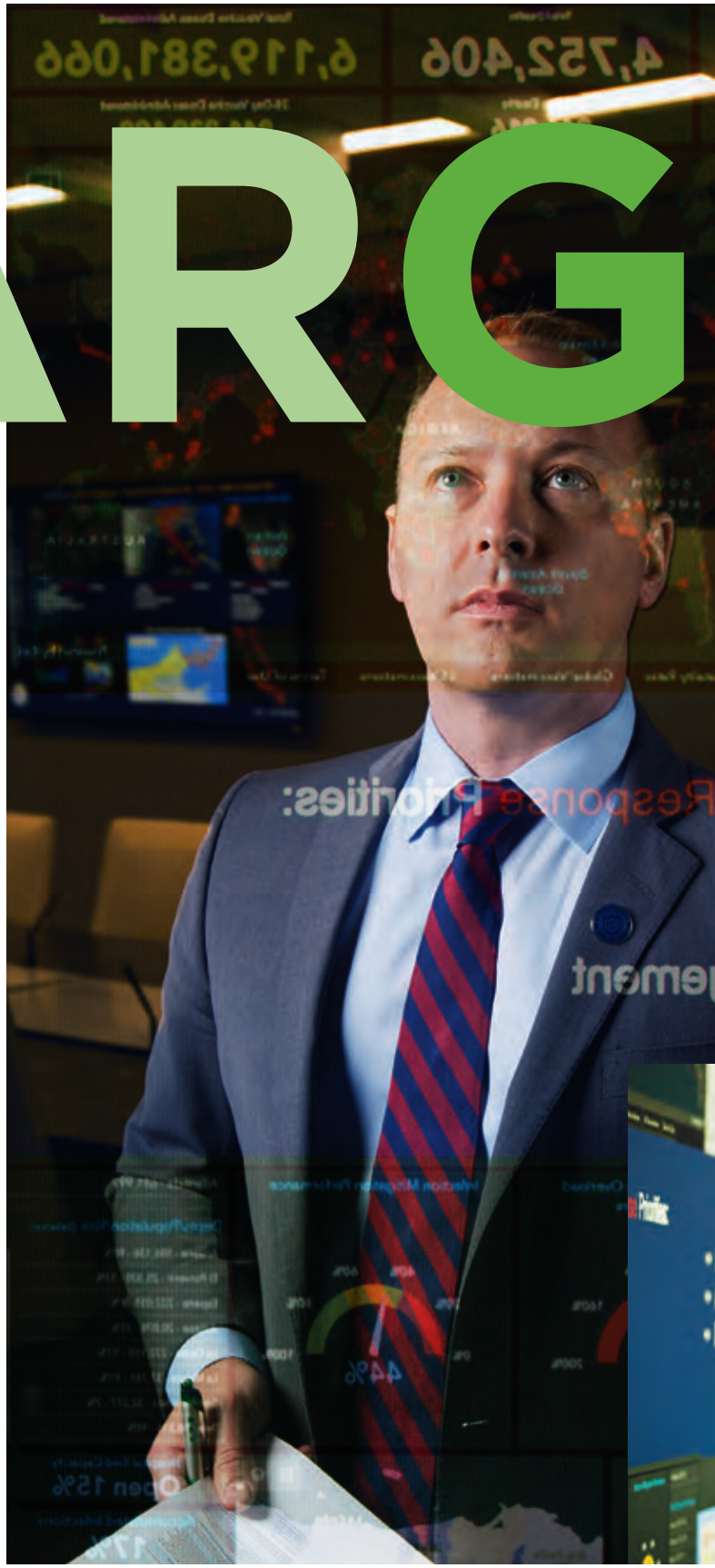

Are you prepared for the next crisis? In a time when global catastrophes have a local impact, HCA Healthcare's approach is simple: Be ready

UNTIL A FEW YEARS AGO, HOSPITALS PLANNED AND TRAINED FOR POTENTIAL CRISES with the perspective that most of the imaginary situations known as never-events, such as a mass casualty from domestic terrorism, repeated hurricanes each season, hazardous-materials incidents with community impact or a global pandemic, wouldn't ever happen. But in 2022, after more than two years of enduring an all-encompassing global health crisis that has led to a high death toll, staffing shortages and financial fallouts, we're living in a time when never-events are a common occurrence.

"With the way the world has changed with greater community risks, things are getting much more challenging," says **Michael Wargo**, RN, BSN, MBA, PHRN, VP and Chief of Enterprise Emergency Operations and Medical Transport, HCA Healthcare. Wargo leads the emergency readiness and response operations for the healthcare system's 182 hospitals and approximately 2,300 care sites. "Now, never-events are often daily events," he adds.

POISED TO RESPOND

Every hospital and health system has its own unique set of challenges and community-based threats, but some disasters could happen anywhere—from the effects of climate change to mass shooting tragedies. "We know the climate is changing because we are experiencing natural disasters with higher frequency and intensity," says Wargo. "We need to plan for a shooting because we don't know when or where it could happen. It's a risk we not only need to be prepared for, but we need to be ready to respond at a moment's notice."

That means hospital staff must be trained, educated and equipped at all times. In turn, leaders must change their mindset and organizational culture to operate under the assumption that on any given day, a crisis of various proportions will likely happen in one of our communities.

Steve Jones Photography

From an emergency operations standpoint, Wargo's team is in full-time readiness mode, which means monitoring situations daily from their command center. "I can tell you that today, for example, we have severe storms coming across from California through Tennessee, which are a big concern for us," shared Wargo one weekday in early April. "Well over 100 tornadoes touched down in the middle of the U.S. in the past week with fatalities and destruction. Our goal is to ensure continuity of care for our patients, safety for our staff and families, and support to the communities we are part of."

Wargo and his team anticipate a busy hurricane season this year, so they're preparing their facilities and staff, based on the protocols and best practices they've developed through their finely tuned emergency operations plan. Those best practices have been carefully developed based on these must-do steps for health systems of any size:

- **Perform risk assessments.** Hospitals and organizations must conduct objective risk assessments. That means looking at internal vulnerabilities and third-party systems that are relied upon to provide patient care and core business operations. "The vulnerabilities that are missed in risk assessment reviews often end up being what takes down systems and inhibits the ability to care for patients," says Wargo.
- **Establish playbooks & partnerships.** Healthcare systems and supply chain partners must have a governance structure and operating system that ensures preparedness and emergency operations. It is important to have people on staff who understand the risks, develop playbooks to respond and recover from events, and have broad community partnerships and government agencies who can collaborate in a crisis.
- **Conduct exercises.** In January 2020, Wargo's department received the first indication of a novel virus in China, later identified as COVID-19. "We ran a global pandemic scenario at the enterprise-level," he explains. That afternoon, they ran the same exercise with HealthTrust executives, focusing on global supply chain impacts from a pandemic. "We asked questions like, 'How will you manage this at scale? How will it impact the supply chain as a health sector?' Having a team of dedicated leaders who understand risk and can give people real-world information to be prepared is critical."
- **Keep staff safety & mental health in mind.** Making staff members' home readiness a part of the emergency response equation is important because it gives employees peace of mind to do their jobs knowing their family is prepared and safe. For example, providing a healthcare worker a place to stay at the hospital if their family relocates to a safer place can provide much-needed solace.

"The thinking is, 'If my family is safe, then I can commit my time to care for patients,' in a global pandemic scenario," says Wargo. "Our operation goes above and beyond so that staff can be here when our patients need it most."

In 2017, Hurricane Harvey ripped through Louisiana and Texas, causing catastrophic flooding and 100 deaths. "It was such a major event causing post-traumatic stress for many directly involved," says Wargo. For days, the storm hovered. For staff, threats of the levees breaking and the stressors of their family's safety were very real. "That's something we have to prepare for. It's difficult, but you can't avoid the psychological stress endured by our staff and communities."

Wargo & his team are in full-on readiness mode, prepared to respond to a crisis from their command center.

THE VALUE OF PRACTICE

Weeks before the COVID outbreaks in the U.S., HCA Healthcare exercised its online emergency operations system with its nearly 200 hospitals, mimicking an outbreak that led to a global pandemic.

After the drill ended, the Emergency Operations team asked participants for feedback. Some people responded that the scenario would never happen and questioned whether the drill was a good use of everyone's time. "As the team running the exercise, we knew that the pandemic was developing and, in fact, was about to happen, but it was a balance between being an alarmist and providing information so that people could digest it," says Wargo.

It is vital for professionals to escalate information at the right pace to ensure hospitals prepare, leaders engage and the culture changes over time—whether for a gradually-evolving crisis like a pandemic or a rapid-onset catastrophe like a mass shooting. "It's human nature to be in shock, potentially go into denial and not take the appropriate action because you don't believe the 'never-event' is actually happening," adds Wargo.

Wargo's team recently conducted an exercise involving radiation exposure. "We ran the HCA UK clinical leadership group in London through a scenario where a Ukrainian refugee enters the hospital as a transfer with gastrointestinal illness, which could be a sign of radiation illness," says Wargo. The experience taught the UK team to have a higher index of suspicion for radiation sickness given this unique risk in their region. "The leaders who thought we were a bit crazy in our planning pre-pandemic said they would take our advice without hesitation and prepare differently this time," Wargo notes. By equipping people with the right amount of information at the right time, they helped adjust the staff's thinking and enhanced their readiness.

