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ENHANCING PROVIDER PERFORMANCE & CLINICAL INTEGRATION

Q1 2023 | V 17 NO. 1 | HEALTHTRUST

A LEGACY OF SUSTAINABILITY

Avery Palardy receives the HealthTrust 2022 Social Stewardship Award for environmental accomplishments

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Comparing reusable and single-use endoscopes

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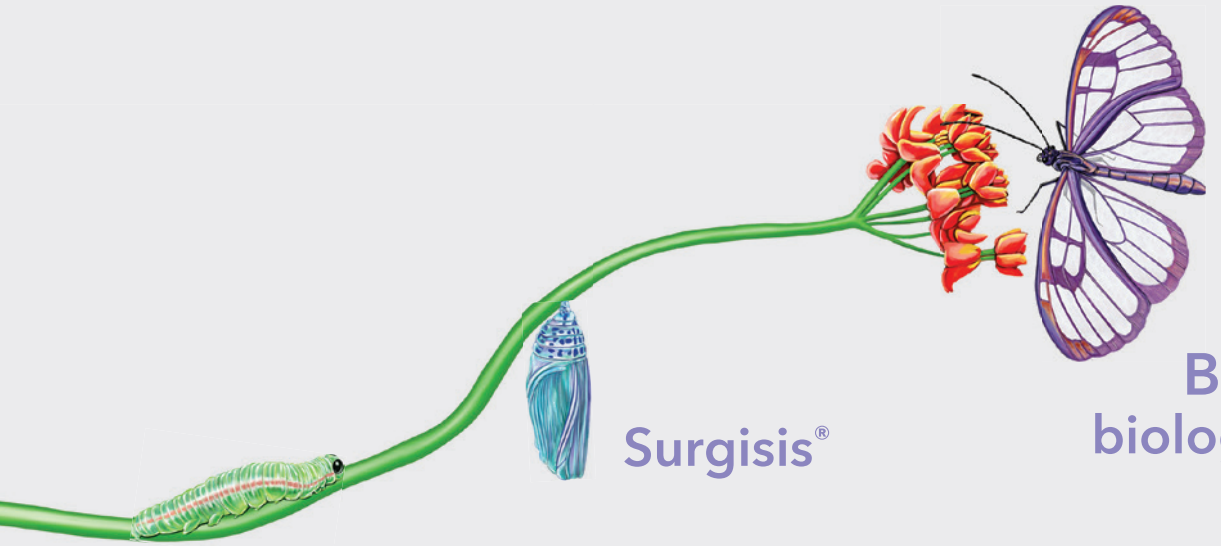

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THE CONTENTS

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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.)

Magazine address changes: Contact **thesource@healthtrustpg.com**
Advertising, reprints or permissions: Contact **thesource@healthtrustpg.com**
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HealthTrust Performance Group is committed to strengthening provider performance and clinical excellence through an aligned membership model and total spend management advisory solutions that leverage operator experience, scale and innovation. Headquartered in Nashville, Tennessee. HealthTrust (**healthtrustpg.com**) serves over 1,800 hospitals and health systems in the U.S. and the U.K. and more than 57,000 non-acute member locations, including ambulatory surgery centers, physician practices, long-term care and alternate care sites. On Twitter @**healthtrustpg**.

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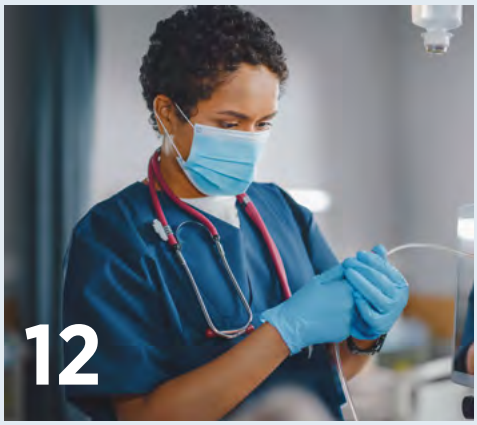
DEPARTMENTS



HealthTrust Member Recognition Awards Applications are being accepted through March 31.
See page 45 for details.

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THE SOURCE (ISSN 1932-7862) is published quarterly by HealthTrust, 1100 Dr. Martin L. King Jr. Boulevard, Suite 1100, Nashville, TN 37203

POSTMASTER: Send magazine-related address changes to HealthTrust at the address listed above or by emailing: **thesource@healthtrustpg.com**

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CEO perspective

Navigating the dynamic market

As we begin a new year in the post-pandemic world, the healthcare industry faces a number of disruptive market forces. The "most" disruptive, as revealed by the Advisory Board in its annual state of the industry presentation, include global stressors, demand volatility, vertical ecosystems and investments in innovation. Authors Mauck and Trebes go on to suggest that, "Today's market dynamics put healthcare organizations in a position of unusually disproportionate focus on short-term crises and opportunities. Leaders' strategic choices now will have an outsized impact—positive or negative—on their trajectory toward long-term goals."

My team looks forward to working with you to explore performance solutions designed to help you effectively navigate today's challenging market dynamics both now and for the longer term.

WELCOME TO NEW & RENEWING MEMBERS

In looking back on the past year, I am proud to share that we signed new or renewal agreements with 45 healthcare organizations, including rostering some of those members through longstanding partner alliances with AllSpire and QHR.

OUR DISTINGUISHED MEMBERSHIP

Congratulations to the following member organization leaders who were named to Modern Healthcare's list of the "100 Most Influential People in Healthcare," in terms of leadership and impact. Individuals honored through this awards and recognition program are chosen by their peers and the publication's senior editors.

Robert Garrett, CEO – Hackensack Meridian Health
Samuel Hazen, CEO – HCA Healthcare
Tim Hingtgen, CEO – Community Health Systems
Michael Slubowski, President & CEO – Trinity Health
David Strong, President & CEO – Orlando Health
Kate Walsh, President & CEO – Boston Medical Center

ANNUAL SURVEY RESULTS

HealthTrust annually solicits member feedback through a 22-question survey, spanning key areas of the business. The results enable us to identify opportunities for improvement and to benchmark member satisfaction year-over-year.

These results are utilized as part of our strategic and budget planning processes, along with a competitive market assessment, industry research and feedback from member business reviews. Survey findings are analyzed in detail by each department, with action items developed to address areas for improvement.

I'm pleased to report that in the most recent survey—conducted in the third quarter of 2022—we saw a 37% increase in the number of responses over the previous year. Thank you to those of you who took the time to complete the survey and to share your feedback.

Similar to 2021, 85% of participating members believe that HealthTrust provides a superior value in the marketplace relative to other GPOs. Members also expressed high levels of satisfaction with the quality of products and services in the portfolio; the pricing; leadership and culture; contract portfolio coverage; aligned decision-making; and the support received through the Account Management and Strategic

Continued on page 47

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

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CMO perspective

Partners in resiliency & recovery

While the world has assumed its "new normal" position, providers continue to deal with historic workforce shortages, broken supply chains and the impact of inflation on the cost to deliver care. Now more than ever, strategic partnerships are critical to maintaining a capacity for resistance and recovery.

During the pandemic, HealthTrust assumed a targeted approach to disruption to help mitigate potential risks to a fragile healthcare supply chain. HealthTrust remains committed to providing members insight into category disruptions, alternative product options and clinical education and guidance. Members are encouraged to report any supply disruption issues through the Member Portal, the HealthTrust Huddle online community or to your Account Manager.

CLINICAL INTEGRATION & GUIDANCE ARE KEY

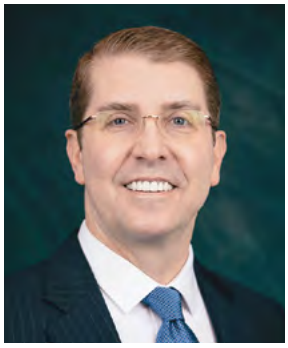
Throughout the year, the Clinical Services team has partnered with the Strategic Sourcing Portfolio Directors and Clinical Operations team in responding to more than 150 requests for clinical guidance, as well as directly assisting 17 IDNs in 56 supported categories. The responses are shared through online portals for the benefit of the entire membership. We are excited about the expansion of these capabilities as well as the development of an online knowledge management portal that will offer accessible expertise, actionable resources and comprehensive support to elevate members' voices and to connect their needs with solutions. I look forward to sharing more about this platform in the months ahead.

In November, I was fortunate to moderate a discussion with C-suite officers and attendees from more than two dozen integrated delivery networks as part of Becker's 10th Annual CEO + CFO Roundtable. While the session covered a number of topics, supply chain resiliency and the importance of clinical integration topped the list. Read more about the roundtable on page 12.

IMPORTANCE OF VALUE ANALYSIS

At the request of members looking for best practices in establishing an effective value analysis process at their own facilities, HealthTrust piloted a live Value Analysis Boot Camp among a small group of engaged participants in November. After incredible engagement and significant support to expand this offering, the content will be offered as a VA track within the 2023 HealthTrust University Conference curriculum, July 17 through 19. And, beginning with this issue of the magazine and running throughout 2023, we will profile some of the key aspects of value analysis through subject matter expert interviews. (See page 18.)

Let us know how we can help with your organization's clinical integration or value analysis needs. In the meantime, stay well. **HT**



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

EXPLORE HOW HEALTHTRUST can help you with value analysis by emailing solutions@healthtrustpg.com. For questions related to clinical guidance or integration, email clinical.services@healthtrustpg.com

