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Providing Insight, Understanding and Community

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**Ten People  
 to Watch in  
 Healthcare  
 Contracting**



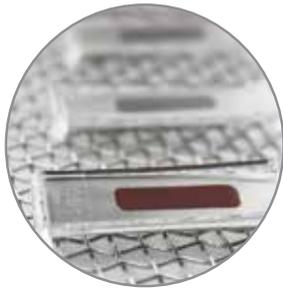
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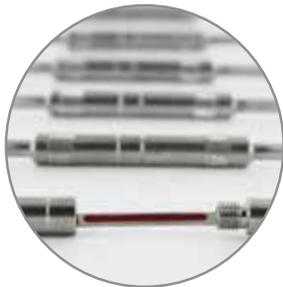
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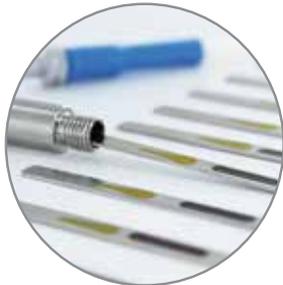
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# Four Ways IDNs are Avoiding Supply Disruptions



**In the middle of July, we assembled a great panel of IDN Supply Chain Leaders** moderated by industry expert Brent Petty and discussed how best-in-class IDNs are working to avoid supply disruptions. Just as the Covid Delta variant was inching up cases and hospitalizations, the concern for supply shortages was a worry for many hospitals and health systems across the nation.

The webinar panel included Lisa Risser SVP, Ancillary Operations, Scripps Health; Gary J. Fennesy, Vice President, Chief Supply Chain Executive, Northwestern Memorial HealthCare; and George S. Godfrey, Corporate VP, Chief Supply Chain Officer, Baptist Health. This panel certainly represented geographical diversity, and all are industry veterans from world class health systems.

Having covered how systems source product for over 20 years from a media perspective, supply interruptions have been far and few between. The IV shortage a few years ago and a few other narrow categories seemed to have shortages, but not for very long time periods. For the most part, worrying about widespread shortages was not a large part of most Supply Chain Leaders' days.

That's changed quite a bit. Now, worrying about supply chain shortages could quite possibly be at the top of most Supply Chain Leaders' daily activities. In this discussion four main themes were discussed in detail.

1. Crisis Management (internal and external)
2. Resiliency Initiatives
3. Inventory (safety, sharing, rebalancing)
4. Vetting and finding new, alternative suppliers

Each of these topics were discussed in-depth and the conversation was fascinating how these IDNs dealt with the exact issue – sometimes similarly and sometimes uniquely. It was also interesting how a few themes permeated each topic such as transparency, communication, collaboration and trust. All tenants we knew were important have now become imperative to keep our nation's healthcare supply chain running well.

You are welcome to listen to the webinar at [www.jhconline.com/4-ways-idns-are-avoiding-supply-disruptions-register.html](http://www.jhconline.com/4-ways-idns-are-avoiding-supply-disruptions-register.html).

If you have a chance to listen, I'd love to hear your thoughts. Thanks for reading this issue of *The Journal of Healthcare Contracting*.



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# Finding Alternatives

St. Luke's Health System developed new sourcing strategies to serve its frontline workers and patients.

**St. Luke's Health System, based in Boise, Idaho, serves much of Idaho and parts of eastern Oregon.** It operates eight hospitals and more than 200 clinics and ranked second among the country's medium-sized health systems by Fortune/IBM Watson Health for 2021. It's the eighth consecutive year St. Luke's has been in the top 15 on the prestigious list.

The recognition is consequential this year considering the work health systems were tasked with in 2020 during the height of the pandemic. Medical supply chains were relentlessly strained, but resolute health systems nationwide relied on strong cultures for problem solving as COVID cases surged.

## War room

"We built an incident command center structure for product shortages within a 'war room' type of setting," said Adrian Wengert, vice president of supply chain for St. Luke's.

It was a few months before the country felt the full effects of the pandemic when St. Luke's noticed a lack of available

N95 masks in the domestic marketplace and shortages within other PPE categories. That allowed them to get a jump on product deficits.

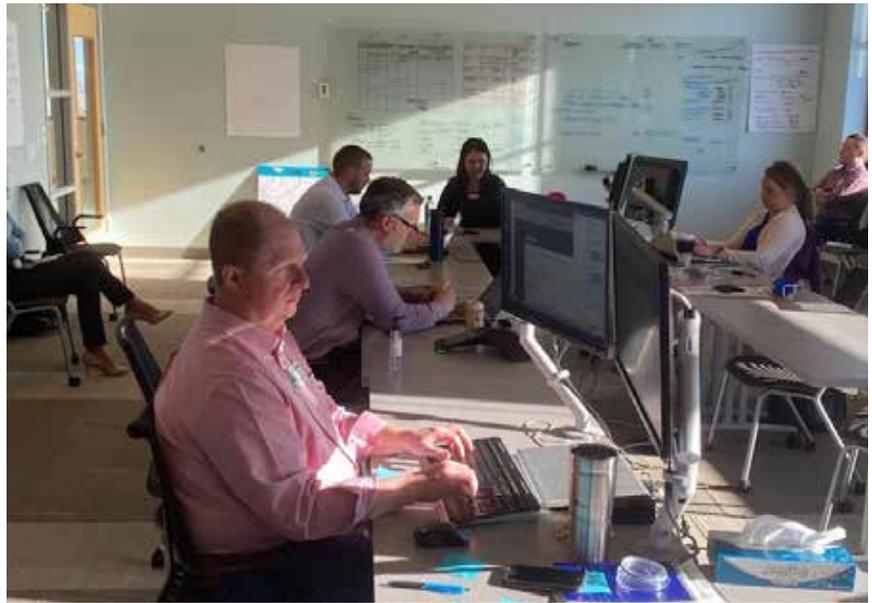
“We quickly reprioritized our strategic supply chain sourcing and contracting teams and began targeting PPE and other product categories,” Wengert emphasized. They placed forward and bulk buys through global direct and/or broker channels.

“We built a detailed dashboard and hardwired reporting activity through the organization to ensure transparency to stakeholders who needed to know the granularity of what was on order with inbound ETAs, what was in our possession and what was secured but not shipped,” Wengert added. This level of detail had to be shown with both pre-COVID days of inventory on hand (DOH) and post-COVID DOH as demand surge guided St. Luke’s sourcing and procurement plan.

“I’m happy to say that due to our alternate sourcing efforts, St. Luke’s and our 15,000 employees never ran out of PPE or other supply products during the pandemic and through today,” Wengert proclaimed.

The alternative sourcing stock generally had similar quality as standard supplies, according to Wengert, but feedback from physicians and clinicians was typically negative for fit, comfort and ease of use.

Due to potential supply disruptions during the pandemic, St. Luke’s will continue to use alternative source products that were purchased. But when strategic stock reserves are brought back to appropriate levels, Wengert expects employees to demand supply with better comfort and require pre-pandemic brand supply standards.



### Local businesses shine

Creativity and ingenuity led St. Luke’s to find untapped sources of non-traditional supply. “For example, a team member remembered that tattoo parlors use gloves which led us to a national tattoo parlor distributor providing us with 1.5 million nitrile medical grade gloves,” Wengert said.

Like many health systems, St. Luke’s had success recruiting a local distillery to make hand sanitizer. “Once we secured commitments in thousand-pound vat increments, we needed to source scarce smaller plastic bottles and coordinate the filling and labeling of it,” Wengert explained.

St. Luke’s also utilized 3D printing assistance from local business for face shields.

Alternative sourcing will continue for a limited amount of supply categories for St. Luke's like true commodities such as nitrile exam gloves. "We expect to use a few new sales channels and delivery models that have proven to have better customer service and logistics than others," Wengert said.

## Alternate sourcing into the future

Manufacturing proximity, manufacturing redundancy, supply chain ownership and control, number of sources per product and strategic reserves strategy are all factors being used to determine which alternative sources St. Luke's will use in the long term.

"Alternative sources, or self-contracting, will also be used to supplement risks from traditional sources that don't have the capacity or willingness to commit to



appropriate contractual flex terms that are absent in today's GPO contracts," Wengert added.

A digital marketplace isn't currently being implemented at St. Luke's, but Wengert said they are interested in exploring its capabilities and functionality to drive increased insight and value from a speed to execution standpoint.

"Analytics have become essential," Wengert said. "We quickly developed analytics and IT tools to track and forecast utilization and stock on hand, and this new visibility is now ingrained in our demand forecasting."

## Consolidated Service Center strategy

St. Luke's had already been examining a Consolidated Service Center (CSC) strategy and the pandemic validated that direction, according to Wengert. "Short term, we've further optimized service levels and

safety stock and have invested in the space necessary to house that stock," he said.

The Idaho-based health system sought out sustainable ideas like reusable instrument processing bins and sharps containers and those became saving graces when both blue surgical wrap became non-existent and the plastics manufacturing plant they use to create disposable sharps containers caught fire earlier this year.