THE DOMINO EFFECT OF A CRISIS FROM AFAR

The COVID-19 pandemic was a quick lesson in how a global emergency can have immediate and long-lasting effects on the supply chain and stress the interdependencies between sectors. Beyond preparing for disasters close to home, a good emergency plan considers how a health system's operations rely on stability around the world, be it supply chain, communication systems or transportation. We are not operating healthcare alone—we are part of a global cross-sector operation.

While a geopolitical event like Russia's war on Ukraine seems distant, it does not make the U.S. immune from the situation. "What we're not exempt from is the collateral impact, and that is our supply chain or the care of refugees that have migrated to our communities for safety," says Wargo. "It's important to understand the war is challenging us as much, if not more, than the pandemic in various ways."

Raw materials are sourced from around the world, including Ukraine. Shortages of raw materials can disrupt the supply of surgical devices and pharmaceutical manufacturing, which, in turn, disrupts services that hospitals can provide. "As an individual entity, hospitals might feel a greater impact by the pressure of a single surgical device not being available, but as a national health system we might not feel such pressures given our ability to share resources in current stock. Globally, the broader impact

Continued on page 48

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Continued from page 46

may cause patients to have to wait for needed surgeries, such as orthopedic joint replacements," says Wargo. "Even when the war ends, the question becomes whether they will have people to do the work in the regions directly impacted by the conflict. Likely not."

Cybercrime, often committed beyond our country's borders, poses another potential threat with ripple effects for hospitals and the entire healthcare sector. "Cybersecurity is a significant threat to all of us professionally and personally," says Wargo. "We can prepare for cyber breaches, but what if the criminals take down an organization's ability to order product from distributors and manufacturers because their systems are compromised?" Healthcare systems, the supply chain and critical infrastructure sectors all must ensure high levels of protection against cybercrime. (See related article on page 36.)

BUILDING A RESILIENT HEALTHCARE SYSTEM

A mission of readiness is about ensuring a more resilient healthcare system. During those two years of the pandemic, communities around the country were also hit by hurricanes, domestic terrorism, mass shootings and other crises. Resilience allows us to adjust our mindset and resources in response to additional disasters and incidents, all while persevering through something like a pandemic at a marathon pace.

"Being resilient means getting through this together and still having the ability to care for our patients and continuing business operations," adds Wargo. "Our mission is to be there for our patients no matter what. Whether we go through a pandemic, a natural disaster or another event, we must rely on each other as a healthcare sector." **HT**

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REDESIGNING CARE

The way toward prioritizing patients while optimizing efficiencies

WHILE EVALUATING AND IMPROVING CARE HAS ALWAYS BEEN AN ESSENTIAL PART OF DELIVERING HEALTHCARE, recent trends are driving hospitals and health systems to look more closely at a comprehensive approach to care redesign. These trends, including the escalating cost of healthcare, diminishing hospital margins, staffing shortages and customer preference for the site of care have all been compounded by the pandemic.

"The way healthcare providers were forced to deliver care during COVID, utilizing telemedicine and remote office visits combined, highlighted that we could be using these different methods to deliver safe and effective care," says **Kim Wright**, RN, AVP, Clinical Services, HealthTrust.

WHAT IS CARE REDESIGN?

Care redesign, a systematic approach to improving the quality, efficiency and effectiveness of patient care, focuses on an evidence-based and patient-centered approach.

Government programs, such as the Hospital Readmission Reduction Program (HRRP), and bundled payment models, are essentially enacting care redesign at the regulatory level, says **Holly Moore**, MSN, CCRN-K, Director, Clinical Services, HealthTrust. "These programs look at better ways of delivering care on the national level, but internally, hospitals are looking at ways of doing things better as well."


"Start small, test to make sure what you're implementing is getting the intended results, & then scale quickly once you've found what is working well."
– Lynn Simon, M.D.

"Care redesign should always be driven by data and an identified need. But within that need, hospitals are also interested in applying change across a health system so it's more standardized," says Moore. She adds that care redesign now looks at the whole patient experience. "There's a stronger focus on care redesign along the continuum of care. The patient is looked at holistically across all levels of care."

CARE REDESIGN IN ACTION

Community Health Systems (CHS) is one of the largest health systems in the U.S., with 83 hospitals across 16 states. In 2021, it began three care redesign pilots: a care team model to address nursing shortages, a telesitter program to reduce patient falls and a new perinatal technology to improve patient outcomes.

"It's been a progressive study and pilot to find the best approach. Because we have a number of hospitals in different settings and with different variables, that brings forth some excellent information as to what the best practice for care delivery will be," says **Pam Rudisill**, Chief Nursing Executive at CHS.

The team implemented their new care team model first in the medical surgical units of five hospitals in June 2021 using an RN-CNA model. They later launched an RN-LPN-CNA model with another group of six hospitals. Both sets use a team-based care approach, focusing on the RN as the team leader and the LPN and CNA working to their capacity and skills. "We emphasize that the RN is the individual responsible for delegating tasks," explains Rudisill.

Moving away from the more traditional RN-based model to a team model allows CHS to manage the impacts of the nationwide nursing shortage while supporting nurses at the bedside and improving job satisfaction. "Nurses want to practice at the top of their licensure," adds Rudisill.

While results are still preliminary, so far, it's looking promising. Directors of the units involved in the pilot meet every week with Chief Nursing Officers and the corporate team. They're starting to see a change in staff turnover and engagement, as well as in patient experience scores.

BEST PRACTICES IN CARE REDESIGN

There is no one approach or gold standard for care redesign. "It's different for every hospital and every market, but the overarching concepts are the same," explains Wright. These "triple-aim concepts" include improving patient care quality and patient satisfaction while reducing costs.

The patient should always be at the center of the program, says Moore. "If you focus on the patients and improve patient outcomes and satisfaction, the cost reduction will just flow."

Lynn Simon, M.D., Chief Medical Officer at CHS, agrees the benefits are intertwined. "The care redesign at CHS was originally focused on supporting the bedside nurse, but increasing patient satisfaction is the common thread through it all," she adds. "This enables us to support the nurses at the bedside, potentially mitigate some of the workforce challenges, and produce a higher level of safety and quality all at the same time."

Moore recommends building a multidisciplinary team to tackle care redesign, including multiple stakeholders like physicians, nurses and data analysts, as well as patient representatives. The team's composition may vary, but in every case, having innovative leadership on board who are willing to make and back change is essential.

Another essential element is access to comprehensive data. "Multiple data elements can be monitored for various reasons that are financial-, efficiency- and patient-outcome related," says Moore. "You need data to identify the problem and the data to continue to monitor as you make your changes."

The type of data collected depends on the redesign program. "For instance, if a team is worried about readmission trends, then they would need to have data

Continued on page 86

Member & supplier ACCESS MADE EASIER

New HealthTrust platforms aim to make supply management more convenient & efficient

HEALTHTRUST IS ROLLING OUT SEVERAL NEW TECHNOLOGY PLATFORMS that will make it easier for acute and non-acute care members to evaluate and purchase products, and for suppliers to manage data.

MARKETPLACE

Marketplace is a new portal for physician offices, ambulatory surgical centers (ASCs) and corporations that don't use a company purchasing platform. For many smaller physician offices and ASCs, the person responsible for purchasing medical products and supplies is often the office administrator who is without the time or experience to effectively use the corporate purchasing platform. "We identified two problems to solve for these segments of our membership," says **Michael Tempora**, AVP of Product Management, HealthTrust. "The first is that purchasing products is inconvenient because users must go to multiple websites to make purchases across multiple categories. The second is that they don't generally know whether or not they're getting the savings benefits from their group purchasing organization (GPO) contracts when shopping."

Marketplace aims to solve both problems for customers. It is a one-stop shopping platform that enables members to maximize the value of their GPO relationship by conveniently purchasing products from multiple suppliers,