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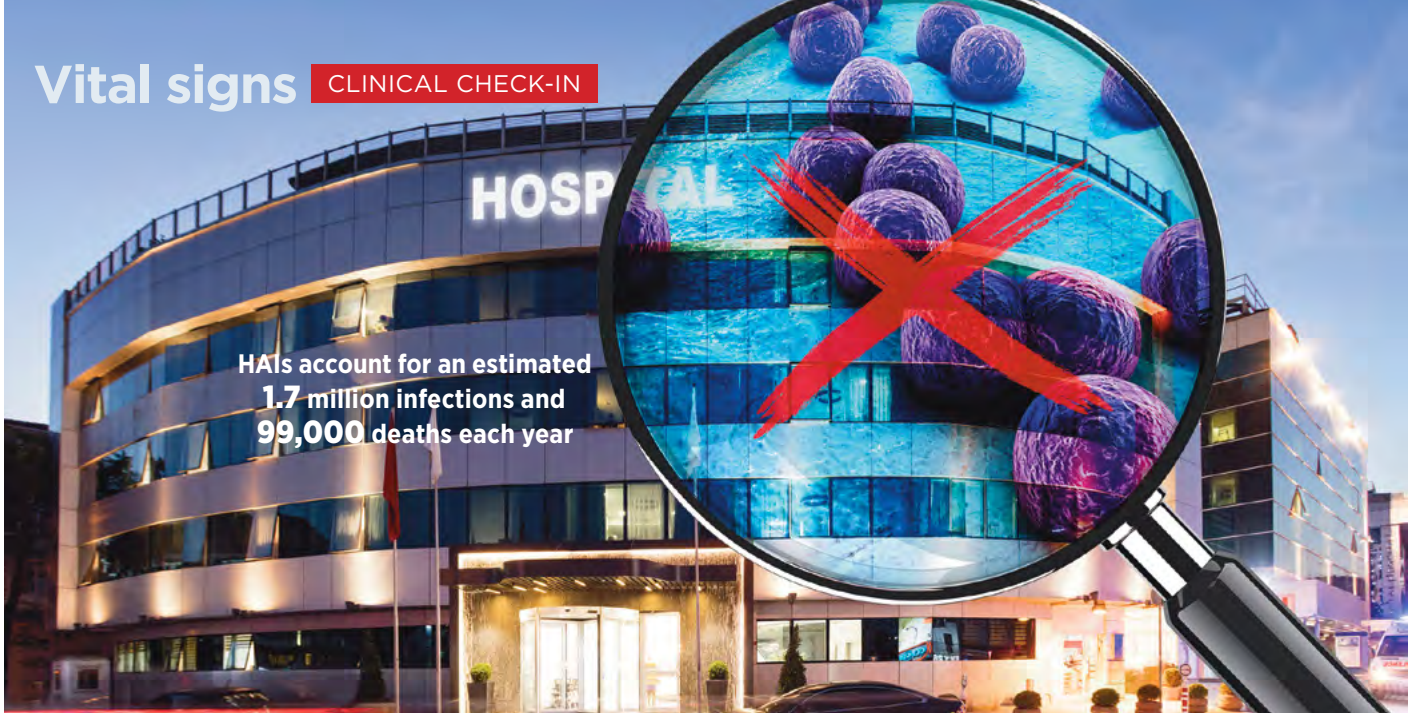

Aiming for zero

Efforts continue in the battle against healthcare-associated infections

Some challenges in healthcare have never been conquered, regardless of how much we try. A prime example is healthcare-associated infections, or HAIs, which account for an estimated 1.7 million infections and 99,000 deaths each year, according to the Centers for Disease Control and Prevention (CDC).

Every day, one in 31 hospitalized patients contracts at least one infection associated with hospital care—one person too many, according to **William Sistrunk**, M.D., an infectious disease specialist at Mercy Health in St. Louis and a HealthTrust Physician Advisor. While dramatic progress has been made in reducing HAIs over recent years—and this continues despite pandemic-related obstacles—aiming for zero HAIs is always the goal.

"We have to be on our A-game all the time, providing the best care to every patient every day to prevent HAIs," says Dr. Sistrunk, whose 2022 presentation at HealthTrust University focused on this topic. "And we always have new providers and new ways of preventing HAIs, so you need to reteach and remind people. It's a continuous project."

RIPPLE EFFECTS

HAIs comprise several different types, including central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI), *C. difficile* and methicillin-resistant *Staphylococcus aureus* bacteremia (MRSA). While all are dangerous, nearly one-quarter of HAIs nationally are SSIs, the top cause of postoperative deaths.

"Obviously, patients are the ones suffering immediate harm and effects from HAIs, but I've also seen multiple examples of coworkers who suffer detrimental effects," says **Kathleen McMullen**, MPH, CIC, FAPIC, Director of Infection Prevention at Mercy Quality and Safety Center in Chesterfield, Missouri. "These effects include worry, concern and guilt over the potential that their care could lead to patient harm."

Indeed, the ripple effects of HAIs extend to clinicians, health systems, insurers and society at large, Dr. Sistrunk says. The toll is incalculable: In addition to deaths, infections can lead to medical complications, extended hospital stays, loss of productivity, longer courses of antibiotic therapy, higher healthcare costs and drug-resistant organisms, among other implications.

"Now we also have many national organizations and insurers grading our care, so it's even more transparent than just word of mouth," he says. "If you have a good reputation for providing great care, you may find it easier to get people to work for you. It's a reflection on the culture of your organization and your leadership, as well as your attention to detail and to patients."

TACKLING THE PROBLEM

Bringing HAIs to zero is possible when hospital personnel know the protocols to avoid infection and follow them precisely every time, Dr. Sistrunk says. No other benchmark

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makes sense when considering something that can cost people their lives. "You run a real risk of your metrics sliding if you take your eye off continuous improvement," he adds. "I think that's what our patients expect of us."

What are some best practices healthcare organizations need to embrace to eradicate HAIs? McMullen and Dr. Sistrunk offer these examples:

- Follow published CDC guidelines to prevent HAIs, which include different "bundles" of information relevant to each type of HAI.
- Practice rigorous hand hygiene before and after each patient encounter in every unit of a hospital and clinic.
- Practice smart personal protective equipment (PPE) use.

"This means safely wearing PPE and knowing the level and amount of PPE required for the different processes healthcare workers need to perform," McMullen further explains. "It's not the same, for instance, for peripheral and central line insertion."

Best practice alerts (BPAs), which transmit crucial information electronically about patient factors such as infection history, antibiotic use and symptoms, also support HAI prevention. They can continually alert clinicians to changes in patient status that may add up to larger infection risks.

"Make sure your BPAs are working and providing value," Dr. Sistrunk says. "Ensure they're not too intrusive and that whomever gets a BPA has the best data in front of them to respond well."

MAKING AN IMPACT

HealthTrust helps promote HAI prevention through various efforts, McMullen and Dr. Sistrunk say. These efforts include "making it easy for health systems to order kits with all the pieces and sterile drapes needed to put in a central line safely," Dr. Sistrunk adds. "We didn't have that in the past."

Going forward, connecting health systems to share HAI prevention best practices and standardize effective approaches could broaden HealthTrust's impact. "We hear a lot of, 'This worked for us,' but it's never as simple as it sounds," McMullen says. "Facilitating more interaction between facilities—those successful and those struggling—can streamline this process." **HT**

TO DISCUSS HAI prevention best practices, join the HealthTrust Huddle online community at huddle.healthtrustpg.com

An Rx for a new UX

The need for better member support drives a pharmacy platform redesign

In September, HealthTrust launched a refreshed and updated Member Analytics Pharmacy platform, the platform's biggest update in over a decade. There's a lot to love about the redesign. Let's look at a few of its new attributes.

ENHANCED DATA QUALITY

Behind the scenes, HealthTrust has changed how it sources the data used in the platform, says **Susan Horton**, PharmD, HealthTrust's Manager of Pharmacy Analytics. "We redesigned the data specifications to increase consistency between distributors, enhance data quality and source additional data elements," she says. "Now the specification is much clearer with explicit definitions and field priorities." This allows the HealthTrust team to identify missing or inconsistent information and have more effective conversations with distributors to resolve errors.

Additionally, some data quality checks are now automated. Previously, if a distributor only sent part of a data file, there was no way to know that records were missing. With the addition of record counts in each file, the system automatically detects discrepancies and sends an alert to the team so they can follow up.

"The result is an expanded, cleaner data set for members and internal users," Horton explains.

BETTER USER EXPERIENCE

Notable changes were made to how the platform looks and works. To begin with, there is now a single landing page, which eliminates the click path members previously had to navigate through to access various reports. The landing page is designed so that members can easily find what they're looking for.

"Perhaps the most exciting feature of the Member Analytics Pharmacy platform is increased customization for members," says **Jennifer Holt**, Senior Director Product Management, Customer Solutions.

For example, Dashboard Builder lets members customize how they want to see their data.

"Dashboard Builder allows members to take the entire pharmacy spend data set and create their own reports and views of the data using a drag-and-drop function," adds Horton. Members can filter the data any way they want, enabling them to create unique reports that can be saved and shared with colleagues in their organization. They can even create visuals such as graphs and tables to enhance the information.

Tools like Dashboard Builder, and some newly available reports within the Compliance Dashboard, can help members identify and analyze their pharmacy spend. "Most importantly," says Horton, "it can identify opportunities for savings."

SPEED TO DELIVERY

"From an internal user perspective, changes to the platform allow HealthTrust Pharmacy team members to accomplish tasks that previously required help from a software developer," explains **Josh Gunter,** MBA, HealthTrust's Associate Pharmacy Product Owner, Customer Solutions. With the new platform, the team can generate and distribute valuable reports for members.

"It's speed to delivery," Horton says. "It reduces the development resources needed to produce a product for the members."

Supporting members with this product is what the refresh was all about, and there will be more enhancements to come, Horton adds. "We're actively invested in additional iterations and releases to ensure we're providing positive value to the membership." **HT**

TO ACCESS THE NEW PLATFORM, visit the Member Portal. At the bottom of the page, click on "Member Analytics–Pharmacy." If you need access, email HPG.CustomerSolutions@healthtrustpg.com with your company name and title, or contact your HealthTrust Account Manager.

The STRONGEST

HealthTrust CMO John Young, M.D., MBA, leads a roundtable discussion about the future of the clinically integrated supply chain in a post-COVID world

WHILE PERSONAL PROTECTIVE EQUIPMENT (PPE) IS NOW IN AMPLE SUPPLY AFTER THE WIDESPREAD DISRUPTIONS DURING THE PANDEMIC, the healthcare industry still struggles with shortages in other categories. With this backdrop, HealthTrust CMO **John Young**, M.D., MBA, moderated a Becker's Roundtable discussion in November—"Overcoming Obstacles to Achieve a Fully Integrated Supply Chain." C-suite officers and attendees from more than two dozen integrated delivery networks (IDNs) shared insights on some of the most pressing topics facing them since the pandemic began. The biggest takeaway? Clinical integration remains of utmost importance when it comes to a healthy supply chain.

GPOs account for **90%** of acute care hospital spend. HealthTrust's membership includes **1,800** hospitals and **over 100** health system members.

HEALTHTRUST'S UNIQUE POSITIONING

As Dr. Young explained to the attendees, HealthTrust has a unique view into the purchasing

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LINK in the chain

world, as one of the three largest group purchasing organizations (GPOs) nationally. These GPOs account for 90% of acute care hospital spend. HealthTrust's membership includes 1,800 hospitals and over 100 health system members. HealthTrust also leverages embedded operator experience, running the supply chain for HCA Healthcare as well as assisting with several other IDNs. This gives HealthTrust the same insider perspective that its other member hospitals and IDNs have. "We look at everything through a clinically integrated operational lens because we're in the system too," Dr. Young said. "We struggle with the same things you all struggle with, in terms of supply chain."

REDUCING WASTE & COST

Involving clinicians in supply chain decisions isn't always easy. One participant shared that she recently interviewed an orthopedic candidate who said, "I don't want to deal with any vendors, like for implants. I want someone else to deal with that." She has found it challenging to gain physician involvement in supply chain issues.

Dr. Young shared that when he trained as an interventional cardiologist 15 years ago, he received no education on supply costs. Since then, having served in a number of corporate clinical leadership roles, he's increasingly heard from physicians, especially service line leaders, who want to be more informed in this area. What captures their attention, he said, is price parity. They get frustrated if their system pays more than other health systems for the same items. "It's a good motivator because they don't like that, especially on the procedural side," Dr. Young added.