"Had we not actively and strategically sought out sustainable ideas like that, we would have been in another level of crisis entirely," Wengert affirmed.

"Every crisis is different and requires fast decision making. Our sharpened collective skill sets are now being utilized to assess the diversification benefits of new domestic production options against the accompanying pricing pressure," Wengert said. "We had to refocus our sourcing managers and buyers to quickly develop new relationships, new supply chains and new logistics." ■



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# Adapting to Meet Changing Needs

The largest health system in Indiana now requires predictive supply health metrics and reporting.

**Indiana University (IU) Health is the largest network of physicians and hospitals** in the state of Indiana. The system includes a unique partnership with the IU School of Medicine, giving patients access to one of the nation's leading medical schools, to leading-edge medicine and treatment options. While COVID-19 response continues to consume significant healthcare resources and require heightened precautions, IU Health saw increases in surgical cases and outpatient care in the first quarter of 2021.



“Over the past year IU Health has adapted to meet changing healthcare needs amid unprecedented challenges posed by the global pandemic,” said Jenni Alvey, senior vice president and chief financial officer for IU Health. “We expect the rest of 2021 will require

continued resilience to manage operations and finances while making new investments to serve patients who depend on us, especially in these critical times.”

“Due to COVID-19, IU Health now reviews manufacturer and distributor throughput to include their sourcing

strategy outside the U.S.,” said Dennis Mullins, senior vice president of supply chain for IU Health. “This allows us to properly forecast our supply ordering and have confidence in the reliability of our suppliers to manage their end-to-end supply chain process from raw material to the product delivery to our hospitals.”

In addition, IU Health increased its knowledge base regarding how overseas manufacturing plays a vital role in how the U.S. supply chain operates to include the logistical complexities of ships, shipping ports and customs operations.

“Prior to the pandemic, we maintained a 60-day safety stock of PPE for all acute locations at our Integrated Service Center, which consolidates and handles inventory for our 16-hospital system,” Mullins said. “Now, we are positioned to maintain 120 days of PPE safety stock.”

IU Health's supply planning approach before the pandemic was based on historical usage. “But pandemic planning required more of a future forecast where we were required to look at the COVID-19 positive population at a global level, and it could impact the U.S. and IU Health,” Mullins said.

IU Health entered into several supply assurance programs with distributors and manufacturers. These programs were designed to stabilize and sustain

stocking levels required to support its increased demand.

“We created a strategic communication structure with multiple suppliers where discussions about supply levels occurred weekly, daily, and sometimes, hourly depending on the need,” Mullins explained. This resulted in better reporting being distributed to IU Health from vendors, including data related specifically to the pandemic like allocation amounts, and how and why certain products were used.

Since the pandemic, IU Health has engaged with its distributors to:

- › Require predictive supply health metrics and reporting
- › Preapprove substitute products to avoid disruption due to backorder where possible
- › Contract to guarantee supply commitments on critical PPE categories
- › Partner to identify and approve credible alternate supply sources and avoid scams in the market
- › Create more frequent communication tailored to the critical item needs of IU Health and how to best resolve those issues in the fastest way possible without impacting patient care

“Post-pandemic we expect closer assignments of pandemic-exposed capabilities of suppliers and distributors, their countries or origin and long-term risks,” Mullins said. “We expect even closer relationships with our distributors and vendors to capitalize on what they have learned during the pandemic about our processes and how we function as a healthcare system. This will improve communication on critical questions.”



Supply assurance contracts enabled IU Health to supply clinicians with needed PPE they were familiar with, rather than lower quality alternatives. And IU Health never had a zero balance of critical PPE.

“Our command center was set up to maintain constant contact with one another to resolve any issue that arose as efficiently as possible, sometimes within minutes of hearing about an issue,” Mullins said. ■

# How Data-Driven Construction Procurement Methods Improve Patient Care

**Healthcare, like any other industry, is limited by budgetary constraints and infrastructure.** The most significant differentiator about healthcare is that these limitations can negatively affect the overall quality of patient care. Recently, Scott Creekmore, Vice President of Healthcare at Gordian discussed with *The Journal of Healthcare Contracting* how initiating data-driven construction procurement methods can improve patient care for healthcare institutions, a concept that's designed around value-based care.

## What is data-driven procurement?

Healthcare makes advancements in innovation, technology, treatments, and methods of care every year, with previous approaches to healthcare becoming outdated seemingly as soon they are implemented. Even with the range of treatments that are continually updated, the construction of healthcare facilities hasn't advanced much. "There's no real way to validate the costs of a project," Creekmore said. "Depending on the size of your project, they can be anywhere from 10% to 60% of a swing in price. How do you know that you're getting value for your project?" With data-driven procurement, you can guarantee that the needs of your project will be met, all while dramatically reducing costs.

Data-driven procurement is a procurement strategy that uses data as a central measurement for the effectiveness of your strategies and decision making, especially in regard to construction projects for your healthcare system. "It takes data, like the cost of construction, and puts that on the marketplace and says, 'Ok, we've done our research. We know what these costs should be. We have broken down the material, identified the labor, identified the equipment, and put a crew together. Give us



your markup on that.' It allows you to do one bid at a time, giving you a pool of contractors to pick from."

Value-based construction is a concept that uses data-driven procurement to develop projects that increase the contractor's profit margins by reducing their overhead, while also reducing the cost of construction for the healthcare facility. In turn, this improves patient care, lowers patient costs, and increases profitability for the hospital. Additionally, the faster that hospitals can make value-based construction decisions on what they need, it will directly impact the community around them, such as health systems being able to more quickly build a OR suite.

## Investing in your healthcare facility

As healthcare needs become more complex, healthcare organizations need to be better and smarter about their financial investments. How can these organizations make better decisions and financial investments in their facilities?

Creekmore says healthcare organizations must first rely on their available data. "Take the time to build a dataset that you can share with your contractor, so you can have mutually agreed upon prices, and you can change the dynamic, the relationship that you have with your contractor. Have your contractor begin to focus on the value that he can bring your organization, not just the price." Data is reliable because it doesn't lie about your organizational needs. Your data will tell you exactly how well your current processes are working, how effective your patient care is, and what your organization is missing.

Additionally, utilizing the right software is critical. Using a robust software to record, track, and manage all your data is an essential part of this process. Creekmore said, "You're going to want to make sure that the data is validated and locked in, so you can trust the pricing that you are getting" ■



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# Huddle Up!

By shifting from a top-down management structure to a team approach, Baptist Health South Florida's supply chain team was able to pivot nimbly to proactively address challenges.

**The COVID-19 pandemic strained healthcare supply chains across the country** in unprecedented and unforeseen ways. Suddenly, the ability to acquire appropriate supplies wasn't only a matter of meeting patient needs – medical caregivers also were completely dependent on the supply chain for their safety.

At Baptist Health South Florida (BHSF), we were positioned to respond because of an alternative management strategy already in place before the first coronavirus case was detected. That comprehensive team approach, which is designed to continually evolve as part of our culture, got us through the crisis and promises to yield further improvements in process, communication, use of technology and improved partnerships with vendors and end-users.

The groundwork for changing from a reactive operation to a culture of excellence began by connecting team members through bi-weekly huddle meetings for a holistic view of the supply chain pipeline. These transformational huddles encouraged self-directed individuals and work teams to anticipate, detect and deal with a wide range of challenges. Infrastructure was implemented to give each team member the data, processes, responsibility, and authority to contribute toward common goals.

## Emulating clinical best practices

The supply chain huddle was designed specifically to solve issues unique to supply chain but in fact, was modeled after



a clinical process developed and implemented in the Department of Radiation Oncology at Miami Cancer Institute. While the daily radiation oncology topics were very different, the goals of delivering treatment vs. delivering products needed for treatment were similar. Furthermore, the sense of urgency required to determine appropriate treatment for patients on a daily basis is the same sense of urgency needed to ensure goods and services are available to the clinical teams. Issues must be resolved immediately so as to not jeopardize quality of care.

The supply chain team began observing the Radiation Oncology daily huddle to understand the value of cross-functional collaboration to deliver excellence in patient care and determine how to leverage these observations to develop a world-class supply chain by building excellence in much the same way as the radiation oncology team.

## Connection, communication and collaboration

The groundwork for changing from a reactive operation to a culture of excellence began with connecting with the team members. Daily contact between the team members and leadership became the norm to break down communication barriers that previously existed. Communication became bi-directional, allowing leadership to better understand the strengths and weaknesses of the supply chain and then assigning who was best prepared to tackle issues among the team. It was important that the team members understand they were empowered and were key to process improvements and innovations.

Every supply chain huddle begins with connecting as a team. Over 100 team members participate in the huddle, including representation from each hospital site, contracts & sourcing, distribution & logistics, informatics, and HR. It would be impractical to physically gather twice per week,

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so the huddles began as virtual meetings, even before the pandemic necessitated social distancing. Whomever is leading the huddle begins with a positive and motivational greeting, setting the tone for an interactive meeting.