Continued on page 56

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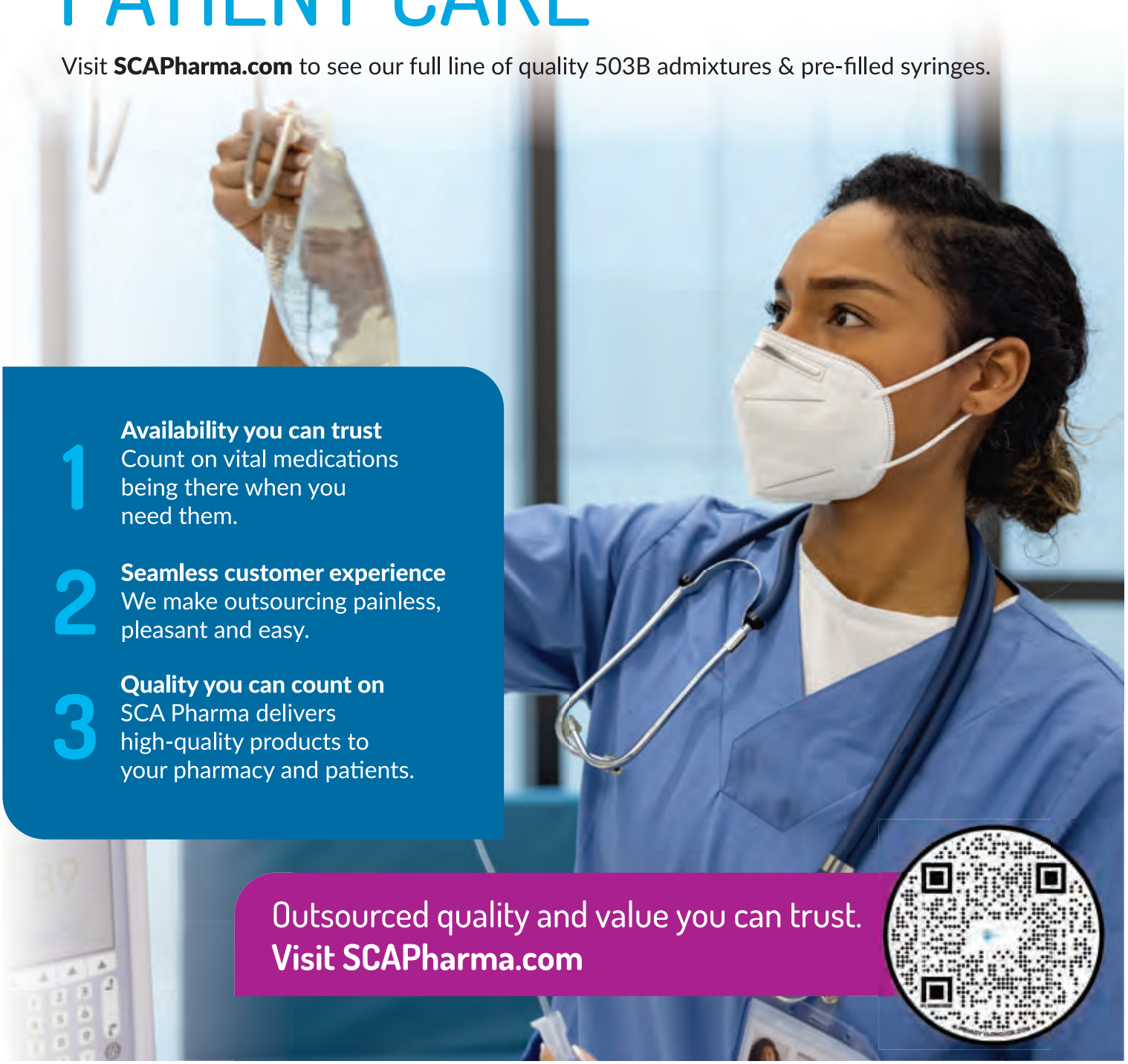

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Continued from page 54

while realizing GPO-negotiated cost savings. The online shopping site has several benefits:

- **Time savings**: Members can purchase from multiple suppliers on one platform, covering categories that include medical/surgical supplies, office supplies, computing equipment, vaccines, and maintenance, repair and operations.
- **Cost savings**: Members can easily identify on-contract products at the best price.
- **Better management**: Users can easily track all purchase order information for multiple suppliers in one place.
- **Convenience**: The tool has built-in approval steps and order guides that allow for better oversight of a team's supply purchases.
- **Options**: Marketplace allows users to identify best-priced alternatives when a product is out of stock.

"Small businesses can now benefit from the same sort of value that larger companies are used to receiving, and they have the same ease and convenience of shopping," explains Tempora.

Nearly two years in the making, Marketplace covers the majority of average spend volume for physician offices, ASCs and corporations in a single purchasing platform, which currently includes suppliers like Staples, Medline, CDW, Grainger and VaxServe. HealthTrust will continually add suppliers and categories to Marketplace as the platform is rolled out.

LEARN MORE ABOUT MARKETPLACE
Contact your AdvantageTrust or CoreTrust Account Director, or, if attending HTU, stop by the HealthTrust booth for a demo or the AdvantageTrust Learning Lab on July 25 at 5:30 p.m.

MEMBER EXPERIENCE PORTAL

HealthTrust offers members in acute care facilities a host of services and products, including tools to connect them to information about new items, issues, analytics and savings opportunities. The challenge was that these things all "lived" in separate silos.

"As a member, you would need to visit 10 different places online to find the information and use it to your benefit," says **Dani DePoy**, Associate Product Manager of Customer Solutions, HealthTrust. "We wanted to do a better job of getting the information to our members and create richer data to help them make better purchasing decisions."

Member Experience is a new online portal that will take many of HealthTrust's tools and services and connect them more fluidly. The platform displays data, including both contract and item information, and links them together more succinctly. Members can cross-reference items and take advantage of and connect analytics offerings to what they're eligible for. When the technology solution launches in the summer of 2022, the current Member Portal will be retired. "What we've built now is a true dashboard that brings tools together," says DePoy.

The three biggest benefits of Member Experience are:

- Detailed views of all contract information a member is eligible for
- Enhanced visibility into items that fall under a contract, as well as pricing information in one place
- Search capabilities across all HealthTrust offerings and available cross-references

The new portal is a 21st-century solution for displaying the contents of HealthTrust's offerings and enabling members to easily curate data so they can make good decisions. "We're excited about bringing members enhanced visibility into the many benefits of membership," explains DePoy.

Continued on page 58

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Give patients the comfort they deserve during minor procedures and injections.

Gebauer's Pain Ease® topical anesthetic skin refrigerant (vapocoolant) can be used in a number of procedures to help improve patient comfort. Pain Ease is FDA-cleared to temporarily control the pain associated with needle procedures and minor surgical procedures, and it begins to work in just 4-10 seconds!

CONTROL PAIN FOR A VARIETY OF PROCEDURES, INCLUDING:

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- Immunizations
- Blood draws

Minor Surgical Procedures:

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- Lancing boils
- Skin tag removal
- Incision and drainage of small abscesses
- Foreign body removal

Gebauer's PainEase®

The INSTANT topical anesthetic skin refrigerant

3 STEP USAGE FOR PAIN EASE

PREP

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

SPRAY

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

PERFORM

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

Refer to application instructions for full details

IMPORTANT RISK AND SAFETY INFORMATION:

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

HealthTrust Contract #83476, Category: Anesthetic Supplies

Gebauer Company

4444 East 153rd Street • Cleveland, OH 44128 • 1-800-321-9348 • www.Gebauer.com • 1983.2

Continued from page 56

The Member Experience team is focused on how members search for information, what information is important to them, what supplementary data is needed to make a decision and what data they want to save based on current spending behavior. "We are enabling a more informed course of action based on better sources of data," DePoy adds.

A customer-driven approach is initiated by HealthTrust's Technology Innovation team when it develops new products and services. Members are engaged early in the process to test-drive tools and share feedback, which is then incorporated into the service and product build. Member Experience was designed based on interviews, testing and communicating with members about their needs and how they're making decisions. "We have the benefit of working directly with approximately 25 members who piloted the site and offered invaluable feedback to help us meet customers' needs and solve problems along the way," adds DePoy.

Abe Georges, Senior Financial Analyst at AllSpire Health GPO, serves on HealthTrust's Analytics Board and participated in a pilot of Member Experience. "The new platform provides all the necessary contract information in a streamlined format without having to go to different sources," he says. "This has improved the process to identify savings opportunities for our members."

A feature Georges finds particularly useful is the ability to quickly search and filter applicable contract information by category. "Another new feature provides item cross-referencing options within Member Experience, which was a welcome surprise," he adds.

Continued on page 60

WATCH FOR THE RESPONSE
newsletter for information on when the new Member Experience platform launches for all members. To ask questions or learn more, contact your HealthTrust Account Manager. Members of this team will be onsite at HTU with a new capabilities business session on July 25 at 3 p.m.

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- Same-day parts shipping
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Check out our **Virtual Showroom**
for an interactive 3D experience of our full line of hospital beds and accessories.

Continued from page 58

SUPPLIER PORTAL

Today, the Supplier Portal provides basic information and access to documents, but it has gaps in value. The new Supplier Portal is an entirely new experience for our supplier partners with a long-term vision to provide a one-stop-shop experience and service to our supplier community. While still early in its development, it is being designed to be a full-service hub for suppliers to come and exchange data with HealthTrust.

"The main problem we're solving is that today, most of our supplier data exchanges are very manual and time consuming on both sides of the interaction," says **Bradley Hall**, Associate Product Manager of Supplier Experience at HealthTrust. "For example, we ask suppliers for a huge bulk upload of cross-references every three years, which is a lot of work, and then over time that data deprecates, and members lose confidence in the data quality." To solve for that, they are building a portal that enables suppliers to manage cross-reference requests more efficiently.

In addition to enabling suppliers to better manage their data, eventually the Supplier Portal will allow suppliers to get valuable information such as the status of a sourcing project and metrics that relate to the health of their relationship with HealthTrust, as well as gain access to the tools and resources they need in a more efficient manner with less dependency on "tribal knowledge."

"Nearly all of the work HealthTrust does with suppliers is to create value for members, but we have to make it easier for suppliers to work with us, and that's what we're trying to do," says Hall. The pilot launched in the second quarter, and the platform will continue to evolve over the next several years as they make continual enhancements. **HT**

SUPPLIERS CAN JOIN the pilot group and share their feedback by contacting Bradley Hall at bradley.hall@healthtrustpg.com. Or, stop by the IT Learning Lab in the Exhibit Hall during HTU on July 25 at 5 p.m.

octagam® 10%

Immune Globulin
Intravenous (Human) 10%
Liquid Preparation

Preserving Immunoglobulin Integrity

For the treatment of adults with chronic immune thrombocytopenic purpura (ITP) or adults with dermatomyositis (DM).

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Vice President, National Accounts
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WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE

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

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

Important Safety Information

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

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

*At +2°C to +8°C (36°F to 46°F) from the date of manufacture.