Making changes to the supply chain, especially in implants and devices, is challenging. Doctors are comfortable with what they learn in training. Dr. Young related that it's helpful to connect the physicians with peers outside of the organization to discuss their concerns and learn about what others are using.

Another way to involve physicians is by showing them how to reduce waste. Dr. Young shared that HealthTrust's biggest impact with one IDN was quantifying the cost of excess osteobiologics, the compound used in lumbar and cervical fusions. Dr. Young's team showed surgeons that they threw away large amounts of unused product during procedures. Multiplied over 16 hospitals in the IDN, that amounted to more than $1 million in annual waste. This type of analysis is a good place to start, he explained, as decreasing such waste doesn't impact the physician's clinical preference, and it starts to engage them in a broader cost conversation.

When a physician requests an expensive item, Dr. Young recommends that the supply chain team—sometimes with help from the CEO or CFO—explain how standardizing the use of equipment and supplies can lower overall costs, freeing up resources to pay for more expensive equipment. "The successes happen when we can deeply engage in one-on-one conversations with physicians," Dr. Young said, along with aligning products and buying in scale to reduce clinical variation. "It's easy on the commodity side, but with new, high-cost implants, the conversations are more challenging."

Physicians might also become more interested in these concepts by joining a health system's value analysis team. HealthTrust relies on nine Clinical Advisory Boards with roughly 25 members each, made up of service line leaders from GPO members in areas such as nursing, surgery and radiology. These boards recommend strategies to the overarching Supply Chain Board—the ultimate decision-makers—who almost always implement Clinical Advisory Board recommendations. HealthTrust's Physician Advisor program includes about 125 practicing physicians, nationally representing all medical and surgical specialties, to help HealthTrust identify and navigate supply and change-management challenges such as product conversions.

COMMUNICATION & MITIGATION STRATEGIES

The pandemic highlighted the need for better communication and transparency between suppliers, GPOs and health systems, especially when it comes to sharing assessments and mitigation plans as shortages arise. Health systems hear about shortages from other sources and must quickly determine how they may impact the care they deliver.

Recent problems with nuclear medicine agents, for example, are causing some health systems to cancel elective nuclear medicine imaging procedures—significantly impacting day-to-day patient care. In situations like this, Dr. Young added, HealthTrust is asked to not only share information, but to provide clinical conservation strategies. The pandemic ushered in an era of continuing shortages. One participant shared that his large health system changed its ad hoc shortage team to a permanent one, focusing on one shortage, then moving to another.

When negotiating contracts, HealthTrust includes contract language around transparency and supply chain resiliency strategies. While HealthTrust operates as a committed model—meaning that GPO members commit 80% of their spend to the HealthTrust contracted portfolio—the pandemic has presented some challenges.

Dr. Young explained that the pandemic and subsequent supply chain shortages have driven the need for additional competitors and less reliance on sole-source contracting strategies. "The market has driven this change," he added.

FORMULARY & IT ISSUES

Dr. Young said his team continues to field requests from members looking to obtain knowledge from other providers. HealthTrust members are looking to lower their SKU numbers by relying on fewer suppliers and want to share best practices. "We're building a knowledge service center for members to be able to see what other large systems are doing from a formulary perspective. They can also join a secure online community to share their challenges and learn how others have successfully overcome the same issues," Dr. Young explained.

Data and information systems are increasingly important in the supply chain as well. "We are working on obtaining more robust data and the IT infrastructure to support the work," Dr. Young added. One participant said his health system was starting to integrate physicians and IT staff into projects. That means including an IT staff member in all meetings and bringing them to conferences as well. This increases collaboration and ensures that the upstream and downstream IT impacts from any supply chain decisions are considered upfront. "Especially coming out of COVID, and from what I continue to see across the landscape, we have to be able to connect all of these dots to ensure a clinically integrated, resilient supply chain," Dr. Young said. **HT**

BE A PART OF THE CONVERSATION and join the HealthTrust Huddle. Visit the Legacy Member Portal to access it. You can network with peers, ask a clinical question or report a supply disruption issue. Contact the Clinical Services team for more information at clinical.services@healthtrustpg.com

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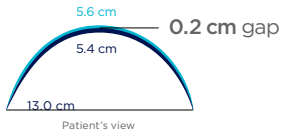

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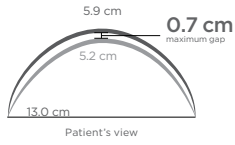

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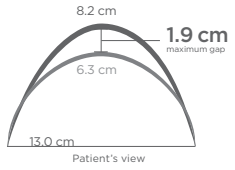

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†For further information about the study conducted by Allergan Aesthetics, please contact Allergan Medical Information by phone at 1-800-678-1605, option 22, or email at Ir@medcom@allergan.com.

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‡Based on surgeon survey data, March 2022 (N = 528).

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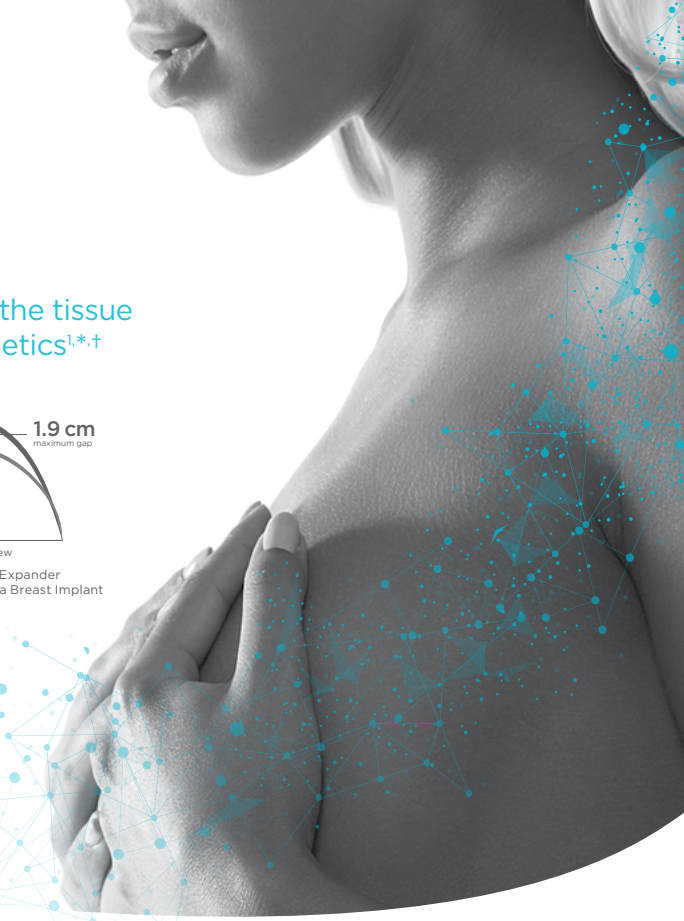

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Avoid damage during surgery: Care should be taken to avoid the use of excessive force and to minimize handling of the implant. Follow recommended fill volumes for saline implants to decrease possibility of shell wrinkling and crease-fold failure.

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®.

Natrelle® 133S Smooth Tissue Expanders With MAGNA-SITE® Injection Sites IMPORTANT SAFETY INFORMATION

INDICATIONS
Natrelle® 133S Smooth Tissue Expanders are indicated for:
- Breast reconstruction following mastectomy
- Treatment of underdeveloped breasts
- Treatment of soft tissue deformities

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
Natrelle® 133S Smooth Tissue Expanders **should not** be used in patients:
- Who already have implanted devices that would be affected by a magnetic field (eg, pacemakers, drug infusion devices, and artificial sensing devices)
- Whose tissue at the expansion site is determined to be unsuitable
- Who have an active infection or a residual gross tumor at the expansion site
- Who are undergoing adjuvant radiation therapy
- Whose physiological condition (eg, sensitive over- or underlying anatomy, obesity, smoking, diabetes, autoimmune disease, hypertension, chronic lung or severe cardiovascular disease, or osteogenesis imperfecta) or use of certain drugs (including those that interfere with blood clotting or affect tissue viability) poses an unduly high risk of surgical and/or postoperative complications
- Who are psychologically unsuitable

WARNINGS
- **Do not** use *Natrelle*® 133S Smooth Tissue Expanders in patients who already have implanted devices that would be affected by a magnetic field (see *Contraindications*) because the MAGNA-SITE® integrated injection site contains a strong rare-earth, permanent magnet. Diagnostic testing with Magnetic Resonance Imaging (MRI) is contraindicated in patients with *Natrelle*® 133S Smooth Tissue Expanders in place
- **Do not** alter the tissue expander or use adulterated fill. Fill only with sterile saline for injection as described in INSTRUCTIONS FOR USE. **Do not** expose to contaminants
- **Do not** expand if the pressure will compromise wound healing or vasculature of overlying tissue, or beyond patient or tissue tolerance. Stop filling immediately if tissue damage, wound dehiscence, abnormal skin pallor, erythema, edema, pain, or tenderness are observed
- **Do not reuse explanted products**
- Active infection anywhere may increase risk of periprosthetic infection. **Do not expose the tissue expander or injection needles to contaminants.** Postoperative infections should be treated aggressively
- Adverse reactions may require premature explantation
- When using suturing tabs be careful to avoid piercing the shell. Use a new one if damage occurs
- ***Natrelle*® 133S Smooth Tissue Expanders are temporary devices and are not to be used for permanent implantation or beyond 6 months.** Tissue expansion in breast reconstruction typically requires 4 to 6 months

PRECAUTIONS
Active infections may need to be treated and resolved before surgery. Follow proper surgical procedures and carefully evaluate patient suitability using standard practice and individual experience. Avoid damage to the tissue expander and use a **sterile backup** in case of damage. Pay careful attention to tissue tolerance and hemostasis during surgery. Expansion should proceed moderately and never beyond patient or tissue tolerance. Avoid contamination in any postoperative procedure.

ADVERSE REACTIONS
Possible adverse reactions include deflation, tissue damage, infection, extrusion, hematoma/seroma, capsular contracture, premature explantation, displacement, effects on bone, pain, sensation, distortion, inadequate tissue flap, and inflammatory reaction.

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References: 1. Data on file, Allergan, January 6, 2017; Study Report MD16076-DV. **2.** Data on file, Allergan, March 2022; Allergan Aesthetics Monthly Tracker.