The huddle follows a pre-defined agenda, but after every topic, the presenter of the topic pauses to ask if there are any questions or feedback. This is an important part of the dialogue, because

the team understands that if they have an idea to improve or solve an issue, they have a responsibility to speak up! Communicating twice per week allows ideas to flow to the top rapidly, and having all supply chain departments involved in the conversation allows the team to work through the details in the moment without requiring additional meetings.

However, some ideas are more complex than others, and the goal is to keep

the duration of the huddle at 30 minutes or less. If the problem can't be solved during the huddle, smaller workgroups are formed to focus on innovative solutions. These cross-functional collaborations bring team members that may not have previously worked together into an environment in which they fully outline and document the current process, evaluate weaknesses in the process, and develop alternatives for trial, and if

## Benefits of the huddle

At Baptist Health South Florida (BHSF), the groundwork for changing from a reactive operation to a culture of excellence began by connecting team members through bi-weekly huddle meetings for a holistic view of the Supply Chain pipeline.

Adapting to an unprecedented event with no finite time-frame was only possible because of the mechanism and culture put in place to measure, collaborate and lead within the supply chain team and BHSF enterprise. Through improved internal communication channels, the supply chain continues to not only meet, but exceed, the needs of end-users, which ultimately supports the highest quality of care to our patients.

George S. Godfrey, corporate vice president, chief supply chain officer of Baptist Health South Florida, offered the following ways the supply chain team – and overall organization – benefited from the huddle.

### **Culture of accountability**

An important part of the strategy to achieve supply chain excellence using the huddle was to build a culture of accountability. Within the Supply Chain huddles, every area and every level of authority had to be represented. Initially, the Supply Chain huddles were very top-down driven, and there was apprehension to speak up to address issues

among the team members, especially if addressing higher levels of leadership. Leadership had to reinforce the concept of continuous improvement to the team members to help them understand that accountability exists both at an individual and team level and that every individual on the team would be part of achieving excellence. The goal was to shift from a top-down approach to self-directed work teams. The infrastructure had to be put in place so that each team member had the data, processes, responsibility, and authority to reach common goals based upon his or her areas of expertise. Leadership provided very clear objectives, and the team was empowered to develop solutions without further direction from management. Once the team members were empowered and knew exactly what they needed to do to be successful, the culture began to evolve.

### **Measuring what matters**

What gets measured gets done, so deciding what should be measured was of paramount importance. Leadership collaborated on the metrics that would drive the business in the desired direction, starting with measurements that impacted the fundamental health of the supply chain. Sourcing activities such as contract expirations, pending requisitions, and invoice discrepancies were the initial targets.



George Godfrey

successful, deploy the optimized process to the supply chain team, and if applicable, the enterprise. The workgroups are initially comprised of supply chain team members, and as the ideas are progressed, other department team members and team leadership may be added to the workgroup to find the best possible solution for the organization.

An obviously important part of the supply chain is vendor relationships.

The supply chain team assigns work by commodity, and many vendors provide products that span several different commodities. During the bi-weekly huddles, it became apparent that specific issues could be attributed to suppliers responsible for several different commodities. Highlighting these issues with the entire team results in a more focused approach and fosters collaboration to resolve the problems more holistically. Metrics have been

developed for each vendor covering all commodities, enabling objective conversations with suppliers relative to opportunities for performance improvements.

## COVID-19

As the pandemic cases rose, so did the number of products on backorder with suppliers. Backorder management became a key focus during the huddle and

### Leadership development

The bi-weekly huddle provides an excellent opportunity for team member visibility. The huddles were initially led by senior leadership, but soon thereafter the format was changed so that each topic in the agenda is covered by either a team member or a mid-level manager, on a rotating basis

### Innovation

Integral to continuous improvement is the ability to innovate – to make changes to something established, by introducing new methods, ideas, or products. The ability to innovate to solve supply chain problems can make the difference between being able to deliver patient care or not. Therefore, it is imperative to find viable solutions, however unorthodox. If a vendor can't provide a product that is needed, alternate vendors are sought. If an alternate vendor is not available, the team looks for a new manufacturer, possibly collaborating with other healthcare systems. If raw materials are not available, the team looks for potential substitutions that will provide the same level of quality.

One such example of innovation was isolation gowns. The team was trying to source gowns at a time when supply was non-existent, and the demand for these gowns was exploding. Every supplier was facing the same issue – all traditional raw materials were in China, and due to the outbreak of the COVID-19, products were not flowing to the United States. Given the complexity of the issues, finding solutions to these problems was beyond the scope of the supply chain huddle. A smaller workgroup was spun off to focus on alternate sources of isolation gowns.

The team learned of a company that typically manufactured seat belts and airbags for automobile manufacturers, but given the downturn in the automobile industry, the company was looking for an alternate product line. The sourcing team reached out directly to the supplier to learn more about their products and process. The raw materials needed to make gowns were sourced in the United States, and therefore were not subject to export delays. The supplier was able to manufacture a gown that could be washed 50 times before disposal. The significance of a re-usable gown is that it addressed the increase and variability of demand as the number of pandemic cases reached new heights. The result of this innovation, and the vast collaboration required to deploy it operationally, was a sustainable solution for a critical PPE item. In the past, supply chain would have reacted to the demand created by the clinicians and fulfilled that demand with existing suppliers at the levels the suppliers could provide. But in these unprecedented times, the supply chain team learned to pivot and innovate and collaborate with the entire pipeline, from raw materials to end user, to provide a solution that not only saved money, but also saved lives given the severe shortages of PPE during the pandemic.

### Celebrating success

The bi-weekly huddles provide an opportunity to reinforce excellence by celebrating success as a team. As new processes are developed, issues are resolved in innovative ways, or a new leader effectively facilitates the huddles, the team publicly celebrates that success and congratulates all involved in their achievement.

spawned an entirely new team structure to focus on demand management moving forward. Emphasis was placed on vendors who could not provide the goods needed, and alternatives were efficiently evaluated and implemented.

The BHSF clinical leadership and front-line caregivers were critical to this process. The medical professionals within BHSF were not only dealing with the challenges of delivering the highest quality care to a rising number of patients, but they were also concerned about their own health. During this incredibly difficult time, the clinical teams were great collaborators in looking at alternatives, and evaluating operational effectiveness and safety for the caregivers that would be using these products. Their willingness to explore options given the many other issues they were facing served to deepen the partnership between the clinical teams and the supply chain team. The synergy created during this time has continued to be a catalyst for innovation to this day. The BHSF clinical team is highly respected and appreciated for their service to all the communities in which they support.

COVID-19 has impacted what is measured and reported in the huddles. Measuring daily demand and incoming supply based on hospital census has become a standard process. Each huddle begins with an update on COVID-19 statistics, including patient census, allowing the team members to anticipate if demand levels are likely to increase or decrease. The next item on the agenda is a report from the inventory team of any critical shortage items. This topic allows the team to



openly discuss any potential alternate sources of supply, or items that may be substituted.

**What's next**

As the team continues to tackle greater levels of complexity, the ability to collaborate on a broader platform will become the next goal. Innovating with the clinical teams and IT on multi-faceted solutions will continue to build upon the culture of continuous improvement and accountability at all levels. Propagation of this model onto other disciplines throughout the enterprise will enable improvements in process, analytics and increase speed to drive change and make course corrections as the environment changes.

Huddles have been transformative in the way in which the team communicates. Each topic discussed results in a clear call to action. Information is now disseminated directly, eliminating dilution or misinterpretation. Having a touchpoint with the entire department twice a week

eases some of the uncertainty brought about by the pandemic, and provides a direct level of contact among all levels within the department. Having a platform to share and discuss ideas makes the hierarchy of authority irrelevant as innovative approaches are explored. Ambiguity is eliminated, allowing a shared understanding of the issues and how the team plans to address upcoming challenges.

Through the evolution of the huddles and the improved internal communication channels, the supply chain team is not only meeting but exceeding the needs of the end-users in a timely and more customer-focused manner. Clinical and administrative departments are now true business partners with whom the supply chain team collaboratively seeks solutions to address the continuous shifts in the healthcare supply chain arena. Speed of resolution has improved dramatically, resulting in noticeably improved service levels, which in turn meets the ultimate goal of enabling our caregivers to provide the highest quality of care to our patients. ■

George S. Godfrey, corporate vice president, chief supply chain officer of Baptist Health South Florida

## Seeing Clearly

To effectively manage purchased services, start with spend visibility.

by Raelyn Wilson



*Raelyn Wilson is AVP Client Success  
with Valify Solutions Group*

When looking back on expense management over the past decade, corralling spend on physician preference items (PPI) was a daunting task. Vendors freely introduced medical devices and operators would buy with little discipline to how they were procured. Contracts, if they existed at all, were created and managed locally and even varied within the same facility.