HealthTrust Contract #4861

Date of preparation: 10/2021. GAM10-0292-PAD

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HIGHLIGHTS OF PRESCRIBING INFORMATION

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

Octagam 10% [Immune Globulin Intravenous (Human)]
liquid solution for intravenous administration
Initial U.S. Approval: 2014

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

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

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

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

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

For intravenous use only.

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

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

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

Solution containing 10% IgG (100 mg/mL)

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

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

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

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

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

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

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

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

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

The passive transfer of antibodies may:
Confound the results of serological testing.
Interfere with the immune response to live viral vaccines, such as measles, mumps, and rubella.

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

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

Revised: **July 2021–**

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

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

Drug Safety:
For all inquiries relating to drug safety, or to report adverse events, please contact our local Drug Safety Officer:
Tel: 201-604-1137 | Cell: 201-772-4546 | Fax: 201-604-1141 or contact the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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A dose of SAVINGS

Pharmacy benefits management program brings value to organizations & their employees

PHARMACEUTICAL CONTRACTING AND SUPPLY CHAIN MANAGEMENT PROCESSES ARE MULTILAYERED AND COMPLEX, which is why so many plan sponsors rely on third-party support from pharmacy benefits managers (PBM). HealthTrust operates the largest sole-sourced PBM aggregated contract in the country, with almost 300 participating plans and over $4 billion in covered spend. This provides leverage to benefit not only member organizations, but also to positively impact their employees and their families.

"We do everything we can to improve the lives of the members who use our program and their employees and their families. We achieve this in several ways," says **Joseph Dizenhouse**, FSA, MAAA, SVP & Head of Pharmacy Services, HealthTrust.

MANAGING COSTS

The most obvious benefit of using a well-designed program is financial, explains Dizenhouse. The savings an employer achieves through working with HealthTrust's PBM solution are often passed down to the employee by way of reduced pharmaceutical prices at the pharmacy, as well as lower payroll deductions for prescription benefits.

A variety of tools, some behind the scenes, also help individual patients find the lowest-cost drugs. These tools are focused on providing both the prescriber and the patient with the lowest cost and efficacious option for the individual. In the complicated world of pharmaceutical pricing, patients sometimes pay for a drug that may work just fine, but is actually a better choice economically for the PBM or the health plan (and/or at the expense of the plan and patient).

HealthTrust's PBM program is highly managed to determine which drug is the most effective for the individual's health and costs them the least, says Dizenhouse. "Because of our size, access to information and deep subject matter expertise, there are custom ways we can help make sure the patient gets paired with that lowest-cost drug that is most efficacious for their need," he adds.

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CARE & CONVENIENCE

HealthTrust's PBM also delivers value through comprehensive care for individuals and their families, says **Nancy Price**, VP, Employee Benefits Strategic Sourcing, Pharmacy Operations, HealthTrust. One example is that HealthTrust's PBM contract lets member hospitals with in-house pharmacies allow their employees to do their pharmacy business where they work, explains Price. This offers an invaluable convenience because they don't have to make a separate trip to a commercial pharmacy to fill their prescriptions. And often, adds Dizenhouse, hospitals that allow their employees to access the in-house pharmacy pass on more significant savings on prescriptions.

"The PBM, when properly guided, also enhances the customer experience," Price says, "by having dedicated customer service teams and offering convenience services. The dedicated customer service teams offer end-to-end support for member organizations that individuals don't necessarily see, but they benefit from." For instance, if individuals run into an issue and contract their administrator, that person has 24/7 access to the customer service team to resolve the employee's issue quickly and seamlessly.

Leveraging its size to create financial benefits for individuals and their families is an important part of the value HealthTrust's PBM delivers. "Drugs are expensive, so getting good prices is important, and that's one of the great things that HealthTrust does for its patients." Dizenhouse says. "But, when it comes down to it, there's so much more to it than that: Patients should have the tools to obtain the right medication at the right time and at the right price." **HT**

FIND OUT how HealthTrust's Pharmacy Benefit Management program can work for your organization. Email humancapitalsolutions@healthtrustpg.com

NUWIQ®

Antihemophilic Factor (Recombinant)

NOW AVAILABLE from **octapharma**

NEW!

NUWIQ **1500 IU** Vial Strength

NUWIQ is the **only** recombinant Factor VIII that offers a **low, 2.5mL diluent volume** across a **broad range** of vial strengths[1]

The addition of our new **1500 IU** vial strength will provide more options to patients while potentially reducing waste.

The **1500 IU** vial also may provide more convenience for patients on personalized or individualized prophylaxis regimens.

- The new single-dose 1500 IU vial expands the broad range of NUWIQ to 8 strengths that include: 250, 500, 1000, 1500, 2000, 2500, 3000, & 4000 IU
- Each NUWIQ box includes: NUWIQ vial, pre-filled syringe, a vial adapter, butterfly needle, and alcohol swabs

Indications and Usage

NUWIQ® is a recombinant antihemophilic factor [blood coagulation factor VIII (Factor VIII)] indicated in adults and children with Hemophilia A for on-demand treatment and control of bleeding episodes, perioperative management of bleeding, and for routine prophylaxis to reduce the frequency of bleeding episodes. NUWIQ is not indicated for the treatment of von Willebrand Disease.

Important Safety Information

NUWIQ is contraindicated in patients who have manifested life-threatening hypersensitivity reactions, including anaphylaxis, to the product or its components. Hypersensitivity reactions, including anaphylaxis, are possible. Should symptoms occur, discontinue NUWIQ and administer appropriate treatment. Development of Factor VIII neutralizing antibodies (inhibitors) may occur.

Please see Highlights of Prescribing Information on adjacent page.

www.nuwiqusa.com

HealthTrust Contract #4861

Reference: 1. NUWIQ full Prescribing Information. Paramus, NJ: Octapharma; rev 2021.

Date of preparation: 4/2022. NUW-0523-PAD

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HIGHLIGHTS OF PRESCRIBING INFORMATION

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

NUWIQ®, Antihemophilic Factor (Recombinant) Lyophilized Powder for Solution for Intravenous Injection

Initial U.S. Approval: 2015

INDICATIONS AND USAGE

NUWIQ is a recombinant antihemophilic factor [blood coagulation factor VIII (Factor VIII)] indicated in adults and children with Hemophilia A for:

- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

NUWIQ is not indicated for the treatment of von Willebrand disease.

DOSAGE AND ADMINISTRATION

For intravenous use after reconstitution

- Each vial of NUWIQ is labeled with the actual amount of Factor VIII potency in international units (IU).
- Determine dose using the following formula for adolescents and adults:

  Required IU = body weight (kg) x desired Factor VIII rise (%) (IU/dL) x 0.5 (IU/kg per IU/dL)
- Dose and duration of therapy depends on severity of the FVIII deficiency, the location and extent of bleeding, FVIII level, and patient's clinical condition.
- Dosing for routine prophylaxis:

Subjects	Dose (IU/kg)	Frequency of infusions
Adults and adolescents [12 - 17 yrs]	30 - 40	Every other day
Children [2 - 11 yrs]	30 - 50	Every other day or three times per week

DOSAGE FORMS AND STRENGTHS

NUWIQ is available as a white sterile, non-pyrogenic, lyophilized powder for reconstitution in single-use vials containing nominally 250, 500, 1000, 1500, 2000, 2500, 3000 or 4000 IU Factor VIII potency.

CONTRAINDICATIONS

NUWIQ is contraindicated in patients who have manifested life-threatening hypersensitivity reactions, including anaphylaxis, to the product or its components

WARNINGS AND PRECAUTIONS

- Hypersensitivity reactions, including anaphylaxis, are possible. Should symptoms occur, discontinue NUWIQ and administer appropriate treatment.
- Development of Factor VIII neutralizing antibodies (inhibitors) may occur. If expected plasma Factor VIII activity levels are not attained, or if bleeding is not controlled with an appropriate dose, perform an assay that measures Factor VIII inhibitor concentration.
- Monitor all patients for Factor VIII activity and development of Factor VIII inhibitor antibodies.

ADVERSE REACTIONS

The most frequently occurring adverse reactions (>5%) in clinical trials were upper respiratory tract infection, headache, fever, cough, lower respiratory tract infection, rhinitis, chills, abdominal pain, arthralgia, anemia, and pharyngitis.

USE IN SPECIFIC POPULATIONS

Pediatric Use: Lower recovery, shorter half life and faster clearance in children aged 2 - ≤12 years. Higher doses and/or a more frequent dosing schedule for prophylactic treatment should be considered in pediatric patients aged 2 to 5 years.

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

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

Tel: 201-604-1137 | **Cell:** 201-772-4546 | **Fax:** 201-604-1141

or contact the FDA at **1-800-FDA-1088** or **www.fda.gov/medwatch**

Revised: June 2021

octapharma

Another kind of RENEWABLE RESOURCE

Look to savings from single-use device reprocessing to alleviate post-pandemic strains

WHILE THE PUBLIC HEALTH THREAT OF THE PANDEMIC IS GIVING US A TEMPORARY REPRIEVE, it has exposed costly structural weaknesses in hospitals and produced a new set of problems. Some of these include staffing issues and supply shortages. With the addition of the instability caused by inflation and Russia's war in Ukraine, supply chain issues and shortages are expected to continue.

Now is a good time to enact all possible solutions, including one valuable tool in maximizing supply availability and efficiency—reprocessing.

THE POWER OF A REPROCESSING STRATEGY

Single-use device reprocessing is the practice of sending certain single-use-labeled devices to a reprocessor after they have been used, and then buying them back after reprocessing, testing and sterilization at a much lower price than a new device would cost.