HealthTrust Contract #2639

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MOVING the needle

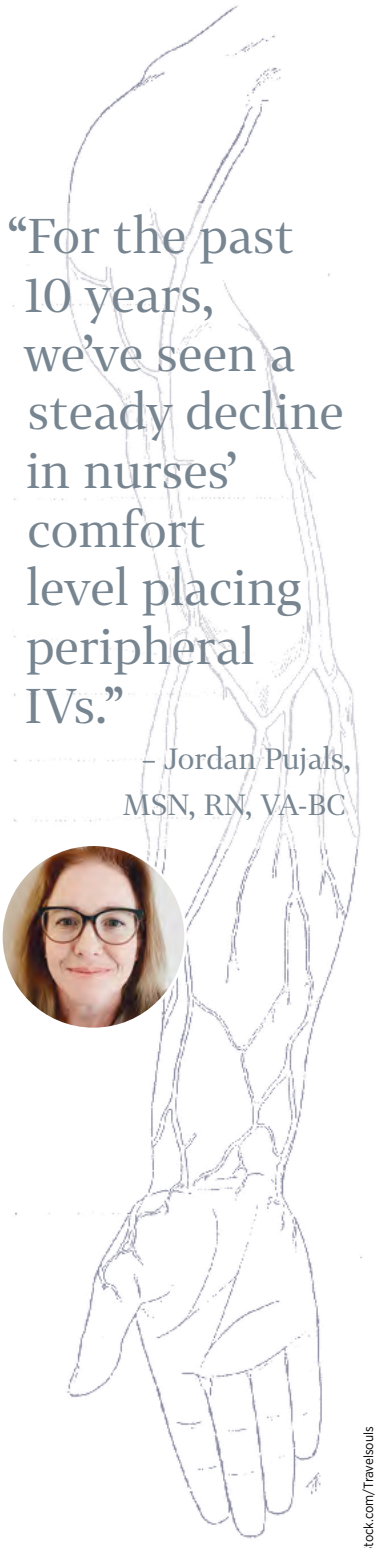
How a new educational program is helping nurses improve vascular access

ANY PATIENT WHO'S HAD A CENTRAL VENOUS ACCESS DEVICE OR PERIPHERAL IV PLACED KNOWS THE FEELING OF CLOSING THEIR EYES, bracing themselves and hoping it just takes one needle stick to get it right. "It can be anxiety-provoking," says **Laura Hollis**, DNP, RN, NE-BC, Vice President of Nursing Operations, HCA Healthcare, TriStar Division. "We want patients to have a pleasant vascular access experience. We want to get it right the first time."

However, IV placement and catheterization skills are declining nationally, and, in addition to causing patient pain and anxiety, an error could result in suboptimal patient care (and ultimately, reflect poorly on the healthcare facility).

THE REASON FOR SKILL DEFICIENCY

"For the past 10 years, we've seen a steady decline in nurses' comfort level placing peripheral IVs," says **Jordan Pujals**, MSN,



"For the past 10 years, we've seen a steady decline in nurses' comfort level placing peripheral IVs."

– Jordan Pujals, MSN, RN, VA-BC

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RN, VA-BC, East Region Director of HealthTrust Workforce Solutions Vascular Access Services. During the pandemic, nursing students missed out on a lot of inpatient educational experiences and had less time on the hospital floor.

"Across the nation, there were limitations to bedside clinical opportunities for nursing students in learning to place regular IVs, which had a downstream impact after completing their education," shares Hollis. In addition, new nurses are typically precepted by established nurses using skill checklists. Given the national nursing shortage, nurses may come from various staffing sources and are not always familiar with a facility's equipment, making training even more difficult.

Because bedside staff does not always have the skillset or time to place peripheral IVs, facilities are increasingly using PICC teams, says **Stacey Holt** MSN, CCNS-BC, CCRN-K, HCA Healthcare's TriStar Division Director of Clinical Programs. Health systems are also trying to reduce lengths of stay, and IVs may not need replacing during a patient's hospitalization. An IV inserted in the emergency department may stay in place until the patient is discharged. This also decreases the opportunities for nurses to practice the skill.

PROVIDING EDUCATION

Some facilities have purchased ultrasound machines or portable vein-finder devices to assist nurses in needle placement. The problem? "If you don't know how to turn the vein finder on, it becomes just a pricey paperweight," says Pujals. She asked for a training program and worked with Hollis and Holt to develop one. Now, 11 of the 17 TriStar Division hospitals have vein-finder devices, and nurses are receiving education on using them. Holt's team provides various educational opportunities for staff to learn how to use ultrasound and vein-finder devices for venous access. Sometimes device representatives provide roving education in the units to show how they work, or new nurses follow a program pathway that introduces them to the device. Nurse residents following the training pathway receive dedicated classes on the skill, as do those in the critical care pathway. These sessions include a video about the product, didactic education on inserting the lines and hands-on experience using the devices.

TRAINING IS EMPOWERING

The TriStar Division works hand-in-hand with HealthTrust and supplier partners to ensure the proper supplies and resources are on the formulary. "We're ensuring our facilities are stocked with compatible and standard resources for inserting peripheral IVs or midlines and other vascular resources. We're ensuring we comply with our formulary requirements," Hollis says.

That process included reevaluating the supplies to stock longer catheters that easily remain in the vessel once inserted. The ultrasound-guided IV helps nurses ensure proper placement.

While the program is too new to provide measurable results, Pujals shares that one hospital has seen a decrease in peripheral IV failures and requests for repeated IV sticks. "The nurses feel more confident and are doing a better job," she adds.

Hollis says that TriStar plans to roll out the education across the division and to share it with the HCA Healthcare enterprise for other divisions to consider as a best practice.

For now, the educational efforts are having a positive impact. "Training empowers the nurses," says Pujals. "It makes a difference in how nurses feel about their job, and they appreciate that facility leadership wants them to continue their education and growth." **HT**

Looking at the WHOLE PICTURE

VALUE ANALYSIS
Part 1 in a series

Collaboration & objectivity are required to make value analysis work

FOR YEARS, HOSPITALS AND HEALTH SYSTEMS HAVE ATTEMPTED TO ADOPT VALUE ANALYSIS PROGRAMS AT VARYING DEGREES OF COMMITMENT AND SUCCESS, while roadblocks, including a global pandemic, have sent many off track. But as costs continue to escalate and the speed of innovation soars, requiring the constant evaluation of new technology, the evidence-based practice of value analysis has become a crucial tool.

To help members reignite their value analysis efforts, HealthTrust is taking a deep dive into how to master this vital effort. This series in *The Source*, based on our Value Analysis Survival Guide, will provide the information you need to get started, or pick up where you left off.

VALUE ANALYSIS: WHAT IT IS & WHY IT'S NEEDED

Julie London, RN, BSN, HealthTrust's Senior Director of Clinical Resource Management, explains, "Value analysis is a multidisciplinary collaborative that looks at the quality, safety, efficacy and

Continued on page 20

The most important aspect of creating a value analysis process is building the right team for the job.

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Continued from page 18

overall cost of a product, or even a practice or procedure. It looks at the whole picture and ensures that the highest level of patient care is delivered and that healthcare providers have an objective process for selecting products and equipment based on the value they bring to the organization."

Multiple factors drive hospitals and health systems to engage in the value analysis process, says **Aaron Walters**, MBA, BSN, RN, a Director of Clinical Services at HealthTrust. Among the top reasons are rising costs and innovation in medical technologies.

- **Costs are rising** across the healthcare spectrum, from labor and equipment to pharmaceuticals and supplies, Walters adds. Managing the cost of labor is often difficult, so looking into non-labor areas such as products and equipment can provide opportunities to reduce costs and improve efficiencies.That's where value analysis comes in. "You can often find a product or product category that is clinically acceptable and decrease your overall costs, which in turn allows you more funds for other areas," says London.
- **New medical technologies** are emerging at a rapid pace. Therefore, it can be difficult for providers to know if the investment in a particular technology is worth it. "Being able to utilize strong value analysis allows for new products and technologies to be properly vetted across the organization and to ensure that patient needs and safety remain the top priority," says Walters.
- Across health systems, there is a great need for **product standardization**, explains London. Value analysis can help by creating an avenue for organizations to implement standardization, simplify supply chain and reduce cost.

With hospitals and health systems aiming to decrease and manage expenses while also maintaining high-quality care, patient safety and improved outcomes, value analysis is crucial for organizations of all sizes. But it may be even more so for smaller facilities, London points out. "For smaller facilities, it is vital that they have a process in place because they're more vulnerable to rising costs and do not have the bandwidth to support extra spend."

London and Walters agree the process should be tailored to best accommodate the uniqueness of each organization. But there are universal components to achieving success with value analysis.

BUILDING A SOLID VALUE ANALYSIS TEAM

The most important aspect of creating a value analysis process is building the right team for the job. "It's crucial that you have a multidisciplinary approach," says London. "You need a well-rounded group of individuals who are committed to this type of work."

Organizations typically create a value analysis committee composed of key stakeholders from a variety of departments, ranging from supply chain professionals to physicians to executive leadership. While the size of the committee is not critical, the members are. The members of the team must be trusted and respected by their peers. Additional team member characteristics include approachability, good communication skills, appropriate experience and resilience.

"To achieve the changes that a value analysis team puts forward, team members must build trusting and positive relationships," says Walters.

To choose your team, London recommends looking at your organization as a whole, paying particular attention to culture and where in the organization value analysis processes may already be in place. "Identify those people who stand out," she says.

Once you have the right team in place, the real work can truly begin. **HT**

LEARN MORE ABOUT adopting a value analysis program at your facility by engaging our Advisory Services team. Contact solutions@healthtrustpg.com to express your interest. Look for future installments of this value analysis series in upcoming editions of *The Source*.

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.

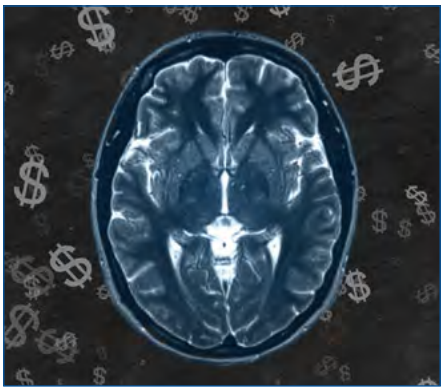
Using WBRT instead of SRS in some patients is estimated to decrease the total costs of brain metastasis management, though with increased toxicity.

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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Quality healthcare requires these specific initiatives to help keep patients & healthcare workers safe

PATIENT SAFETY IS A FUNDAMENTAL PRINCIPLE OF HEALTHCARE. The landmark report *To Err is Human: Building a Safer Health System*, published in 1999 by the Institute of Medicine (IOM), brought attention to this important issue and ushered in a national effort to improve safety in healthcare. While substantial improvements were the result, there's still much work to be done.

A 2018 study from the Office of Inspector General for the U.S. Department of Health and Human Services showed that 25% of Medicare beneficiaries experienced harm during inpatient hospital stays, and almost half of those incidents were preventable.

In May 2022, the National Steering Committee for Patient Safety's report *Declaration to Advance Patient Safety* acknowledged: "The safety of patients and the healthcare workforce is a public health emergency, exacerbated by the worsening national outcome trends during the COVID-19 pandemic."

MISSION: QUALITY IMPROVEMENT

Healthcare-associated infections (HAIs) are still one of the leading threats to patient safety, with 1.7 million occurring each year in the U.S.

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"Unfortunately, during the COVID-19 pandemic, we saw an increase in healthcare-associated infections (HAIs), particularly central-line associated infections, catheter associated urinary tract infections and ventilator associated pneumonia," says **John Young**, M.D., MBA, Chief Medical Officer of HealthTrust. "These rates continue to be higher than before the pandemic, highlighting the need for hospitals to reevaluate their standard practices regarding patient safety and quality, and refocus efforts to reduce these preventable infections.