Today, PPI has been broadly standardized and is often centrally managed. The transformation is a testament to how supply chain has successfully applied scale and effective management to contracting for this broad area of spend.

Purchased-services management is essentially following the same path. Services such as landscaping, laundry, blood, courier services, IT, finance, etc., account for a significant portion of operating expense for hospitals. In many cases, these categories can account for 35% of non-labor spend. And while they are receiving more scrutiny from supply chain and GPOs, there is much need for standardization and centrally managing these contracts.

Similar to PPI, it all starts with spend visibility. You may recall the phrase, “If you can’t measure it, you can’t manage it.” That’s why it is imperative to know your spend in real time in order to strategically manage it.

One of the tendencies I see in many health systems is that purchased services are not centrally managed by a single entity such as supply chain. As a result, practices for procuring supplies and services are inconsistent among departments and frequently not market competitive.

Fortunately, we’re seeing an increasing trend for hospitals to enlist supply chain to categorize and manage purchased services. Standardizing to one or two suppliers in a category can generate significant savings, whether you are a standalone hospital or a large IDN. The key is having the intelligence to know what you should be paying. Also required is the contracting expertise to effectively negotiate supplier agreements across a diverse set of categories.

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# Ten People to Watch in Healthcare Contracting

**Editor's note:** Thanks to all those who made the effort to nominate this year's "Ten People." And thanks to the Ten, who share their insights and experience with The Journal of Healthcare Contracting readers this month. They are:

**Carlos Aguilar**, Vice President, Buy to Pay, Sourcing, Kaiser Permanente

**Jeff Ashkenase**, Group Vice President, End-To-End Supply Chain, Nexera

**Drew Bailey**, Supply Chain Management Director, Banner University Medical Center, Phoenix

**Lorraine Lee**, MHA, BSPHarm, Senior Vice President, Clinical Operations, Yale New Haven Health System

**Anna Ormiston**, Head of GPO & Operations, Conductiv

**Nathan Overton**, Director, HCA Contracting, HealthTrust

**Jennifer Reverendo**, Vice President, Cooperative Services of Florida

**Omar Roberson**, Senior Director, Sourcing Partnerships and Programs, Vizient

**Régine Honoré Villain**, MPH, Senior Vice President Supply Chain Network, Chief Supply Chain Officer, Ochsner Health

**Erik Walerius**, Chief Supply Chain Officer, UW Medicine, Seattle, Washington





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## Carlos Aguilar

Vice President, Buy to Pay, Sourcing

KAISER PERMANENTE

***The Journal of Healthcare Contracting:* What's the most challenging or rewarding project you have worked on in the last 12 to 18 months?**

**Carlos Aguilar:** I would have to say the most challenging for us has been reconfiguring our supply chain and identifying new sources to meet our PPE needs. Everything from gowns, masks, and gloves to needles, syringes, and sanitary wipes were in shortage. It has been quite a range of categories and products that we had to identify new sources for, making sure that products and suppliers were verified and vetted. That was a big challenge, largely because there was a global shortage of all these products. But we also ran into more disruptions. Right when we solved one category, another arose. For example, once we had a handle on the PPE supplies, then it was a shortage of the ultra-low temperature freezers for the vaccines, needles and syringes.

I would say the most rewarding project was when we had the supply chain stabilized and got to the point where we were setting up mass vaccination sites. This is really where the rubber meets the road. We set up large venues where we can help high volumes of our members get vaccinated, as well as the community at large. That is when it finally felt like there was light at the end of the tunnel, not just for our organization and our members but for all of us. Seeing all that come to fruition, that made it feel like we were not just treading water, but we were making the major progress we needed to overcome the pandemic.

▼  
**We worked closely with our supply chain 3PL partner, who manages those warehouses and we've had to expand our relationship with them to cover some of the PPE categories as well**

***JHC:* What changes brought on by the pandemic are here to stay regarding the supply chain?**

**Aguilar:** The biggest challenge that we all recognize throughout the industry is there has been a lot of leaning out of our traditional supply chains in health care due to inventory issues and limited availability. When something like the pandemic hit, there just wasn't enough buffer in the inventory. As a nation, we've been looking at some of those regulatory changes that have been passed at the local and national levels. But I think making sure that we are considering inventory and redundancy of supply, geographic diversity (domestic and global sources), and supply assurance is going to stay with us. And we're asking the question more broadly than just PPE. We've always looked at that in other categories, like pharmaceuticals and elsewhere, but now with the pandemic, I think we're revisiting and looking at that much more broadly than just PPE. What



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► I think making sure that we are considering inventory and redundancy of supply, geographic diversity (domestic and global sources), and supply assurance is going to stay with us. And we're asking the question more broadly than just PPE.

categories? What inventory? What risk mitigation plans do we need to put in place?

I'd say the second one that certainly was an eye opener for us is, as we worked with our manufacturers and distributors, it became pretty clear to us that suppliers and distributors didn't always have complete control of the supply chain down to raw material at the factory level. That's another area I think we're taking away as an insight and one where we're putting in more controls, more rigor, more due diligence around really understanding all aspects. What factories? What are they doing to assure supply assurance at the factory level? How are they going about verifying the quality of those products? It's really taking that extra level view into the first, second and third tier in the supply chain.

**JHC: In order to maintain supply chain continuity, have you added or changed anything as far as storage, warehousing, or self-distribution?**

**Aguilar:** We've done a combination of things. Prior to COVID, we had implemented a hybrid pharmaceutical distribution strategy through partnerships with a national pharmaceutical national wholesaler and third-party logistics leader (3PL). The 3PL direct channel stored, inventoried and distributed pharmaceuticals that showed a benefit to KP of a cost savings or supply assurance for care critical items.

As the pandemic hit, we had to expand these areas. We worked closely with our supply chain 3PL partner, who manages those warehouses and we've had to expand our relationship with them to cover some of the PPE categories as well. But I think as we look ahead, it's probably going to be

▼  
We're looking at our end-to-end digital supply chain and transforming it. That was one of our major priorities before COVID hit.

part of our ongoing strategy. We just need to figure out how to optimize it. It really comes down to understanding the potential risk for which categories and what inventory levels might be affected. We want to make sure that we're not just solving for this pandemic but anticipating any future disruptions too.

**JHC: What project or initiative are you most looking forward to?**

**Aguilar:** We're looking at our end-to-end digital supply chain and transforming it. That was one of our major priorities before COVID hit. Obviously, when COVID hit, we needed to shift our priorities. But we're at that point where we're stable enough and mobilized, and we just launched that blueprint phase for the digital transformation.

That is probably the most exciting because after a year plus being in triage mode, it's nice to be back into a project where you're transforming and improving your operation. It covers the entire span of our organization from sourcing, ordering distribution, supply chain all the way through payables. We're very excited about getting that moving again. ■

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1. GHX Intelligence Date 2020 Q4

2. In comparison to weight of plastic for similar canister format; data on file



## Jeff Ashkenase

Group Vice President,  
End-To-End Supply Chain

NEXERA

### ***The Journal of Healthcare Contracting:* What's the most challenging or rewarding project that you've worked on in the last 12 to 18 months?**

**Jeff Ashkenase:** Managing the supply chains of 10 hospital systems in the New York/New Jersey/Connecticut area during a global pandemic was both the most challenging and rewarding work in my career as a healthcare supply chain executive.

Accounting for just shy of half of the total U.S. COVID-19 cases in April 2020, New York City emerged as the epicenter of the outbreak, with our health system partners struggling to access the supplies necessary to protect frontline workers and care for patients. There wasn't enough personal protective equipment (PPE) and no playbook to follow for this once-in-a-lifetime pandemic and the supply chain challenges it created.

Our on-site teams worked 24/7 to support frontline caregivers and patients, addressing challenges in real-time and amid this rapidly

changing environment. They showed unwavering commitment to enabling access to supplies, intelligence and technology so that providers focus on patient care.

The team shared their observations and guidance during Premier's Weekly COVID-19 call, open to members and the industry, and their regular insights have helped inform Premier's ongoing conversations with the federal government and other key stakeholders to help guide U.S. COVID-19 response.

I am infinitely proud of our team and this work alongside our healthcare hero partners and during one of the most challenging times for our industry.

▼  
As we learned in this pandemic, a sustained national emergency like this requires individual hospital stockpiles as well as federal supplies, and a lot of them.

### ***JHC:* What project or initiative are you looking forward to working on?**

**Ashkenase:** After an incredibly stressful 18 months, my focus is on my team, ensuring they have some downtime, feel supported as they deal with the long-term effects of the past 18 months and have all the resources they need be successful going forward.

COVID-19 demonstrated just how essential the supply chain is to enterprise-wide success and growth. Leaders across organizations have witnessed firsthand the agility, innovation and responsiveness of the supply chain during a crisis of this magnitude as well as what we're capable of post pandemic and beyond.