The practice is tightly regulated by the Food and Drug Administration (FDA). "More important, the reprocessing industry has a 20+-year track record of supplying reprocessed devices that fail even less frequently than

SELECTING A REPROCESSING PARTNER

After performing a reprocessing program assessment to determine what is working and what is not, the search for a general provider should be informed by clear program goals to maximize the savings opportunity. The reprocessing industry is sophisticated and increasingly differentiated, so the selection of a reprocessing partner is important. **Angie Sims**, VP, Strategic Accounts, HealthTrust, suggests focusing on the following areas:

❶ Prioritize and focus where it makes a difference. Some devices and service lines (such as electrophysiology) are easier to manage and provide higher yield than others. Look at where you can achieve substantial savings most easily.

new devices and pose no added threat to patient safety," says **Angie Sims**, VP, Strategic Accounts, HealthTrust. "Almost all U.S. hospitals use single-use device reprocessing to reduce costs and free up resources for investments in patient care, new technology, staff education and more."

Sims has spent more than 15 years of her career involved in reprocessing and has seen the savings firsthand. "I have helped hospitals adopt the practice and achieve substantial savings within weeks of starting the program—some celebrating savings of more than $1 million per year," she notes. "I have also seen hospitals struggle to sustain their savings when they don't manage their programs well."

Having a solid program in place not only results in cost savings, but also in reduced environmental harm and increased supply chain resiliency, without increasing risk to the patient. In this new post-pandemic world, it also helps prevent supply vulnerability. "Reprocessed products are available from domestic reprocessors when supply chain shortages produce back-orders on new products," says Sims. "This should be a key aspect of a post-pandemic supply chain strategy."

HOW TO MAXIMIZE THE BENEFIT

"I have worked with hospitals where everybody stood behind the practice," says Sims. "But a closer look revealed that new products were not brought online, very few reprocessed products were bought and utilized, and devices were damaged before they were sent to the reprocessor."

Indeed, industry averages suggest that due to suboptimal reprocessing programs, hospitals only realize between 25% and 35% of their savings potential.

To maximize the benefit of a reprocessing program, strategies must be enforced, and results must be monitored. "In many cases, hospitals will find that they can triple their savings by going back to basics and working with a reprocessing partner to optimize the program," says Sims. She suggests that members enact these pillars of a healthy reprocessing program:

- **Collection compliance.** Hospital departments must diligently work to collect all devices from procedures their reprocessor has clearance to reprocess. For example, some reprocessable devices in electrophysiology yield savings of more than $1,000 per device, so failing to place even one of these in the reprocessing collection system is costly.
- **Device protection**. Frequently, reprocessors collect devices that are technically compromised (for example, their tips are bent or kinked, or parts break off) because they are not handled with proper care. Devices that haven't retained their integrity are rejected at the reprocessing plant.
- **Buy-back compliance.** To realize savings from a reprocessing program, the service line and the hospital must buy back the lower-priced device from the reprocessor. Even if staff is good at collecting used devices, no money is saved unless the reprocessed devices are prioritized in the purchasing system. The reprocessor's

Continued on page 70

❷ Make sure your reprocessor does frequent education (in-servicing) so that all staff knows what to collect. Also, make sure the reprocessor collects devices in a timely fashion.

❸ Make sure your reprocessor has developed specially designed trays and collection systems and adequately instructed staff about how to treat used devices. Make sure the reprocessor uses proper signage to remind and instruct, and that you get reports about device rejections so you can redirect staff, if needed.

❹ Establish a reprocessing committee consisting of a buyer, physician champion, C-suite champion and service line manager (include value analysis when appropriate) to ensure all aspects of the program, such as buyback compliance, are monitored, evaluated and optimized.

❺ Maintain an ongoing dialogue with your reprocessor about what additional devices may be reprocessable, and what devices your department spends a lot of money on. Finally, ensure the staff is instructed each time a new item is added to the list of devices that can be reprocessed.

❻ Seek to build a more equitable market environment around your technology purchases. Using more than one (or two) suppliers massively changes your ability to move market share and obtain better supplier controls. In other words, if a manufacturer prevents you from using reprocessing to reduce costs, you can more easily move its purchases to another supplier.

❼ Carefully evaluate the reprocessor's service program. Ask to review their service roadmap, device tracking and data capabilities. Request a visit to their plant (and bring clinicians). Obtain their version of a hospital reprocessing policy so you can get an understanding of their in-service and savings review plans.

Continued from page 68

device and pricing information must be loaded into the purchasing system and given priority when reordering, and staff must be instructed to pull the reprocessed devices for procedures.

- **Program governance.** Maintaining a strong reprocessing program requires constant monitoring. Establish it with champions at clinician and C-suite levels as part of a committee that holds regular meetings to identify problems and opportunities. Make use of reprocessor-provided data to identify gaps in collections/buyback and new products. Make sure a reprocessing policy has been formulated and communicated to all relevant staff.
- **Device availability.** A reprocessor needs to get FDA clearance to reprocess every device individually. This means that some reprocessors may have a wider variety of devices available for reprocessing than others, increasing the savings realized from the program. A reprocessor that gets clearance for a new device may instantaneously add another $500 in savings per procedure. Make sure to choose the reprocessor that has the most clearances (for expensive devices) in each area of the hospital.
- **Competing suppliers.** Hospitals often miss out on their potential reprocessing savings because a competing supplier cautions against reprocessing or steers them in a more expensive direction. Do the math to discover what is best for your organization from a quality and cost perspective.
- **Clinical integration.** Including physicians in the discussion is very important but often forgotten. Ultimately, the physician decides which devices to use.

"Single-use device reprocessing is likely the most successful circular economy solution in U.S. healthcare," says Sims. "Many hospitals could be gaining a lot more from their reprocessing programs than they do." **HT**

REPROCESSING SUPPLIERS ON CONTRACT
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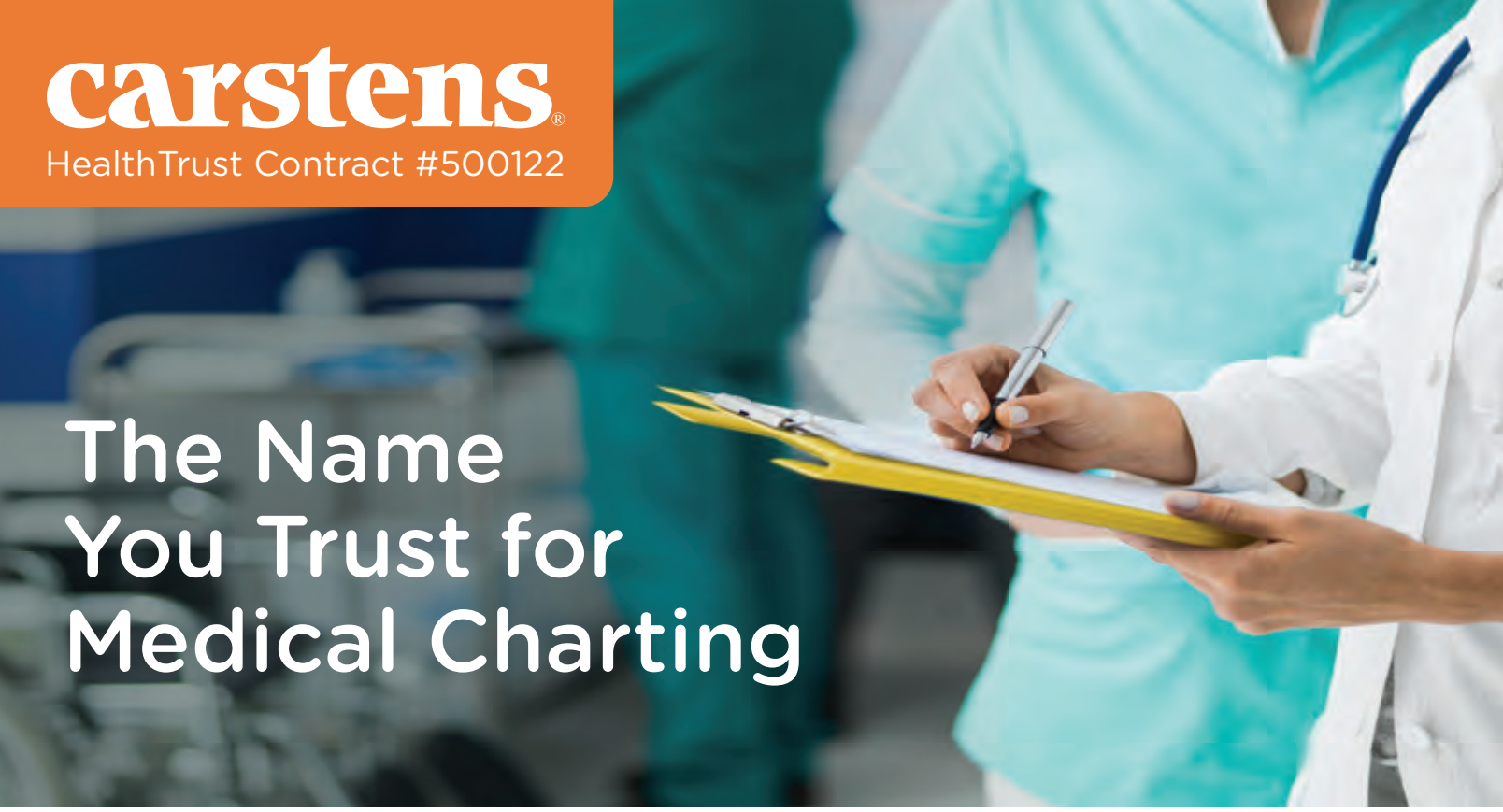

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Stopping the UNTHINKABLE

Critical work to combat human trafficking

HUMAN TRAFFICKING IS A SILENT EPIDEMIC, not just in our communities but globally. It exists in various forms. According to a government website, human trafficking involves the use of force, fraud or coercion for the purpose of forced labor or commercial sexual exploitation. Millions of men, women and children are trafficked worldwide every year, regardless of their age, race, gender or nationality. Victims and survivors of human trafficking are a growing part of who our healthcare systems care for.