IMPLEMENTING STANDARDIZED CARE

To Err is Human insists that systemwide changes to the health system are needed to improve patient safety. Standardizing equipment, supplies and processes is part of designing a safe health system that recognizes that clinicians are human, with human strengths and weaknesses.

"The whole concept of reducing the variation in care is a strategy to help improve patient outcomes, safety and quality," says **Kimberly Wright**, RN, AVP of Clinical Services at HealthTrust. "Patients shouldn't be treated differently based on where they're located in the hospital or who their attending physician is. Care should always be guideline directed and evidence based."

At Cedar Park Regional Medical Center, standardization of care initiatives has reduced opioid use and hospital length of stays. For example, at one time every surgeon had varying preoperative and postoperative orders for their total joint arthroplasty patients, putting pressure on nursing staff who had to follow different protocols for each patient. "This made it difficult from a system standpoint to drive excellence and improve outcomes," says HealthTrust Physician Advisor **Maneesh Amancharla**, M.D., a partner at U.S. Anesthesia Partners and Chief of Anesthesiology & Vice Chief of Staff at Cedar Park Regional Medical Center.

Dr. Amancharla and Cedar Park's two main orthopedic groups came together to discuss what the evidence supported and what they wanted to achieve. They decided to move preoperative and postoperative control of pain to the anesthesia service so it could be standardized, with all patients receiving the same set of nerve blocks. The anesthesia service also took over multimodal pain management, maximizing non-narcotic approaches and minimizing narcotics, which resulted in improved pain scores and decreased patients' lengths of stay in the hospital.

With physicians' key role as decision-makers, influencers & practitioners of care, it is critical to engage them in QI to enact change.

"Time and time again, we see an improvement in patient care, decreased hospital length of stays and a reduction in opioid use, which is a national initiative. We're able to achieve that through standardization of care," which is a national initiative," explains Dr. Amancharla.

ENGAGING PHYSICIANS IN QUALITY IMPROVEMENT

With the publication of its 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* IOM continued to call for the redesign of existing healthcare systems. This report focused on quality more broadly, including patient safety as one of the six specific aims it asked healthcare professionals and policymakers to adopt: safety, effectiveness, patient-centeredness, timeliness, efficiency and equity.

To achieve these aims, hospitals and healthcare systems are looking to quality improvement (QI) initiatives. With physicians' key role as decision-makers, influencers and practitioners of care, it is critical to engage them in QI to enact change.

HealthTrust Physician Advisor **Ashley Mays**, M.D., is an otolaryngologist at the Cleveland Clinic, Florida, and the quality officer for the hospital's surgical subspecialties. She recognizes the importance of engaging physicians in the QI process—and the challenges in doing so. She emphasizes the importance of making sure physicians understand the importance of quality improvement and their role in it, as well as the potential benefits they stand to gain by being engaged in the process.

To start, Dr. Mays recommends educating physicians on the meaning of concepts like quality, safety and value, as well as the importance of related metrics. "Quality is not just quality. There are many different parts to it. Safety is not the same as value, and value is not the same as experience," she explains.

As specialists in their field, physicians are uniquely able to contribute to QI. "A provider understands the nuances of medicine much better than an administrative person

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does," says Dr. Mays. "We should be the ringleaders in following our own data and acting on it, versus allowing politicians or hospital authorities to act and speak on our behalf."

Linking compensation to quality can also encourage engagement in the QI process, as is the case with the value-based reimbursement packages from the Centers for Medicare and Medicaid Services. "It's an unfortunate reality because you may be unfairly judged for an outcome you didn't have control over," adds Dr. Mays. "But an excellent way to get somebody engaged is to tell them that their paycheck will look a little different."

Hospitals and health systems should also look to create an environment where physicians can discuss safety issues and review outcomes without fear of judgment or repercussions. "I think we all are trained to internally review our own outcomes, and it's important that physicians can do that in a nonjudgmental and safe way," says Dr. Mays. Morbidity and mortality conferences have traditionally provided a confidential and safe opportunity for physicians and hospital administrators to learn from errors and safety events to improve patient care.

Dr. Amancharla, who chairs the quality committee at Cedar Park Regional Medical Center, says they have used a few strategies to increase physician engagement. The first strategy was to broaden the scope of the committee beyond metrics and nursing. "By enlarging what it was able to do, we made it an outlet for anybody who had an idea for improving systems in our hospital," he explains.

'Physician open forum' became a standing agenda item during each monthly meeting, reports Dr. Amancharla. "Giving physicians an outlet to pursue their agenda at first brought buy-in. Then they continued to come and be more invested in the overall improvement of the hospital," he adds.

The Quality committee has gone from having only one physician regularly attending meetings to having regular and consistent physician attendance.

VIOLENCE IN THE WORKPLACE: PROTECTING HEALTHCARE WORKERS

"There has been a big increase in workplace violence over the past five to 10 years," says HealthTrust Physician Advisor **Valerie Norton**, M.D., FACEP, Physician Operations Executive at Scripps Mercy Hospital.

"At Scripps, we've been tracking workplace violence for several years and trying to provide solutions and staff engagement in how they feel we should best protect them. That has evolved to the point where we've become more focused and assertive in our efforts," Dr. Norton shares.

Some of the efforts at Scripps include:

- Staff training in de-escalation techniques
- Violence screening tools, including the Brøset Violence Checklist to help predict violent behavior
- Signage on the doors of patient rooms and treatment areas to alert staff to potentially violent patients
- A hospitalwide Code BURT to call for assistance from a behavioral urgent response team made up of security, a behavioral health worker, a charge nurse, etc.
- Physician education around using PRN (or 'as needed') sedation prescriptions for potentially violent patients so nurses can quickly react if needed

"As a nation, there is more untreated mental illness, homelessness and drug addiction, and a lot of it is due to fundamental inequities in our society that were made worse by the pandemic. So, unfortunately we are still experiencing a gradual increase in workplace violence incidents," Dr. Norton adds.

A handheld metal detector in the emergency department led to the discovery of a number of undisclosed weapons during a pilot program at Scripps. As a result, the hospital is in the process of installing a permanent metal detector. "While it makes the emergency department seem less welcoming when you have to walk through a metal detector, we're hoping that patients see past that and feel safer inside the hospital," says Dr. Norton.

Despite these challenges, Dr. Norton believes that alongside the other violence prevention and management tools they use, there's an important role for traditional de-escalation techniques and treating patients with respect. "I have been using those techniques for over 30 years, and I've never been assaulted. And maybe that's just luck, but I think some of it is that these measures actually work," she adds. "I think it is possible to train staff to use these techniques—and to recognize when they are not enough—to avoid most of the dangerous situations."

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Dr. Amancharla is now working to bring physicians from across the specialties to the committee. "The goal has changed from getting any doctor to show up to maintaining full representation, which is a much better 'problem' to have."

ESTABLISHING SAFE INJECTION PRACTICES

Despite the emphasis on infection prevention and control initiatives over the past 20 years, HAIs are still one of the leading threats to patient safety, with 1.7 million occurring each year in the U.S.

Catheter hubs, stopcocks and injection ports are known sources of bloodstream infections and microbial contamination. The Joint Commission recommends "scrubbing" the hub with an alcohol product for 10 to 15 seconds each time it is accessed.

"Historically, some specialties have not done a great job of safely cleaning IV tubing and injection ports prior to injection," says Dr. Amancharla. But a recent Scrub the Hub initiative, which included sharing slides and photos showing bacterial growth before and after scrubbing, successfully changed staff practices.

"It's fully ingrained in our culture for our nurse anesthetists to now hand me the syringe of medication to inject along with an alcohol wipe," says Dr. Amancharla.

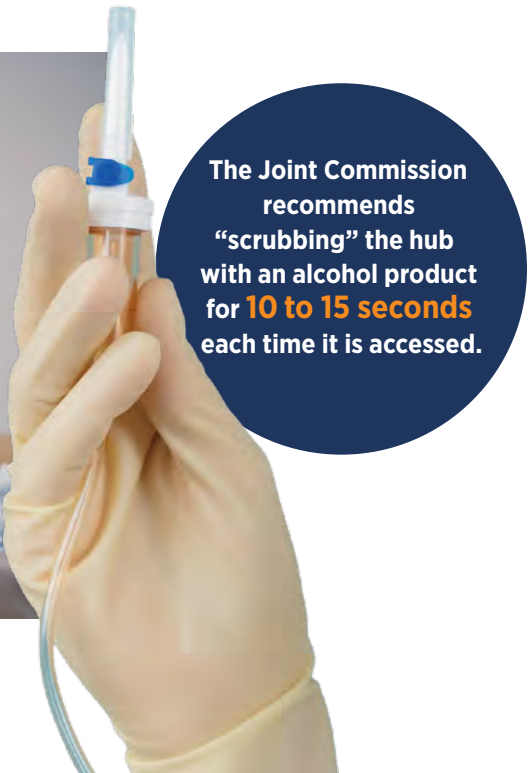
Reusing single-dose vials and misusing multiple-dose vials is another practice resulting in increased infections. In the past, Dr. Amancharla explains, they would cleanly draw medication out of a multiple-dose vial for one patient and then preserve it for another patient, minimizing wasted medication. The push toward single dosing from multiple-dose vials, led by the Centers for Disease Control and Prevention and the Safe Injection Practices Coalition in their One and Only campaign, prompted them to find a new approach.

But with recent medication backorders and shortages, they also wanted to protect their supply. "It's a challenge to know that something is in short supply and yet only administer it to one patient," says Dr. Amancharla. The solution has been to have their pharmacists split medication sterilely under a hood and then provide pre-filled syringes, improving safety while not increasing waste.

Dr. Amancharla hopes that drug companies will move to right-sizing medication. "We have medications that come in vials for which there are little to no situations in which a single patient would receive that dose. In my opinion, those vial sizes ought not to exist. If we really want to improve safety, we need vial sizes more appropriate to single-patient doses."

THE OBLIGATION TO DO NO HARM

Hospitals and clinicians have an obligation to protect patients from harm. The drive to ensure patient safety goes to the heart of healthcare. "We take the Hippocratic oath when we go to medical school, and one of those facets is to do no harm," says Dr. Mays. "So, while it is not our day-to-day job to analyze a central line infection event as a surgeon, it is our obligation to ensure that whatever protocols necessary to prevent them are being followed." **HT**



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 3549-ROM-05-11/22

Comparing the benefits of reusable and single-use endoscopes

SOME ENDOSCOPES—THE LONG, THIN TUBES WITH A CAMERA AT ONE END USED FOR MANY DIAGNOSTIC PROCEDURES—ARE USED AND THEN THOROUGHLY CLEANED AND DISINFECTED FOR REUSE. Others are designed to be used once and discarded. As the camera quality improves, deciding which tool to use is a matter of weighing cost, time, infection rates and environmental impact.