In other words, the supply chain is no longer just a purchasing vehicle. It's also a key component of an organizational management strategy capable of reducing costs and optimizing efficiencies and while driving strong clinical outcomes. This enhanced perspective will open up opportunities to be involved early on in the development of strategic initiatives alongside our hospital partners.

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▶ **We shouldn't harp on projects that may not have been as successful as we had expected – but instead focus on understanding why they weren't successful, lessons learned and the path forward to enable success and growth.**

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**JHC: What changes brought about by the pandemic are here to stay with respect to the supply chain?**

**Ashkenase:** The pandemic made it abundantly clear that a new approach to managing the supply chain is needed, one based on greater diversity of manufacturing and suppliers, as well as added redundancy and visibility.

We'll see greater, dedicated sources of U.S.-based supply – and organization's supply chain management strategies will continue to focus on diversifying production overall, both domestically and abroad, to help eliminate shortages.

Stockpiling, in some form or fashion, is also here to stay. As we learned in this pandemic, a sustained national emergency like this requires individual hospital stockpiles as well as federal supplies, and a lot of them. We're working closely with the federal government to collaborate on Strategic National Stockpile (SNS) redesign. We need to think through surge, inventory management and distribution in a more systematic way – and with a dynamic allocation system where product is funneled to those most in need, considering where the hot spots are, as well as projected case load.

And last, but certainly not least, we'll continue to see a more technology-enabled supply chain that can anticipate and respond to future shocks and minimize their impact, as well as automate manual processes. Advanced data analytics can help healthcare providers and organizations across sectors achieve savings, drive transparency and build resiliency for the future.

**JHC: How do you generate great ideas in your organization?**

**Ashkenase:** The best ideas come from asking questions, listening to the team and other stakeholders, and creating a safe

environment for brainstorming and sharing ideas.

It's also important for organizations to support their teams in making it easy to try new things and innovate. We shouldn't harp on projects that may not have been as successful as we had expected – but instead focus on understanding why they weren't successful, lessons learned and the path forward to enable success and growth.

**JHC: How do you align your organization with your vision and mission?**

**Ashkenase:** First, it's important to mention that it's not my vision or mission – it's our collective vision and mission as an organization and among all of our people.

At Nexera, we find it vital that our employees understand their role in helping us improve healthcare via supply chain transformation, and that they have the skills and resources needed to serve as advocates for our members and to implement meaningful, sustainable change.

**JHC: What are your current goals?**

**Ashkenase:** One goal I have this year is to continue advancing innovation and elevation of the supply chain. It's our passion to give providers a leg up to thrive in today's healthcare environment – enabling them to streamline operations, ensure clinical integration within the supply chain and manage procurement costs all in one place.

Another goal I have is to continue to do everything I can to support my team and help them thrive and grow. They are an amazing, talented group of professionals – I'm really proud to work alongside them. ■



## Drew Bailey

Supply Chain  
Management Director,  
Banner University Medical  
PHOENIX

▼  
The world, healthcare, and supply chain are all rapidly evolving, and if someone is not able to keep up with the pace of change or even thrive in this environment, they'll be left behind.

***The Journal of Healthcare Contracting:* What's the most challenging or rewarding project that you've worked on in the last 12 to 18 months?**

**Drew Bailey:** Transitioning supplies within perioperative services to a periodic automatic replenishment system. Historically, our perioperative services departments managed their own supplies, which meant different systems and prioritization levels for various product families. It was a less efficient and fragmented process. Now, supply chain has full ownership of perioperative department supplies, with everything moved to a periodic automatic replenishment system. Clinical managers can now focus on their clinical work without a concern for supplies, since supply chain has eyes on all supplies daily and by order if needed. The success of this new process resulted in clinical managers asking if we can handle even more than we initially took on.

***JHC:* What project or initiative are you looking forward to working on?**

**Bailey:** The project for which I am most excited in 2021 and 2022 is our long-term initiative to upgrade our supply chain technology. While this is a multi-faceted project, the piece that I'm most excited about is the implementation of a point of use (POU) technology for our perioperative departments. This technology will allow nursing to scan products used intraoperatively into the patient chart, as well as provide supply chain with real-time utilization. Additionally, this should allow for a better supply charge capture process and better satisfaction for nurses, as they type everything in by hand currently.

***JHC:* What changes brought about by the pandemic are here to stay?**

**Bailey:** The change that is most likely to stay post-COVID is limiting vendor traffic in our hospitals. During the pandemic, Banner Health found that we could conduct business just as easily and efficiently with considerably less vendor presence in the facilities. During COVID, when all visitors were restricted, no vendors were allowed in the facilities. Most recently, we've shifted to allowing vendors in if a physician feels they're an absolute necessity for best patient care. This reduction of foot traffic in the procedural spaces has been well received by stakeholders and will most likely never return to the previous state.

***JHC:* What are the most important attributes of successful leaders today?**

**Bailey:** The most important trait for leaders today is their ability to be resilient. The world, healthcare, and supply chain are all rapidly evolving, and if someone is not able to keep up with the pace of change or even thrive in this environment, they'll be left behind. This is an attribute that not everyone possesses, but it's something that should be sought after in the hiring process. This is a key question we try to answer when onboarding new leaders and team members.

***JHC:* What one thing makes you most proud?**

**Bailey:** What makes me most proud about my career is the opportunities and successes I've had in developing other leaders and helping them to attain their goals. Investing in people and their development should be the aspiration of any great leader and I'm very proud that I've assisted in several individuals' journeys toward aspirational leadership positions. I measure my own success through my ability to help others achieve their goals, whether they're personal or professional. ■



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## Lorraine Lee

MHA, BSPHarm, Senior Vice President, Clinical Operations

YALE NEW HAVEN HEALTH SYSTEM

***The Journal of Healthcare Contracting:* What's the most challenging or rewarding project you have worked on in the last 12 to 18 months?**

**Lorraine Lee:** I think from a supply chain perspective, we're not unlike anyone else in the country. Literally overnight, we were forced to figure out how to find supplies for COVID-19 patients at 500 to 1000 times the amount that we normally would need. So, my supply chain team just changed course and we did whatever we had to.

We admitted up to 900 COVID patients very quickly because we're right outside of New York City. It wasn't like we had an opportunity to plan or wait even a week. We had to find PPE and supplies within days. It was challenging. And my team did everything from driving to shipyards to see what came over in shipping containers to getting up in the middle of night to talk to Asia. We needed to know if things were coming or not, as it was all in flux at the time. A lot of our supplies did not come from the United States, it all came international. So, it was a stressful time.

It was challenging, but it was also really rewarding because we were able to successfully find what we needed to and supply our colleagues with all the PPE they needed. We never ran out of PPE; we came close in a couple of categories, but we never ran out. We used to watch the news and see caregivers in garbage bags. And my team did everything

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**I think there was stress, but I do think our colleagues and leaders understood supply chain challenges. Luckily, we were successful and that was our collective reward.**

they could to ensure we never were in that place. I think there was stress, but I do think our colleagues and leaders understood supply chain challenges. Luckily, we were successful and that was our collective reward.

The other rewarding thing was that we worked together as a system. We're a five-hospital system under the Yale New Haven Health banner. During the pandemic, we all rowed in the same direction. Everyone knew what we needed to do. Nobody was off doing their own thing. It was amazing and humbling to watch what happened internally. It was something I will never forget, no matter what I do in my whole career. A lot of staff got redeployed because we didn't have any outpatient services during that initial time. We shut down all our clinics and our physician offices. All the staff needed somewhere to go, but we never furloughed. They all just got redeployed. Many helped my team in supply chain.

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▶ I think we hit 900 patients in the middle of April. We had many meetings about what to do. Should we switch? Should we just stick with the distributor that we have? The problem with that is the incumbent knows they're out. Your new distributor is ramping up all your inventory to normal levels, and your incumbent is taking it down.

**JHC: Have you changed anything in regards to storage or how products are distributed to your sites?**

**Lee:** We're not self-distribution. We had a distributor who distributed directly to the point of use for the most part, to the hospitals, and the clinics. Interestingly enough, we changed distributors in the middle of the peak of the pandemic. It was a little crazy. We had been with the same distributor for over 30 years. And when I came into supply chain three years ago, the contract was coming up. Thirty years is a long time. So we did an extensive RFP, and we chose a new distributor.

All of this happened in 2019, and our date to transition was April 1, 2020. On March 8, we had our first COVID patient. I think we hit 900 patients in the middle of April. We had many meetings about what to do. Should we switch? Should we just stick with the distributor that we have? The problem with that is the incumbent knows they're out. Your new distributor is ramping up all your inventory to normal levels, and your incumbent is taking it down. My team was working on PPE sourcing, and we still worked on that for weeks and weeks and weeks. But what about all the other stuff, just the normal supplies that we need? We were having a lot of outages in March, because of the impending switch. We decided to go ahead and switch in the middle of the pandemic. In the end, it was the right decision, because the new distributor had uploaded all our inventory into their

▼  
We have a physician leadership group that makes all the decisions about what we do bring in and what we don't bring in.

warehouse. So, we didn't have to worry about normal supplies, we were getting lots of material.