Statistics show that more than 80% of victims enter the U.S. healthcare system through emergency departments (EDs), pediatric EDs, behavioral health centers and OB-GYN offices.

A patient may have repeat complaints of bruises and other injuries as a small sign of potential abuse, or providers might see a young woman who has had multiple gynecological emergencies or one who delivers a baby within a year of her last child, often on multiple occurrences. These are common early signs associated with victims of human trafficking.

HCA Healthcare's Human Trafficking Workgroup is dedicated to providing a therapeutic resource to victims of this crisis, creating a pathway to survivorship. And, HealthTrust's implores suppliers to do the right thing around labor and human rights within the healthcare supply chain.

IT STARTS WITH AWARENESS

HCA Healthcare's Human Trafficking Workgroup is focusing on human trafficking awareness and prevention. It is made up of a multidisciplinary team—from clinical, behavioral

"Dedicating resources toward the prevention of forced labor & human rights violations in the healthcare supply chain is the right thing to do."

– Tonya Goad, MBA-HM, CHC

Serving 1,800 member hospitals & 57,000 non-acute healthcare facilities across the U.S. puts HealthTrust & its members in a unique position to significantly impact human trafficking in the supply chain.

health, practice and service line leaders to supply chain, security, education and communications personnel.

Led by **Michael Wargo**, RN, BSN, MBA, PHRN, Vice President and Chief of Enterprise Emergency Operations and Medical Transport at HCA Healthcare, the Human Trafficking Workgroup is focused on mitigating human trafficking in the supply chain as well as in educating and training healthcare professionals on how to identify victims and safely intervene. The workgroup also partners with the U.S. Department of Health and Human Services (DHHS) Office of Trafficked Persons (OTP). (See the feature on page 44 for more on Michael Wargo's work in emergency operations and readiness.)

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TRAINING HEALTHCARE PROFESSIONALS

One barrier to identifying human trafficking victims in healthcare settings is getting people to open up about what may be happening to them. "Signs and symptoms often tell a different story that the victims can't share openly with health providers because the trafficker, who often accompanies them, answers the questions and fills out the forms," says Wargo.

As part of formalized human trafficking care and intervention training, staff learns how to communicate effectively with victims and create an environment where they can be alone with the person to ask questions and find out details. Once an employee identifies a victim, there is an intervention. "We want to not only treat their physical symptoms, but to also get that person social and behavioral health assistance, case management and potentially law enforcement in hopes of creating a pathway to survivorship," explains Wargo.

HCA Healthcare connected the DHHS/OTP with HealthStream to make human trafficking education widely available through its learning management system platform and effectively expanding access throughout the country. Free resources and training are available to all healthcare professionals through "SOAR Training," a health and wellness training program designed to help them identify and respond to those at risk for or who are experiencing human trafficking.

PREVENTING FORCED LABOR IN THE SUPPLY CHAIN

"While hospitals and other healthcare facilities focus on how to identify and help victims, HealthTrust is focused on ridding the supply chain of human trafficking," says Workgroup Member **Tonya Goad**, MBA-HM, CHC, Ethics & Compliance Officer for HealthTrust. As a group purchasing organization and supply chain resource owned by seven healthcare systems, HealthTrust prohibits human rights violations in all facets of supplier operations, including raw materials and manufacturing.

In October 2021, a Malaysian disposable glove company was issued an order by U.S. Customs and Border Protection to detain imports of its disposable gloves after it was found that they were using forced labor. Other situations have occurred where people are working off thousands of dollars in company recruitment fees. "While these things may not be directly happening in our supply chain, we want to be aware of these events so we can work with our suppliers to quickly assess the risk and take action if needed," says Goad.

"In every HealthTrust supplier contract and in our Supplier Code of Conduct, we outline a variety of expectations and requirements," says Goad. By signing, suppliers are obligated to ensure they don't have any forced labor or human rights violations and that they're appropriately monitoring their supply chain.

Because of COVID-19, there is more transparency into the supply chain than ever before. "HealthTrust asks for companies' geographical locations so that if there is a forced labor issue in a certain region, we know we can pivot to another supplier in another region or one that is not affected," says Goad. While things have improved since the pandemic, more transparency in the supply chain is still needed. "It is critical for suppliers to share more information about

Continued on page 88

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[6] Korby K. et al. Evidence-Based Practice- Clinical evaluation of a new silver soft silicone postoperative dressing in total knee and hip arthroplasty. Poster presentation at the PAOS conference, US, 2017
[7] Based on contract pricing

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DIGITAL IMAGING AND ARTIFICIAL INTELLIGENCE (AI) are transforming the field of diagnostics, making this an exciting and pivotal time to be in the radiology and pathology fields.

"AI is the next wave of learning," says **Luann Culbreth**, MEd, MBA, RT, FACHE, Director, Radiology & Cardiovascular Services, Clinical Operations, HealthTrust. "It's really going to take off and transform a lot of the ways in which we provide care and will ultimately help us provide care more efficiently and accurately."

Continued on page 78

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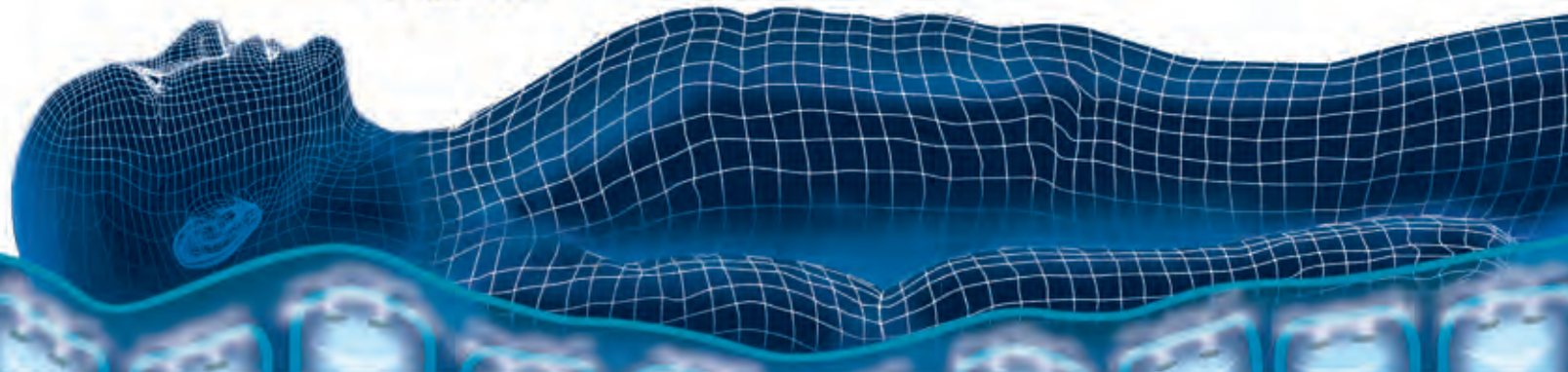

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[1]Call E,Burton J, Langford J, Bernkopf A, ClineC. "WAVE" Goodbye to Pressure Injuries and Other Medical Mattress Issues: How Freedom Medical's "WAVE" Mattress Benefits Medical Facilities and their Patients. 2018. For additional information, please email info@freedommedical.com

Continued from page 76

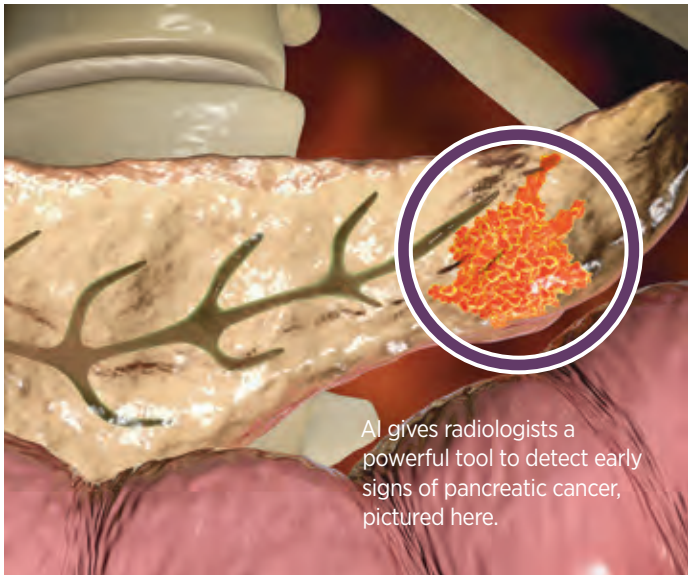
BOOSTING ACCURACY

AI takes pattern recognition to an entirely different level, giving radiologists and physicians a powerful tool that can potentially make diagnosis more precise, says Culbreth. For example, a recent study published in *Cancer Biomarkers* found that an AI tool examining CT scans was able to detect early signs of pancreatic cancer so subtle they couldn't have been seen by the human eye.