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FDA's RECOMMENDATION TO MAKE THE SWITCH

Single-use or disposable endoscopes hit the market more than 20 years ago. Their popularity has exploded over the last five years as costs have come down and image quality has improved.

In April 2022, the U.S. Food and Drug Administration (FDA) issued guidance that healthcare facilities should work to transition from using duodenoscopes with fixed endcaps to ones that are either fully disposable or made with disposable components. This is due to sanitation concerns and contamination rates with fixed endcap duodenoscopes. The FDA's rationale is that disposable duodenoscopes eliminate the need for reprocessing and bring the contamination rate from as high as 6% down to just 0.5%.

Some duodenoscopes with fixed caps were pulled off the market due to problems with cleaning. "Because of the way it is designed, an endoscope is a complex piece of equipment. There are a lot of areas where bacteria and other contaminants can get trapped," says **Karen Bush**, MSN, FNP, BC, NCRP, Director of Clinical Research & Education at HealthTrust. "An endoscope's design is so complex that proper handling and care are very difficult, with a massive number of steps to reprocess them."

Each model has different cleaning procedures, and staff must receive training and stay up to date with continuously changing processes. The FDA recommends single-use endoscopes because the process to clean endoscopes can be quite cumbersome and difficult to follow.

WEIGHING INFECTION RISK

Single-use endoscopes are appealing for several reasons. For infection prevention, single-use scopes' most attractive quality is that there is no risk of transmissible disease. "The infection risk of getting a communicable disease from a reusable endoscope is statistically low, but what if you can make the risk zero?" says **William Cloud**, M.D., MACM, CBBC, Chief Medical Officer at Baptist Memorial Health Care and a general surgeon with 35 years of experience.

The issue is more prevalent in endoscopes used for digestive procedures because there is a transmission risk from patient to patient and from patient to staff. "Common things that get transmitted with a gastrointestinal scope that we worry about are hepatitis A and *E. coli*," says Dr. Cloud. "With bronchoscopes, we worry about tuberculosis and bacterial infections."

Gregory Neal, M.D., is a general surgeon at The Surgical Clinic, a network of private practice surgeons in Middle Tennessee. In his 25 years in practice, he's done upper and lower endoscopies looking for gastric cancers, reflux issues and ulcers, as well as surveillance and diagnostic colonoscopies.

About 15 years ago, a community hospital where he was working had a problem with their bronchoscopes. The infectious disease team found contamination putting patients at risk. Related to a design change in the bronchoscopes a few years prior, one of the parts wasn't getting disinfected properly due to a manufacturing defect. "We had to go back to the manufacturer, and it revised the cleaning process," says Dr. Neal. *The New England Journal of Medicine* published the study.

EVALUATING COST

Hospitals should consider the long-term costs associated with reusable scopes when weighing the decision to move to disposable endoscopes. Staff time associated with disinfecting, the risk of disease transmission and the costs to repair must all be examined closely and compared with the costs of single-use scopes.

Reprocessing scopes can cause delays. "We started using single-use scopes because processing inefficiencies were causing delays in care," says Dr. Cloud. "Urologists would need to scope a patient at the bedside or in the ED, and there wasn't a cystoscope available because it was being processed, or there wouldn't be staff available to process the scope in time for the next patient."

In 2017, the International Association of Healthcare Central Service Materiel Management (now the Healthcare Sterile Processing Association) published the results of a pilot project that looked at the true cost of reprocessing endoscopes. In a detailed analysis that is publicly available online, the study's authors found that the time it takes to reprocess one flexible endoscope is approximately 76 minutes of hands-on staff time, and the cost to do this work ranges from $114 to $280 per scope. These findings demonstrate the significant amount of time and effort associated with endoscope reprocessing. "It shows that single-use scopes may be either equivalent or even slightly cheaper than reusable scopes," adds Dr. Cloud.

Regulatory agencies like The Joint Commission hold hospitals and surgery centers accountable for meeting quality standards. "They want to look at your scope cleaning and reprocessing [during visits] and make sure you're using the manufacturer's recommended process," says Dr. Cloud.

The manuals are 50 pages long, and it becomes a difficult compliance challenge to train staff and keep them up to date on the appropriate processing for all scopes. "These agencies want to ensure you're doing it correctly, but the amount of education and experience required to maintain competency is considerable."

Because reusable endoscopes require stringent cleaning and reprocessing that can involve pages of instructions, there are associated labor, repair, training and education costs that don't exist for single-use endoscopes. Reusable endoscopes may seem less costly than single-use, but once a hospital or surgery center considers all factors, the cost per case may be lower for single-use, depending on patient volume. A reusable scope might have an average lifespan of six years, after which users start to see a reduction in image quality and a decline in maneuverability.

At Baptist Memorial, staff are currently using single-use cystoscopes and bronchoscopes. The leadership team there acknowledges that this is the direction the industry is headed. "We are costing it out and seeing that the image quality is now there, the upfront costs are lower, there is zero risk of communicable disease transmission, and you don't have to pay for cleaning and reprocessing," explains Dr. Cloud. These factors mean looking at the problem with a fresh perspective.

HOSPITAL SETTING VS. AMBULATORY SURGERY CENTER

"Single-use endoscopes are an emerging technology. When we start to compare cost, reimbursement and location, it may be a less costly system," says Dr. Neal. Using a disposable system gives a surgical team different options for where an endoscopy is performed. "It comes down to cost and patient

Continued on page 34

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Comparing Endoscopes

	Single-use/ disposable	Multi-use/ reusable
Cost per case	$1,500	$3,987
Amount of waste per 2,000 procedures	2,520 kg	610 kg
Cost for reprocessing	N/A	$114.07-$280.71
Staff time to reprocess	N/A	76 minutes
Fluoroscopy time	11 minutes	18 minutes

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Continued from page 32

affordability. An ambulatory surgery center (ASC) is cheaper than going to a hospital and a clinic would be even more economical."

Determining the best path for your organization depends on a lot of variables. If you're running a hospital versus an ASC, the utilization rate for patients will be different. "ASCs are mainly doing elective procedures, so a lot of the efficiency factors that have to do with bedside scopes aren't an issue there. And, an ASC may not have the purchasing power to afford the upfront costs of single-use endoscopes, so it's important to run the numbers. An ASC with a national footprint may be able to get good prices and make a difference," Dr. Cloud explains.

"If you're a larger health system, you can buy a larger quantity and get products at a lower cost, whereas some ASCs that are on their own aren't going to see enough volume to justify the cost," says Bush. An ASC usually has dedicated staff to do these procedures regularly, but they may not have the physical space to store single-use endoscopes. AdvantageTrust members could benefit by optimizing use of contracted items through HealthTrust.

ENVIRONMENTAL CONCERNS

There is one significant concern with single-use endoscopes: negative environmental impact. "I worry about the waste of the equipment," says Dr. Neal. Single-use endoscopes increase the volume of medical waste that a hospital must manage. Even though some components can be recycled, the cost of running recycling programs can be substantial.

Endoscopy is a substantial contributor to medical waste in the environment. In a 2022 study published in the leading international BMJ journal *Gut*, scientists looked at the environmental impact of the U.S. healthcare industry switching from reusable endoscopes to their disposable counterparts.

The study authors found that each endoscopy generates roughly 4.6 pounds of disposable waste, which adds up to about 38,000 tons of estimated total waste generated from all endoscopic procedures performed in the U.S. annually. That's the equivalent of 25,000 cars.

The study showed that the environmental impact of endoscopes is significant, and transitioning to single-use endoscopes may reduce reprocessing waste but would increase net waste by 40%—and increase the cost of waste management. **HT**

TO LEARN MORE about moving to single-use endoscopes, email clinical.services@healthtrustpg.com

The disposable endoscopes category contains ear, nose and throat scopes; duodenoscopes; bronchoscopes; rhinolaryngoscopes; ureteroscopes and intubation scopes. Vendors currently on contract with HealthTrust include:

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- Bard Medical #65488
- Boston Scientific #65423
- InterMed Resources #72464
- Karl Storz Endoscopy-America #65426
- Verathon #65429

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A legacy of SUSTAINABILITY

Avery Palardy receives the HealthTrust 2022 Social Stewardship Award for environmental accomplishments

A NUMBER OF LEADING HOSPITALS AND HEALTH SYSTEMS ARE TAKING MEANINGFUL ACTION TO REDUCE THEIR CARBON FOOTPRINT AND LESSEN THE IMPACT TO THEIR COMMUNITIES. In 2022, the Department of Health and Human Services called on hospitals, suppliers and other healthcare stakeholders to commit to achieving net zero greenhouse gas emissions by 2050 (with a 50% reduction by 2030). Representing over 650 hospitals and thousands of other stakeholders, 61 of the largest health systems and companies responded. And Beth Israel Deaconess Medical Center (BIDMC), a member hospital of HealthTrust and a teaching hospital in Boston, was one of them.

This was just the latest example of BIDMC's long-held commitment to action on sustainability initiatives. The medical center has accomplished a number of remarkable achievements, and staff member **Avery Palardy** was recognized in 2022 with the HealthTrust Membership Recognition Award for Social Stewardship—Sustainability.

"We know that the healthcare industry is a significant contributor to greenhouse gas emissions that exacerbate climate change and air pollution and, as a result, disproportionately impact low-income and minority patient populations. To be leaders in healthcare, we believe it is vital to decrease our negative environmental impact quickly and efficiently with a focus on safety, quality and affordability," says Palardy, Sustainability Program Manager at BIDMC. "We want to continue to be part of the solution, not the problem, and ensure that our services are protecting the communities that need us the most."

Palardy was nominated for the award by **Susan Ohlund**, Account Director at HealthTrust. "When I thought of the Social Stewardship award, Avery and the work done at BIDMC in the area of sustainability came to mind," she says. "I am proud of their accomplishments."

Avery Palardy (center) with her team at Beth Israel Deaconess Medical Center. Left to right, Geoffrey Patton, Karen Perry, S. Nicholas Kriketos, Marcia Fearon, Misun Kim, Avery Palardy, William Burley, Emily O'Connell, Debra Savage, Peter Schooling, Cleide Angolano, Stephen List.

TRANSLATING SCIENCE INTO ACTION

BIDMC's sustainability journey started in 1998, when it was one of the first hospitals in the U.S. to remove mercury thermometers in partnership with Health Care Without Harm (**noharm.org**), an organization dedicated to transforming the health sector worldwide, so that it reduces its environmental footprint and becomes a community anchor for sustainability.

Grassroots efforts took hold from there, which led to the formation of the hospital's first sustainability committee in 2008. The Capital Facilities and Engineering team introduced energy conservation projects, established an automatic approval process for three-year ROI energy projects and pursued LEED certification for the design of a new inpatient building.

This culture of sustainability and the opportunity to put her academic background in environmental science to work is what attracted Palardy to the job when she joined BIDMC in early 2019. "Working at BIDMC is an opportunity to translate science into action. This position allows me to combine my expertise in climate change with my knowledge of business operations paving the way for more impactful change. There's a wide range of outcomes that are possible at this moment based on how effective we are at mitigating our carbon emissions, and I wanted to be at the forefront of this necessary change in our behavior," she says.