**JHC: What project or initiative are you most looking forward to working on?**

**Lee:** Especially for supply chain, I want to get back to the business of continuing to develop what we call our clinically integrated supply chain. Before the pandemic, we worked very hard on involving the clinical staff in supply chain decisions, doing what we call value analysis work. Is this medical device the right device for the right patient at the right time? And is it the best price? So, it's a little bit of everything, but we start with what we need for the patient. We have a physician leadership group that makes all the decisions about what we do bring in and what we don't bring in. We have more work to do in that area. But now that we're almost back to normal business, that will be our focus moving forward. ■

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# Anna Ormiston

Head of GPO & Operations

CONDUCTIV

***The Journal of Healthcare Contracting:* What did you learn about yourself and your team over the last year?**

**Anna Ormiston:** The most challenging project over the past year would absolutely have to be starting a new group purchasing organization (GPO) – Conductiv Contracts – from the ground up. We’re a secondary GPO, providing value independent of our members’ existing group purchasing relationships, and we’re the only one focused solely on third-party services.

Starting from scratch to bring in members and build out the contract portfolio is very challenging, but it’s also rewarding. When you start fresh, you have the ability to rethink past approaches as well as add efficiencies and innovation, such as locally-initiated contracts, or parallels with diversity and inclusion efforts. These are the type of opportunities one may not have when working with an established offering.

When I’m talking to prospective members or suppliers and they see how our offerings help solve a problem they’ve been

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Our company has grown significantly over the past year, which has led to people joining the team who we’ve never met in person.

dealing with for so long, it’s truly gratifying. We’re helping our members contract for services at scale, while meeting the unique needs of each facility. We believe that through agile and purposeful sourcing activity, our members can improve the communities and missions they serve.

***JHC:* What project or initiative are you looking forward to working on?**

**Ormiston:** We’re really excited to expand our analytics offering into the GPO. Our members have so much on their plates, technology that helps them more seamlessly gain operational efficiencies and cost savings can be a total game changer.

Our technology utilizes artificial intelligence (AI) to achieve spend transparency, illuminate savings opportunities and optimize purchased services outcomes while tracking successes along the way. Members can see when they have an upcoming contract expiring, and we’re able to directly connect them with our contracted partners. For years, one common point of feedback from suppliers has been how difficult it can be to get in front of a member at the right time. This really helps solve that issue.

***JHC:* What changes brought about by the pandemic are here to stay with respect to the supply chain?**

**Ormiston:** COVID-19 has highlighted and put into sharp focus the need for centralized, accurate data.

Gone are the days when you could just run down the hall to ask someone about a contract or a supplier’s performance. With everyone suddenly working remote, it became apparent just how many challenges are added into everyday work by this lack of centralization.

We have the opportunity to build interconnected digital supply networks that can anticipate and respond to future shocks and minimize their impact, as well as automate manual processes. This kind of comprehensive, technology-enabled supply chain can help organizations across sectors achieve superior savings, drive transparency and build resiliency for the future.

**JHC: How do you keep your team motivated despite conflicts and obstacles?**

**Ormiston:** Building a new GPO and doing it all remotely provides a unique set of challenges. And our company has grown significantly over the past year, which has led to people joining the team who we've never met in person.

I think the first thing that's critical to motivation is allowing a space where they can openly discuss the challenges they're facing. I have at least 30 minutes carved aside weekly with each team member to cover 3 things: 1) What's going well; 2) What are the challenges and obstacles; and 3) How can I help?

From my own personal experience, Conductiv leadership listens and acknowledges the obstacles I'm facing, which is what I do with my team as well. By engaging my team in this dialogue regularly and working alongside them to help problem solve, it shows that we're partners in helping them remove conflict or obstacles so that we can allow them to excel and grow.

**JHC: What are the most important attributes of successful leaders today?**

**Ormiston:** I love the phrase, "hire the best talent and get out of their way."

▼  
**I think it's also important to allow each team member to make their own mistakes in a safe environment. Not every idea is going to work out – and that's OK.**

In my view, there are so many ways to accomplish any goal, and I've had a lot of success by stepping back and empowering the team to discover the process that works best for them. It makes me a better leader to see different viewpoints and hear their experiences at other companies.

I think it's also important to allow each team member to make their own mistakes in a safe environment. Not every idea is going to work out – and that's OK. Successful leaders are ones who understand that you learn something new each time a plan doesn't develop in the way you'd envisioned, and there's a lot of value in that.

**JHC: What's the most important risk you took and why?**

**Ormiston:** Many years ago, I was fortunate to have had the opportunity to consider two different job opportunities. One was in an established, successful program that focused on consumables and equipment. The other was to help start and create a new space focused on purchased, third-party services.

No one was really talking about purchased services at this time, so it was difficult to know if focusing in this area was going to lead to a dead end. I weighed a lot of pros and cons, but in the end, I decided to take the risk and join the team focused on services. I could never have predicted that one decision would lead me to this amazing career. Purchased services is now an area on the top of everyone's list to tackle, and I was able to gain years of experience and insight by making this my focus back then.

**JHC: How do you generate great ideas in your organization?**

**Ormiston:** One of my favorite things about working at Conductiv is the receptiveness to new ideas. It doesn't matter what your job function is – if you have a good idea, we want to hear it.

Not long ago, we had a great roundtable discussion and the topic was: "If money was no object, what would you do/create to add more value to our members?" People can be hesitant to throw ideas out there because they immediately start thinking about barriers to success, and what we wanted to highlight with that conversation was – if it's a good idea, let's remove the barriers. It was amazing to hear the thoughts and ideas from the group once we removed the concept of constraint, many of which were ultimately added to our product roadmap. ■



## Nathan Overton

Director, HCA Healthcare Contracting

HEALTHTRUST

***The Journal of Healthcare Contracting:* What is the most challenging or rewarding project you've worked on in the last 12 to 18 months?**

**Nathan Overton:** Certainly top of mind for everyone in supply chain during that period was supporting our members and caregivers as they faced the challenges of the global health emergency.

In my normal “day job,” I work as a dedicated resource supporting HCA Healthcare supply chain from a contracting and business perspective. Typically, I’m negotiating terms and conditions for contracts, pricing and related administrative activities associated with the contracting process. When COVID emerged, around March 17, 2020, that was the last “normal” day for quite some time. Our team had to quickly pivot to full-time operational and emergency operations support for HCA Healthcare.

My responsibility for the majority of the time was sourcing respiratory and high flow oxygenation equipment to support identified needs across the enterprise. This involved everything from making supplier contacts, sourcing and securing the appropriate equipment, coordinating purchase orders, as well as the logistics of staging the equipment for ultimate deployment to the hospitals. Overnight, I went from a purely contracting role to operations support. Everyone at HealthTrust was doing anything and everything possible to support the membership. It was a very interesting and challenging time. I definitely learned a lot despite the seemingly chaotic conditions.

▼  
**Overnight, I went from a purely contracting role to operations support. Everyone at HealthTrust was doing anything and everything possible to support the membership.**

***JHC:* What changes do you think are here to stay in supply chain as a result of the last 12 to 14 months?**

**Overton:** The first things that come to mind are working remotely and flexibility in scheduling. I think these will be trends going forward. This might impact healthcare slightly less than other sectors but I think we were already going down that path before the pandemic; it just accelerated things. The other side of that coin is that with remote opportunities and increased flexibility, you are always on, so to speak, so I think the delineation between work hours and non-work hours – especially with the geographic footprint of HCA Healthcare and the many events such as natural disasters that we prepare for – will always be a focus area that we will manage. More specific to supply chain, I think the collaboration that was born out of COVID will grow and expand. Not just collaboration across various silos and functional areas, but collaboration between IDNs as well. The work effort on ventilators and developing

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► Obviously, robotics – especially robotic assisted surgery – continues to be a growth category with new suppliers coming to market frequently. There’s definitely a lot to learn, but I also believe there’s a lot of benefit to the organization that comes from being involved in contracting efforts focused on the robotics category.

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the Dynamic Ventilator Reserve is a great example of this idea being put into practice. Especially in times of crisis, I think we will see more public-private collaboration among hospitals and health systems.

**JHC: What project or initiative are you looking forward to working on?**

**Overton:** From a contracting perspective, I’ve worked in a lot of different categories: cardiovascular products were an area where I spent a lot of time, I’ve also negotiated categories spanning from major capital equipment to trauma products and implants. More recently, I’ve focused on the robotics space as well as Neuro service line categories like Neurovascular and pain management implants and associated products.

Obviously, robotics – especially robotic assisted surgery – continues to be a growth category with new suppliers coming to market frequently. There’s definitely a lot to learn, but I also believe there’s a lot of benefit to the organization that comes from being involved in contracting efforts focused on the robotics category. I look

▼  
I can’t imagine navigating the pandemic the last 12-15 months without leaders like Ryan and Fred. Fred’s been doing this for a long time.

forward to continuing to learn and developing knowledge in the robotics category while I work to implement strategies, contracts and initiatives that will drive even more value to our membership.