The average classification accuracy of the tool was 86% in predicting which patients would develop pancreatic cancer.

Still, for AI's potential as an accuracy tool, it must get "smarter" with time. "For that potential to be realized, appropriate training of AI programs needs to happen," Culbreth notes. "You've got to account for variabilities."

For instance, AI models need to be trained to recognize many variables in human physiology—a person's heart may be on the right side of their chest, or that skin thicknesses and bone structures are not necessarily the same for every



AI gives radiologists a powerful tool to detect early signs of pancreatic cancer, pictured here.

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person. As algorithms are refined over time, AI's ability to make more accurate diagnoses could lead to quicker medical evaluation and, ultimately, improved health outcomes for patients.

TARGETING TREATMENTS

Digital imaging technologies and AI will also help to facilitate the development of precision medicine in the lab, says **Christa Pardue**, MBA, MT(AMT), Director, Laboratory Services, Clinical Operations, HealthTrust. Digitized laboratory equipment can not only scan slides more quickly, but it also has the power to process higher levels of stain, pinpointing areas that would be difficult to see with human eyes.

"The sensitivity can be dialed up even more when AI algorithms are trained to look for and identify specific receptors, for example, if specific drugs would be beneficial to a patient," Pardue explains.

REDUCING THE LOAD

With the increase in computing power of digital imaging technologies comes more data—a lot more data, agree Culbreth and Pardue. "In the old days of film," explains Culbreth, "radiologists had maybe two or three different views to look at. Now they've got thousands. The workload to sort through all of those digital images is truly overwhelming."

But properly trained AI programs can help to reduce the burden on radiologists and pathologists by allowing them to process the abundance of images and slides quickly and flag those that need attention. The technology serves as an invaluable support to clinicians. "It's not going to replace a radiologist, by any means," Culbreth stresses, "or any physician, for that matter. It's going to assist them."

THE CHALLENGES OF DIGITAL TRANSFORMATION

Aside from needing to ensure that AI algorithms are appropriately refined, the digital transformation of diagnostics has a few other challenges. Chief among these

Continued on page 80

Continued from page 79

is data storage, says Pardue. "Data storage is so expensive that it's cheaper for us to build a whole facility to store glass slides than it is to store data." In addition to the costs of data storage, there are also concerns around security, and whether to consider storing data on-site or in the cloud, adds Culbreth.

While the challenges are not trivial, they're also all manageable and resolvable by taking them one step at a time and with the knowledge that there are supports available to help facilitate the digital transformation, says Culbreth.

Research and development in AI and digital imaging is advancing and growing rapidly, and suppliers are evolving to make sure they can best serve the needs of their clients, so no one will be left out or left behind. HealthTrust is looking into how to bring resources into its portfolio to guide appropriate use criteria, clinical decision-making and workflow optimization, among many other things. "Nobody's out on their own," says Culbreth. "We have a lot to learn; let's learn it together intelligently." **HT**

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TO LEARN MORE about digital diagnostics, email Luann Culbreth at luann.culbreth@healthtrustpg.com

Calling ALL PASSENGERS

HealthTrust Travel platform reveals unique flexibility & convenience for members & their employees

POWERED BY ONRIVA, HEALTHTRUST TRAVEL IS A NEW WAY OF BOOKING TRAVEL FOR MEMBERS. It not only offers all the price and administration benefits companies can find with standard travel management programs, but it also provides unique integration with personal travel, transparency into all booking options and rewards.

"It's a unique travel program," says **Rob Dickey**, Director of Contracts, Indirect, at HealthTrust. "The platform has a similar look and feel to other online travel-booking sites like Priceline or Travelocity, but it has all the functionality of a traditional travel management program that includes loading negotiated rates, 24/7 customer service (phone, chat and email), duty of care and customized reporting capabilities."

ACCESS TO ALL THE OPTIONS

"Onriva is different than the competition because it has a patent on a technology that pulls from every possible source for travel into one aggregated source," Dickey explains.

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This means that the platform has hotel, airline and car rental options from several places: the GDS (the "global distribution system" that travel agents use), the NDC (New Distribution Capability) for airline reservations, custom negotiated rates, online content providers like Travelocity, as well as from wholesalers.

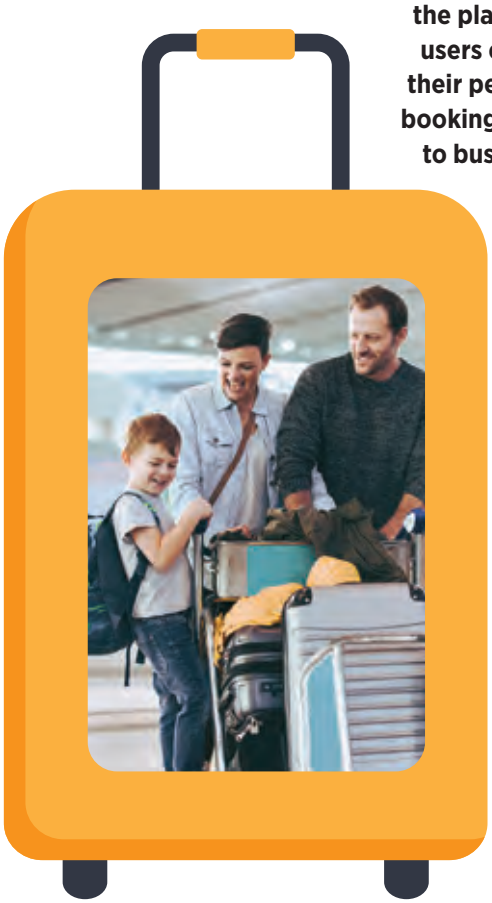
"One of the advantages of being able to pull from every source is you're always seeing the lowest available price," Dickey notes. "And you can see the lowest available price specific to your travel policies, like if you excluded non-refundable hotel reservations or Basic Economy tickets."

In addition, while users of other systems may only see search results that fit the company's travel policies, with HealthTrust Travel, users have full visibility into the entire universe of bookings available. If a certain listing doesn't fit within a client's parameters, the tool flags it and explains why it's outside of scope, which lets the traveler know the company is aware of the lower-cost option and explains why the company does not want them to book that particular selection. Providing this information helps the traveler to book within the parameters of the travel policy and prevents users from searching elsewhere for lower-cost options.

Results also get "smarter" with time. "It's powered by artificial intelligence," says Dickey. "The AI technology will scrub all the content that comes in and match it based on your preferences, profile and booking history. And if your company has travel policies, it will scrub that information to match your specific parameters and needs."

Here's an additional benefit for member organizations: no booking fees.

For individuals, perhaps the most attractive feature of the platform is that users can manage their personal travel bookings, in addition to business travel.



MAKING IT PERSONAL

For individuals, perhaps the most attractive feature of the platform is that users can manage their personal travel bookings, in addition to business travel.

"With 'the great resignation,' HR departments are looking for more benefits they can offer to both new and existing employees, and the ability to offer them personal travel through a corporate travel management program is a valuable selling point," Dickey says. "Travel management companies rarely allow for personal bookings."

Users can also sign up for a premium account for a $58 annual fee, which allows them to earn rewards from business travel bookings that can be used toward personal or business travel. For example, for every hotel night booked for business, the user can earn $7 toward future travel arrangements on the platform.

For employers, an added personal touch is that it offers comprehensive reporting and duty of care for peace of mind. Employers must demonstrate they have prepared their employees for the risks associated with travel as well as how to respond to these risks. Employers must also consistently monitor destinations for changing conditions so they can quickly support and communicate with their employees. "Duty of care is really important, especially these days, when you could be dealing with COVID or civil unrest in a city where your employees are traveling," Dickey explains. "You should always know where your travelers are and have a way to contact them in case of an emergency at all times."

HealthTrust Travel can integrate with expense management systems such as Concur—and Dickey considers it an easy choice. "It's a very comprehensive tool that has the look and feel of something simple," he says. **HT**

GET ON BOARD with HealthTrust Travel. Contact your HealthTrust Account Director for more information.