OPERATIONALIZING SUSTAINABILITY

Palardy leads the Sustainability team of volunteers and two full-time employees, which includes a senior data analyst who built the foundation for increasing transparency and standardization of the analytics for their programs and goals.

Photo: Jonathan Kannair

A Sustainability Steering committee, which evolved from the hospital's first Sustainability committee in 2008, consists of volunteer representatives from necessary functional areas of the hospital. Subcommittees work on specific areas; for example, a Green Labs subcommittee focuses on sustainability in BIDMC's research laboratories and clinical research to improve energy efficiency, reduce waste and increase diversion programs.

In 2021, the Sustainability Steering committee established strategic action plans for the first time for their cross-departmental goals in waste, transportation and engagement with support from senior leadership to ensure alignment with organizational priorities. Committee members work directly with the Sustainability department and their own departments to implement these plans. The Sustainability department is responsible for pushing forward the strategic direction, making sure projects stay on track, collaborating across departments, providing leadership and resource support, and tracking and analyzing key metrics.

"Success is achieved through a team effort and a commitment from people within different departments of the hospital," adds Ohlund. "We know how busy hospital staff members are, and for people to take time to volunteer on various committees to achieve their sustainability objectives and initiatives speaks volumes."

The ability to work across departments, and the collaboration between senior leaders, clinicians and other staff, is key to the success of the hospital's sustainability program, explains Palardy. "Without buy-in across the organization, very little would be accomplished."

Continued on page 40

"Without buy-in across the organization, very little would be accomplished."

– Avery Palardy

Left to right: Mary Rice, M.D.; Avery Palardy; David Flanagan; Misun Kim and William Burley

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GETINGE

Continued from page 38

GREENING THE SUPPLY CHAIN

Scope 3 emissions—emissions from producing and transporting goods and services in the supply chain—account for more than 80% of healthcare emissions. Recognizing this, BIDMC is looking to its supply chain to reduce costs and align purchasing with sustainability goals. Palardy will be conducting an inventory of the hospital's Scope 3 emissions to collect baseline data to inform their next steps in sustainable procurement.

As a member of Beth Israel Lahey Health, a relatively new health system, BIDMC is in the process of standardizing supplier contracts as an important first step. By integrating sustainability language into contracts, BIDMC and Beth Israel Lahey Health can leverage their buying power to encourage transparency from manufacturers on the environmental and health impact of their products and the services they offer.

Single-use device reprocessing is another area where BIDMC has seen environmental benefits, as well as financial savings. "We partner with third-party vendors to create a program focused on circularity; they assist with establishing collections at our facility, reprocess and test the devices to prove they are as good as those originally manufactured, and then we can purchase the devices back at a discounted rate," says Palardy.

BUILDING "HEALTHY" FACILITIES

BIDMC's new inpatient building, scheduled to open in early 2023, has been awarded LEED Gold Certification. LEED is a globally recognized certification system for designing sustainable, cost-effective and health-promoting buildings, administered by the Green Building Certification Institute. To achieve certification, new buildings (or retrofitted existing buildings) must meet strict requirements in areas such as energy, water, waste and materials.

Features of the LEED-certified building include:

- Reduced energy use by 39% compared to the region's average hospital and by over 50% compared to BIDMC's existing campus average
- Improved indoor environmental quality through the use of low emitting materials, such as low VOC paint and coatings, adhesive and sealants, and flooring—with access to quality views in most regularly occupied spaces and the use of glare-control devices
- Limited use of materials and furnishings that contain chemicals of concern, such as antimicrobials, flame retardants and vinyl

REDUCING FOOD ENVIRONMENTAL IMPACT

BIDMC also committed to the Cool Food Pledge, an initiative from the World Resources Institute that asks members to achieve a 25% reduction in the greenhouse gas emissions associated with the food they serve by 2030.

With food production accounting for a quarter of global greenhouse gas emissions—the majority of which comes from animal-based foods—the Cool Food Pledge encourages organizations to transition to plant-based foods.

By offering more plant-based meals in its cafeterias and by improving meal forecasting to reduce food waste, BIDMC has already cut food-related emissions by 27%.

REDUCING EMISSIONS FROM ANESTHETIC GASES

Inhaled anesthetic gases, such as desflurane, sevoflurane, isoflurane and nitrous oxide, significantly contribute to the healthcare industry's greenhouse gas emissions. But not all anesthetic gases have the same impact. For example, desflurane has about 26 times the global warming potential of sevoflurane. It is also over 2,500 times more warming than carbon dioxide.

BIDMC first reduced its use of desflurane by educating and encouraging anesthesiologists to use less of it or use an alternative, such as sevoflurane. Then in 2020, after BIDMC analyzed the use of desflurane from a patient safety perspective and found no difference in desflurane over sevoflurane, the hospital stopped purchasing desflurane completely.

These actions have helped BIDMC reduce its greenhouse gas emissions associated with volatile anesthetic gases by 82% (since 2016).

The focus now is on nitrous oxide, another significant contributor to greenhouse gases. A team of anesthesiologists on BIDMC's Greening the OR subcommittee are advocating for alternative practices when possible, such as the use of local anesthetics, low-flow techniques, and a shift in the storage of nitrous oxide from central to local storage to reduce leaks and wasted gas.

"We are evaluating what it will take to achieve decarbonization and have committed to reducing our carbon footprint 50% by 2030 and achieving net zero by 2050," says Palardy. "We recognize the need to rethink our operations and are moving forward to make our goals the reality." **HT**

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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

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

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

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

For intravenous use only.

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

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

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

Solution containing 10% IgG (100 mg/mL)

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

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

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

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

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

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

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

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

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

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

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

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

Revised: **July 2021–**

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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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People-focused LEADERSHIP

Trinity Health's Dameka Miller discusses her priorities & perspective as a sourcing leader in healthcare

TO NAVIGATE THE MULTIFACETED CHALLENGES AND COMPLEXITY OF MANAGING THE SUPPLY CHAIN FOR A MULTIBILLION-DOLLAR HEALTHCARE SYSTEM, **Dameka Miller**, VP of Strategic Sourcing and Value Analysis for Trinity Health, places people first. While her focus may be non-labor expense, it is ultimately the needs of people—patients, hospital staff and teams—that informs her leadership perspective. Her work was recently highlighted in the "Women Leaders in Supply Chain" issue of *Journal of Healthcare Contracting*. We met with Miller to discuss the current state of supply chain management as well as her vision for the future.

Q Please tell us about your role/responsibilities within your organization.

A I have the privilege of working with a passionate and talented team of individuals committed to Trinity's vision of improving the health of our communities and each person we serve. Together we lead sourcing, value analysis, supplier quality and impact purchasing programs to manage over $8 billion in non-labor expense across 25 states, 88 hospitals, 131 continuing care locations, the second largest PACE program in the country and 125 urgent care locations.

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2023 MEMBER RECOGNITION AWARDS CALL FOR NOMINATIONS

Nominations are being accepted for the 15th annual HealthTrust Member Recognition Awards honoring outstanding performance and exceptional contributions. Awards will be presented during the 2023 HTU Conference, July 17-19 in Las Vegas, Nevada. Members and on-contract suppliers are invited to submit nominations or members can self-nominate.

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

- **Outstanding Member**
- **Operational Excellence**
- **Clinical Excellence**
- **Pharmacy Excellence**
- **Social Stewardship (for achievements in Sustainability, Supplier Diversity, Organizational DEI or Community Outreach)**
- **Innovation**

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Deadline for submissions is March 31, 2023.

For more information, contact HTUawards@healthtrustpg.com

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Q In what ways has the supply chain changed that makes value analysis more important to hospitals and health systems?

A Value analysis is essential to delivering patient care right now. Product accessibility has not completely recovered post-pandemic. While PPE is available, shortages and backorders for a significant number of critical patient care items persist. The daily work of value analysis teams has shifted to addressing product shortages, providing guidance on utilization to conserve supply and verifying alternate items that allow us to continue treating our patients safely.

Q When you hear words like diversity and equity in the workplace, what does that mean to you? How can they contribute to the success of an organization?

A Attention to diversity, equity and inclusion signals that an organization is striving to achieve a culture in which everyone is comfortable being themselves at work. Being biracial, my appearance frequently raises questions from colleagues about my ethnicity. Often it is innocent curiosity; however, I have been subject to several offensive comments and behaviors by both peers and leaders. The creative energy and productivity lost navigating these types of distractions is neither insignificant nor unusual for anyone perceived to be different in their work environment. Organizations get the best from their people when they do not feel guarded or judged simply based on who they are.

Q Has anyone mentored you during your career? If so, can you tell us about that?

A My career began with three mentors who shaped who I am as a leader. They were my direct leaders, and for them, leadership was about making others better. There was intentional focus on both my personal and professional goals, and they positioned me for continued growth opportunities. Nearly 20 years later, one remains a mentor, and when I thank her for the impact she has had on my life, she reminds me to pay it forward. I was incredibly fortunate to begin my career with people-focused leaders and aim to have the same impact on others.

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Q How do you focus on your growth as a leader?

A I study leaders across industries for reflection on leadership styles and philosophies that led to incredible successes and failures. I am most inspired by the podcast, "How I Built This," featuring stories of entrepreneurs that built well-known brands and what they learned as they established their companies. It is also important for me to know how I am showing up and perceived by others, so I regularly ask for feedback from my own leader, who I trust and respect. I am purposeful about initiating the conversation to create space for honest, real-time observations. Finally, mentoring emerging leaders keeps my perspective fresh and offers insight into what motivates the next generation.

Q What project or initiative are you looking forward to working on in the next three to six months?