**JHC: Who do you look up to for inspiration or mentorship?**

**Overton:** I have been blessed in my career to work for some exceptional leaders. Currently, I report to Ryan Compton and Fred Keller. They are great leaders and I’ve learned a lot from them. They have helped our team navigate the complexities of both our day-to-day work and the supply chain and enterprise support efforts during the pandemic. I can’t imagine navigating the pandemic the last 12-15 months without leaders like Ryan and Fred. Fred’s been doing this for a long time. He is well respected throughout the industry. Ryan too, has a lot of experience and I feel this helps us collaborate and drive execution as we continue to provide new value for HCA Healthcare.

Earlier in my career, I worked for Sean Heltsley and Bill Kellar. Sean introduced me to contracting and negotiation. He taught me a lot about balancing my personal life with all the work-related commitments and dynamics. Same for Bill. He is not only a friend but his mentorship has been invaluable; in my opinion, he is another key driver behind my career growth and progression.

Without these mentors, I would not be the person I am today, both in my personal life and my professional career. I feel very blessed to have the leaders that I have had. One day, I hope I can take what I’ve learned and pay it forward. ■



# Jennifer Reverendo

Vice President

COOPERATIVE SERVICES  
OF FLORIDA

▼  
As I increased leadership responsibilities, I found I needed to be intentional about finding and sustaining an effective support network.

**The Journal of Healthcare Contracting: What's the most challenging or rewarding project that you've worked on in the last 12 to 18 months?**

**Jennifer Reverendo:** A regional GPO exists to drive value for its members; however, during a global pandemic, it would be understandable to press the pause button. The biggest challenge over the last year has been finding a balance with our members to advance value opportunities while maintaining a daily focus on mitigating supply shortages. I am grateful to have a resilient team that is dedicated to serving our membership on both of these fronts.

**JHC: What project or initiative are you looking forward to working on?**

**Reverendo:** LeeSar and CSF have been challenged to think differently over the last several months in order to support the changing needs of our membership. As we settle into a new normal, I look forward to enhancing member experience. For

LeeSar I look forward to enhancing customer service communication and exploring options to improve the ordering experience. For CSF, I look forward to revitalizing our focus on member engagement. Specifically, I hope to foster targeted cross-member collaboration with clinical service line owners for peer discussion on value initiatives.

**JHC: What changes brought about by the pandemic are here to stay in the supply chain?**

**Reverendo:** In the healthcare sector, we see some clinical protocols, altered by the pandemic, remaining in their revised state and continuing to affect the way we buy supporting supplies. In order to support those practices and to build future security we need to develop strategic multisource partnerships for critical supplies, execute a deeper level of scrutiny on product origin to prioritize domestic or contiguous country manufacturing, and include stronger contract language regarding supply pipeline security.

**JHC: Who do you look up to for inspiration or mentorship?**

**Reverendo:** As I increased leadership responsibilities, I found I needed to be intentional about finding and sustaining an effective support network. Ideally, I wanted to tap into shared experiences, lessons learned, and insights gained from various leadership development resources. I was extremely fortunate to work with a small group of amazing women for several years who shared a like-minded sense of purpose, embraced personal leadership development, and were committed to the selfless support of each other's success. This is still the group I look to for coaching in the moment, general guidance, and emotional support.

**JHC: What's the most important risk you took and why?**

**Reverendo:** The most important risk I took was uprooting my family to another state in order to take advantage of a career opportunity. That decision was significant because it required each of us to be onboard, knowing that we would leave our comfort zones and be required to adapt through extensive change in every facet of our lives. Similar to evolving a business in order to thrive, I think you hold tight to the vision while you work through the changes you expected, address the ones you did not, and honor the feelings that come along without letting them get in the way of progress. The target condition is that the long-term benefit surpasses the short-term challenges. ■



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<sup>1</sup> Anderson, D., et al (2013). Decontamination of Targeted Pathogens from Patient Rooms Using an Automated Ultraviolet-C-Emitting Device. *Infection Control and Hospital Epidemiology*, 34(5), 466-471.2.

<sup>2</sup> Mahida, N, et al (2013). First UK evaluation of an automated Ultraviolet-C room decontamination device (Tru-D). *Journal of Hospital Infection*, 05(005), 1-4.3. Sexton, D., Anderson, D., et al (2017).

<sup>3</sup> Enhanced terminal room disinfection and acquisition and infection caused by multidrug-resistant organisms and *Clostridium difficile* (the Benefits of Enhanced Terminal Room Disinfection study): a cluster-randomised, multicentre, crossover study. *The Lancet*. 389(10071), 805-814



## Omar Roberson

Senior Director,  
Sourcing Partnerships  
and Programs

VIZIENT

▼  
I've recently embraced actively seeking mentors for sound advice about leadership, career advice, business concepts and life in general.

### **The Journal of Healthcare Contracting: What did you learn about yourself and your team over the last year?**

**Omar Roberson:** I learned that I really missed being in a room with my team and using a whiteboard to brainstorm a new idea or project. However, working remotely forced us to use technology in different ways to generate ideas in a group setting. For example, we used a software platform that simulated a Post-it Notes brainstorming session to perform an affinity diagram exercise. We used affinity diagrams to organize a large set of ideas written on Post-it Notes into their natural themes. This exercise went very well even without the team being in the same room.

Additionally, I was amazed at the resilience of our team as they were still able to achieve their savings goals for each of our member hospitals. In the midst of COVID-19, it was an even greater challenge for us to meet our internal operational and financial goals for the year. With determination and teamwork, each goal was attained.

Through the pandemic, I've realized the importance of being more intentional with connecting with family, friends and loved ones. I believe that it's essential to stay connected with the people you love. I cannot truly enjoy success in my career without the foundation of my loving family being secure.

### **JHC: What project or initiative are you looking forward to working on?**

**Roberson:** We have some very exciting projects in the pipeline with the goal of improving operational efficiency within our organization. These projects are focused on enabling our sourcing executives to obtain speed to value in commodity categories. This allows them to allocate more time on more complex initiatives, such as physician preference items and purchased services that require more effort. The new strategies ask our organization to reconsider how we're currently structured and to think outside the box regarding how we conduct our bid process. We're also deploying internal dashboards so each sourcing team can benchmark against their counterparts, which encourages sharing of best practices and allows us all to better serve our members.

### **JHC: How do you continue to develop yourself as a leader?**

**Roberson:** I've recently embraced actively seeking mentors for sound advice about leadership, career advice, business concepts and life in general. Years ago, I was hesitant to seek a mentor, but I've realized that most people view it as an honor to be chosen as a mentor and look forward to being a part of someone else's journey towards success. You also don't have to limit yourself to one mentor. Multiple mentors are just fine because we live multifaceted, complex lives, and seeking different advice from multiple people can help with furthering one's leadership development.

### **JHC: What changes brought about by the pandemic are here to stay?**

**Roberson:** I believe supply chain organizations have obviously re-evaluated their inventory methodologies such as bulk buys or JIT (just-in-time), particularly with PPE products. Additionally, supply issues with allocation and distribution compelled providers to invest in building their own distribution centers to have more control. We also saw the consideration of new suppliers as alternative sources. With that, organizations are including additional information in a supplier's scorecard like raw material data and the location of manufacturing sites of sub-vendors to better protect themselves. ■

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## Régine Honoré Villain

Senior Vice President Supply Chain Network,  
Chief Supply Chain Officer

OCHSNER HEALTH

### *The Journal of Healthcare Contracting:*

#### **What's the most challenging or rewarding project that you've worked on in the last 12 to 18 months?**

**Régine Villain:** Working to ensure the viability of the organization. When it comes to supply chain, everybody talks about PPE, but the supply chain really is at the center of a lot of the decisions that were happening, such as making sure ventilators were available, managing the vaccination sites and supporting them, etc.

At the same time, we were completely remote during a situation that never happened before. So, you have the most acute crisis that you could ever have lived through, yet you're managing a team of individuals remotely. And at the time I was fairly new to the organization. When COVID started, I had been at Ochsner less than one year. You're looking at all of those dynamics, and it was just massive challenge. But I knew that it was also time to show up and show out.

#### **JHC: How do you foster successful engagement/communication among clinical staff and other parts of your organization with the supply chain?**

**Villain:** For me, it's about an attitude of servant leadership, coming from a place of openness. It's really understanding that communication is the cornerstone of everything. I thrive on building strong networks and relationships with others. When it comes to engaging folks, I want to meet them where they are.

▼  
**I thrive on building strong networks and relationships with others. When it comes to engaging folks, I want to meet them where they are.**

First, I want to understand. I want to seek to understand what it is that we're trying to do. So, one of the things I'm very careful about when engaging with others is making sure that we're building momentum to something bigger than just the two of us. What are some of the successes that you have? What are the challenges that you have? OK, here's where I'm coming from, and here is what I see, what do you think about that?