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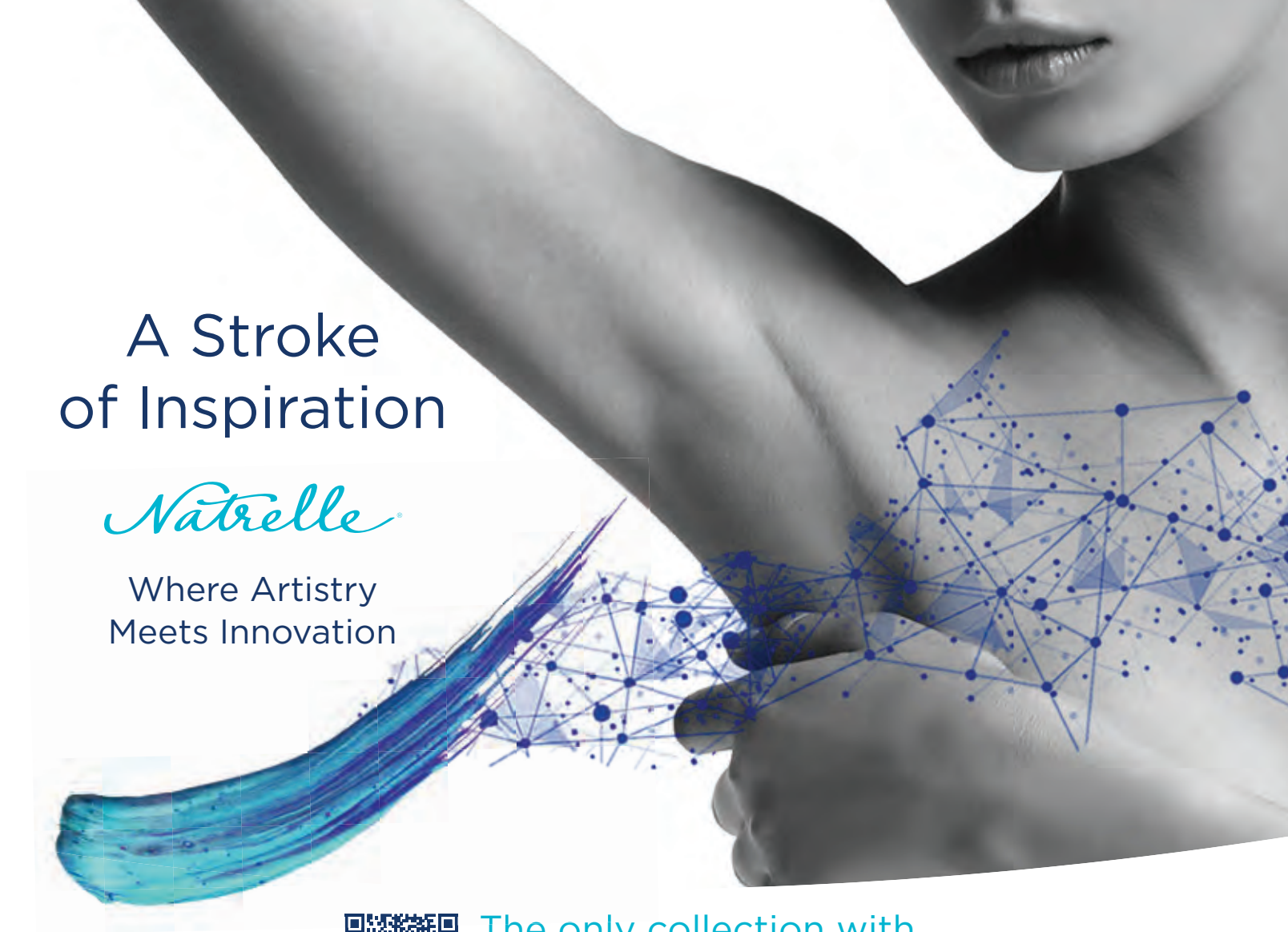

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WARNINGS

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INDICATIONS

***Natrelle*® Breast Implants are indicated for breast augmentation in women at least 22 years old for silicone-filled implants, women at least 18 years old for saline-filled implants, and for breast reconstruction** to replace breast tissue that has been removed due to cancer or trauma or that has failed to develop properly due to a severe breast abnormality. This indication also includes revision surgery for primary breast augmentation and breast reconstruction.

IMPORTANT SAFETY INFORMATION

Breast implant surgery should NOT be performed in women with an active infection, untreated breast cancer or precancer, or who are pregnant or nursing. Tell your doctor about any conditions you have, any medications you are taking, and any planned cancer treatments.

Avoid damage during surgery: Care should be taken to avoid the use of excessive force and to minimize handling of the implant. Follow recommended fill volumes for saline implants to decrease possibility of shell wrinkling and crease-fold failure.

Safety and effectiveness have not been established in patients with autoimmune diseases, a compromised immune system, planned chemotherapy or radiation following breast implant placement, conditions or medications that interfere with wound healing and blood clotting, reduced blood supply to breast tissue, or clinical diagnosis of depression or other mental health disorders.

Possible adverse events include implant rupture with silicone-filled implants, implant deflation with saline-filled implants, capsular contracture, reoperation, implant removal, pain, changes in nipple and breast sensation, infection, scarring, asymmetry, wrinkling, implant displacement/migration, implant palpability/visibility, breastfeeding complications, hematoma/seroma, implant extrusion, necrosis, delayed wound healing, infection, breast tissue atrophy/chest wall deformity, calcium deposits, and lymphadenopathy.

For more information, please see the full Directions for Use at www.allergan.com/products. To report a problem with *Natrelle*® Breast Implants, please call Allergan® at 1-800-624-4261.

The sale and distribution of this device is restricted to users and/or user facilities that provide information to patients about the risks and benefits of this device in the form and manner specified in the approved labeling provided by Allergan®.

*For further information about the 2018 benchmark study, please contact Allergan Medical Information by phone at 1-800-678-1605, option 22, or email at Ir@medcom@allergan.com.

Reference: 1. Data on file, Allergan, February 15, 2018; Study Report MD16075-DV6.

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HealthTrust ensures fair consideration in the sourcing process and has assisted diverse suppliers with bidding on and winning nearly 200 contracts within its diversity portfolio. A new diverse supplier identification module has been launched in Valify, licensed by HealthTrust for its members, to assist in monitoring and aligning purchasing decisions toward their organization's diversity contracting goals. Valify is the only healthcare cost management company exclusively dedicated to managing purchased services expense.

"The tool is a must-have for any organization looking to expand its annual spend with diverse suppliers," shares **Andy Motz**, AVP Custom Contracting and Advisory Services for Valify Solutions Group. "The diversity module streamlines the identification of both on-contract and diverse suppliers, so valuable staff time can be directed toward more strategic purchasing decisions."

Members can use the diversity module to:

- Gain insight into the types of diversity suppliers they are already using
- Determine whether there is an opportunity to consider converting business to a diverse supplier
- View diversity spend by category and subcategory

Diversity "badges" inside the tool make on- and off-contract diverse suppliers easy to identify throughout the system. Users can also click on a diverse supplier to view their related attributes and certifications. **HT**

FOR MORE INFORMATION or to schedule a demo, contact your HealthTrust Account Manager or Valify's Client Success team at info@getvalify.com

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Continued from page 53

on what is driving their readmissions," explains Wright. "The data needs to be driven by what they're trying to accomplish."

At CHS, data from their patient safety organization drove the decision to look for solutions for patient falls and improving safety. "Going forward, we are following that metric to see if we're achieving the intended results, but we're also looking for other benefits such as patient satisfaction," explains Dr. Simon.

GETTING STARTED

To start down the road of care redesign, Dr. Simon recommends clearly understanding and communicating your motivation and goals for the process. "Start small, test to make sure what you're implementing is getting the intended results, and then scale quickly once you've found what is working well," she says.

Scaling might involve multiple departments in one hospital that are encountering similar challenges or multiple hospitals in a system. "If one facility is having that issue, multiple facilities might be as well," shares Moore. "It's important to find out how to translate what a facility learns across the hospital or system in such a way that everybody benefits from it."

The Clinical Services team at HealthTrust has over 20 years of experience in service line care redesign. Using evidence-based research, data and analytics, they help health systems gain insight into opportunities for progress. **HT**

BEGIN YOUR CARE REDESIGN conversation. Contact Kim Wright at kimberly.wright@healthtrustpg.com for more information.

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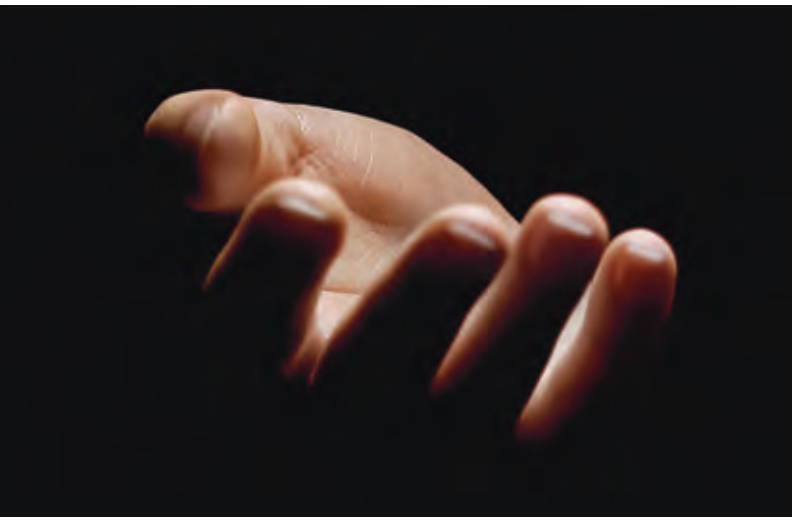

where products are sourced with healthcare organizations in order to enable providers to better assess risk and make more informed purchasing and supply chain decisions."

HealthTrust is in the early stages of implementing technology intended to alert to potential forced-labor and human-rights violations.

EFFECTING CHANGE IN A BIG WAY

Serving 1,800 member hospitals and 57,000 non-acute healthcare facilities across the U.S. puts HealthTrust and its members in a unique position to significantly impact human trafficking in the supply chain. "Dedicating resources toward the prevention of forced labor and human rights violations in the healthcare supply chain is the right thing to do," says Goad.

Wargo agrees. "This is just the beginning," he says. "With HCA Healthcare's footprint across the country and in the U.K., we know that we play an important role in this epidemic. For us, it's a social responsibility." **HT**

TO LEARN MORE about human trafficking prevention, visit dhs.gov/blue-campaign/what-human-trafficking and explore the SOAR to Health and Wellness Training Program at nhttac.acf.hhs.gov/soar

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

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