A Trinity's vision of improving the health of our communities, and each person we serve, inspires me and my team. It gives our work purpose. We have been building an Impact Purchasing Program, which is the intentional use of our buying power to positively impact the communities we serve. The program connects Trinity's supply chain to the organization's DEI and community health and well-being strategies. Using a framework from the Healthcare Anchor Network, we started with supplier diversity. Over the next several months, we will be focused on local spend and sustainability to continue the growth and development of the Impact Purchasing Program. **HT**

CEO perspective, continued

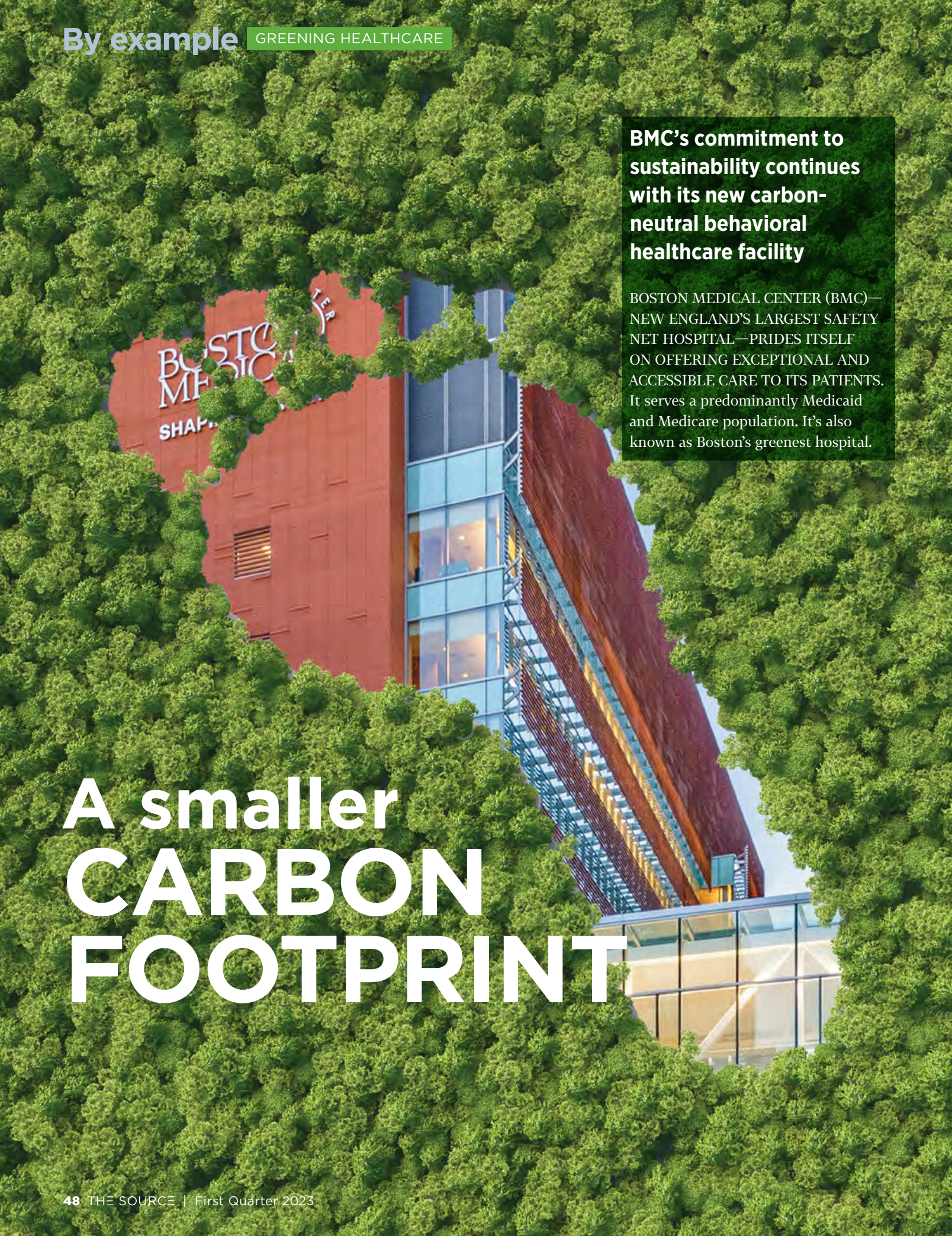
Continued from page 4

Sourcing teams.

I am also pleased to share that in response to member feedback from previous years, we made the following enhancements:

- Continued an investment in technology, with many significant improvements as a direct result of survey feedback.
- Launched a new Member Portal with a dynamic cross-reference tool and an improved contract catalog, replacing CatScan. The portal also includes advanced search functionality, allowing members to easily analyze and find saving opportunities.
- Launched Physician Office MarketPlace and developed a strategic distribution relationship with Medline.
- Released two major Valify technology platform updates.
- Continued expansion of our GPO portfolio to address ambulatory surgery center and long-term care needs into 2023. We also have plans to expand Valify's purchased services offerings, including new benchmarking capabilities.

Thank you for your partnership with us. Here's to a productive 2023! **HT**



A smaller CARBON FOOTPRINT

BMC's commitment to sustainability continues with its new carbon-neutral behavioral healthcare facility

BOSTON MEDICAL CENTER (BMC)—NEW ENGLAND'S LARGEST SAFETY NET HOSPITAL—PRIDES ITSELF ON OFFERING EXCEPTIONAL AND ACCESSIBLE CARE TO ITS PATIENTS. It serves a predominantly Medicaid and Medicare population. It's also known as Boston's greenest hospital.

For **Bob Biggio**, SVP of Facilities and Support Services, BMC's critical role in serving its community drives the hospital's sustainability initiatives. "We're often the safety net that is there to care for our community in their most dire circumstances. And because Boston is built largely on landfill, our city is one of the most vulnerable in the world to the rise of sea water," he says. "We have to make investments to be able to protect our community."

The latest investment? A new behavioral healthcare facility in nearby Brockton, Massachusetts, which is bringing critical behavioral health services to the people who need them most.

BUILDING MOMENTUM

The healthcare sector is responsible for an estimated 10% of all greenhouse gas emissions in the U.S. When BMC recognized the potential impact on its community and beyond, they took measures to reduce its carbon footprint.

"When we started working on this 10 years ago, we didn't have a big lofty goal. We just wanted to do the best we could and try to make as much progress as possible," says Biggio.

A few successful energy efficiency projects during Biggio's early years at BMC helped create confidence and gather internal support for environmental initiatives. As the successes became evident, he "had more and more team members approach me asking how they could help and get involved. It was like a snowball, and the momentum just kept building," he explains.

This momentum has resulted in an impressive portfolio of projects, including a:

- Biodigester to compost food waste
- Solar power purchase agreement with a 650-acre solar farm
- 2,700-square foot rooftop farm that supplies organic produce to hospital patients, a food pantry as well as a farmer's market
- Natural gas-fired cogeneration plant that generates 43% of the hospital's electricity and 30% of its heat, with reduced carbon emissions

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Rooftop farms supply organic produce in a space that would have otherwise gone unused.

The solar power purchase agreement includes a 650-acre solar farm.

DECARBONIZATION IS KEY TO REDUCING HEALTHCARE'S CARBON FOOTPRINT

Health Care Without Harm indicates that, as an industry, healthcare accounts for 4.6% of total greenhouse gas (GHG) emissions worldwide and 8.5% of U.S. emissions. Policymakers and the financial industry have placed an increased emphasis on organizations to formally commit to reducing greenhouse gas emissions. Understanding healthcare's various sources of emissions is key to determining how to begin reducing this mega-emitter's carbon footprint.

Late last summer, HealthTrust—in partnership with McKinsey & Company and BPS (Bernhard ProStar, HealthTrust contract #57570)—sponsored a Decarbonization Summit. The event brought together industry thought leaders to share best practices and potential pathways for healthcare providers to create the tools to assist in the journey to measure GHG and identify opportunities for emission reductions. HealthTrust is planning on creating additional workshops in 2023.

Industry resource Practice Greenhealth offers a number of online tools for advanced and intermediate achievers, as well as suggestions for healthcare organizations that are just getting started in their reduction efforts. A good place for a healthcare facility to begin might include the following strategies for reduction of emissions:

- Energy conservation and efficiency measures
- Renewable energy procurement
- Alternative transportation
- Waste management
- Water conservation
- Sustainable food and beverages, including alternatives to meat
- Anesthetic gas management

Efficiency & conservation solutions

In addition to the sourcing of energy (natural gas and electricity) in deregulated markets, the HealthTrust Energy team offers a utility bill pay service, which ensures on-time payments and provides valuable utility reporting. The Energy team also works individually with its members to discuss energy efficiency initiatives, sustainability and renewables that can further reduce members' energy costs and/or utilization. Learn more by contacting **bill.miller@healthtrustpg.com**.

In 2020, HealthTrust entered into a national agreement with BPS to provide Energy-as-a-Service (EaaS) solutions for HealthTrust members. The agreement offers a comprehensive choice of services, including engineering design, construction, financing, and operations and maintenance management, that are designed to reduce energy consumption.

BPS works with facilities to develop a unique scope of work, including infrastructure renewal and optimization services that aim to reduce energy usage and demand (gas, electric and water) and provide the greatest financial benefit to a facility. Participating members will realize operational efficiencies, enhanced infrastructure, cost savings and a positive environmental impact.

BPS can partner with the HealthTrust Energy team for a collaborative approach that addresses both the supply and demand aspects of utilities. While BPS focuses on demand, the HealthTrust Energy team looks at the supply side and how a facility purchases its utilities, how it hedges risk and manages the utilities.

DETERMINE THE POTENTIAL savings & sustainability impact these solutions could have on your organization by contacting your HealthTrust Account Manager.

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BMC is also a member of the Boston Green Ribbon Commission, an organization working across industries to fight climate change. BMC President and CEO **Kate Walsh** serves as the chair for the healthcare sector.

Biggio estimates that BMC's sustainability efforts save $8 million–$10 million annually.

"I've tried to be careful and thoughtful about our work to be sure I wasn't taking financial resources from our mission of caring. Most of our work, if not all, has both reduced our carbon footprint and saved money so we could direct more resources to the care of our community," he says.

RENOVATING FOR A PURPOSE

BMC's progress has led to its latest major accomplishment in pairing community care with sustainability. In October 2022, BMC opened Brockton Behavioral Health Center, which has two 28-bed inpatient psychiatric units for patients ages 16 and older and a 26-bed clinical stabilization service unit for adults who are in need of step-down treatment for substance use disorder following detox or inpatient care. The center combines BMC's mental health expertise with the hospital's addiction treatment models, which have been replicated across the country.

This health center was designed to create net zero carbon emissions from energy—a first for this kind of facility—thanks in part to a generous $6 million anonymous donation.

Transforming a former nursing home into a state-of-the-art carbon-neutral health center was no simple task. But BMC drew on the experience it had gained from previous carbon-reduction efforts and support from external partners to navigate obstacles.

The building was renovated to meet modern energy efficiency standards, with LED lighting throughout, and fully electric kitchen and laundry facilities. The facility will be able to generate all the electricity it requires on-site through solar panels on its rooftop and parking canopies. A battery storage system will also help to reduce grid congestion and carbon emissions.

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For heating and cooling, a geothermal system was installed with 14 miles of piping supplied by 88 wells, 500 feet deep. By using the renewable energy from within the earth, geothermal systems lower energy costs and carbon emissions while having low maintenance requirements and a long lifespan.

"For Boston Medical Center, we can't truly care for our community without also caring for the environment of our community," Biggio said. "Our commitment to sustainability is a foundational prerequisite to providing the best medical care and wraparound supports for our patients. The savings we've achieved goes right back into patient care as well." **HT**

BY THE NUMBERS: BROCKTON BEHAVIORAL HEALTH CENTER

SIZE
64,000 square feet

CAPACITY
82 beds, **56** acute psychiatric beds for ages **16** and up; **26** clinical stabilization services beds for adults

CARBON REDUCTION
791 metric tons CO_2e a year

RENEWABLE ELECTRICITY
700 kilowatt photovoltaic system

ENERGY STORAGE
250 kilowatt-hours

HEATING AND COOLING
14 miles of geothermal piping

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Jeremy Spencer at (704) 562-5862
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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