It's that spirit of openness, a spirit of listening, servant leadership, and that attitude of saying, "I want to be humble and I want to be completely vulnerable to hear what you have to say."

At the same time, let's use that as fodder to figure out how we can do something together. I want to find the people who respond well to that. I'm not coming to you because I know everything, and I'm not coming to you because I'm trying to change what you're doing. I'm coming to you because I think that we can do something together. Or perhaps I have an idea and "Hear me out, here's what I was

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► We had a year where unconventional was the norm. And in many ways, I want to make sure that we don't forget that. We don't forget what it felt like when we broke those barriers.

thinking, what are your thoughts?" It's about having that respect and boundaries.

Ultimately, you start from a place of assuming good intent, and you make it work. So, engagement is really important and something I practice, not only with colleagues, but also with team members and external partners. I find that when you have that kind of respect and servant leadership attitude, it resonates really well with others.

Just be authentic. If you don't know something, you don't know it. That's fine. It's OK to not have all the answers and seek to find ways to engage with each other in a way that is fulfilling for both parties.

**JHC: How do you generate good ideas within your team?**

**Villain:** I invite people to feel comfortable with putting down their guard. Let's forget about titles for a second here. I'm coming to you. Yes, I'm a senior leader, but I know that you are the expert in your space. Let's say you are a buyer. You are the expert right now in your space. I'm coming to you to better understand some things that may be going on in my space, and maybe you have ideas. Maybe there's things that you're doing that are repetitive, that you're already thinking maybe that I should do this different way. Or maybe there are things that you're probably already doing, thinking that you're going to get yourself in trouble by revealing it because it's outside of the norm of what's being told to you. So let's have some ideas about some things that you're talking about.

This must be a safe space. Not only talk about creating the safe space, but also emulate it. Like I said, it's important to be authentic. Once you demonstrate that it becomes a little bit easier to help with idea generation.

And then setting the expectation that failure is OK. That's another thing. People want to generate ideas, but they get scared that maybe their idea is not going to work and that they're going to be blamed for it. It's OK to fail forward in the pursuit

▼  
People want to generate ideas, but they get scared that maybe their idea is not going to work and that they're going to be blamed for it. It's OK to fail forward in the pursuit of wanting to do the right thing.

of wanting to do the right thing. What's important is to understand the times that you have failed, learn from it and quickly pivot and try to figure out the next thing.

We're going to generate this idea and guess what, after the first few weeks of trying it, we can come back together and have another idea. And then do it again, until we figure it out.

I think when people see that, and they believe it, it really helps across the spectrum, not just employees, but again, colleagues and people you deal with, because then people understand that, "I've got your back. I've got you. Let's do this." You may think it's a stupid idea. But it really isn't that stupid. Because at the core of it, there's a lot of good stuff that we can do here.

It may not be conventional. There's nothing wrong with that. We had a year where unconventional was the norm. And in many ways, I want to make sure that we don't forget that. We don't forget what it felt like when we broke those barriers. We don't forget what it felt like when we broke those rules. And it felt really good to have that speed to execution and have something that seems to be insurmountable done in like 24 hours, 48 hours, because no more red tape, no more questioning. If my ideas were good last year, and you trusted me last year to make some amazing decisions, then let's continue on that path. ■



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## Erik Walerius

Chief Supply Chain Officer

UW MEDICINE,  
SEATTLE, WASHINGTON

▼  
Colleagues continue to recognize the value our partnership provides to the organization and how our contributions help our health system achieve its mission to improve the health of the public.

### *The Journal of Healthcare Contracting:*

#### **What's the most challenging or rewarding project you've worked on in the last 12 to 18 months?**

**Erik Walerius:** Similar to most, if not all, of our healthcare supply chain colleagues, our organization's response to the pandemic has been both the most challenging and rewarding project not just in the past 1-1.5 years but for my entire career. I am so humbled to be part of the team at UW Medicine that has risen to the occasion to ensure our clinicians and frontline staff have the supplies and equipment needed for patient care, but to also ensure they themselves are protected. We never ran out of any supplies during the pandemic and our staff were always protected. We have taken numerous lessons learned coming out of this pandemic that are helping shape our team's priorities moving forward, including improved cross training of key roles, continued enhancement on our data/reporting, and improving cross team communication.

#### **JHC: What project or initiative are you looking forward to working on?**

**Walerius:** In addition to the lessons learned, our organization has embarked upon a new Enterprise Resource Planning (ERP) implementation we are conducting in partnership with our higher education university colleagues. We see this as an opportunity to not simply install new technology, but to validate, and if needed, redesign our processes across multiple key areas of our supply chain. We are also in a period of significant growth with two major infrastructure capital projects underway including a behavioral health hospital and a \$1.7 billion patient care tower. Both projects will provide a much-needed foundation in continuing to achieve our mission to improve the health of the public.

#### **JHC: What changes brought about by the pandemic are here to stay in the supply chain?**

**Walerius:** The continued elevation and recognition that a competent supply chain team is critical to ensuring clinicians have the tools and equipment needed to provide patient care. In addition, a skilled and capable supply chain team is a strategic advantage and differentiator to the organization's future and financial health.

#### **JHC: How do you keep your team motivated despite conflicts and obstacles?**

**Walerius:** Our leadership team consistently reminding our overall team and ourselves and then delivering on the commitment that no matter how difficult or complex or time consuming an objective at hand is, we are in this together as a team. Similarly, ensuring we all have aligned goals is another key priority. We have created a strategic plan for our department to ensure we are supporting the larger goals of our organization, which is helping us focus our efforts and minimize non-value-added work and therefore improving moral.

#### **JHC: What one thing makes you most proud?**

**Walerius:** I'm most proud of seeing our team continue to increase the value we provide to our organization. This includes the foundational work of consistently delivering supplies to the clinical floors and placing Purchase Orders to our work addressing total cost of care and quality outcomes. It's inspirational to see how our team is evolving and maturing. Colleagues continue to recognize the value our partnership provides to the organization and how our contributions help our health system achieve its mission to improve the health of the public. ■



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# Find Ways to Care for Those Who Care for Everyone Else

**While it's stating the obvious, it's worth repeating that our healthcare workers fought and continue to fight a heroic battle against COVID-19.** None of them could ever have imagined the physical, mental and emotional catastrophe they are valiantly encountering every day – or the toll it would take on them. For a number of reasons, nurses stand out for the challenges they faced and overcame during the darkest days of the pandemic. But they are human and, like all of us, they want to feel appreciated and rewarded for their hard work and sacrifice. The pandemic is not over, but employers need to find ways now to show their gratitude and loyalty to these highly respected professionals. Before we explore some of those benefits, let's take a closer look at what nurses have experienced in the past year and a half.

## Unimaginable Trials and Loss

Nursing is the largest healthcare profession in our country. Of the 3.8 million+ registered nurses, more than half of them work in general medical and surgical hospitals. They also provide most of the long-term care in the U.S.<sup>1</sup> As of 2019, there were also 920,655 licensed practical nurses/licensed vocational nurses (LPN/LVNs) in the United States.<sup>2</sup> Picture these women and men going to work at the beginning of 2020 and seeing people of all ages struggling to breathe, alone and afraid in hospitals and long-term care facilities. Then think about how those nurses, and the facilities where they worked, had to desperately search for sufficient personal protective equipment (PPE) so that they could stay well while caring for the sick and dying. Many nurses ended up reusing PPE for multiple shifts and isolated themselves from their families and friends in an effort to prevent the further spread of COVID-19.

Since the pandemic began, nurses have worked unbearably long hours in stressful and overcrowded environments, but continue to show up. Many came out of retirement because they knew they had

the skills and fortitude to face this healthcare crisis. Nurses provide much more than medical care; they offer compassionate support to patients who don't know if they will ever see their families again. These people depend on nurses to help them survive, and to comfort them and their loved ones who can't be with them.

Sadly, healthcare workers have not been immune from the deadly virus. The CDC reports that more than five million American healthcare personnel have contracted COVID-19, nearly 19 percent of all cases, and 1,691 have died as a result.<sup>3</sup> A comprehensive investigative report by *The Guardian* and KHN reveals a much higher number: 3,607 U.S. healthcare worker deaths in the first year of the pandemic. Of those, nurses made up the largest group (32 percent). Reviewing that database, reading the stories of those lost and seeing many of their faces, truly drives home the sacrifices they made on behalf of their patients.<sup>4</sup>

## Going Forward, More Good News than Bad

Let's begin with the concerning news: the Kaiser Family Foundation and The

Washington Post surveyed 1,327 frontline health care workers, and here is some of what they revealed:

- › 62 percent report that COVID-19 stress and worry has a negative impact on their mental health
- › 70 percent of the youngest workers (ages 18-29) feel “burned out” about work
- › 56 percent of those working in hospitals report that their facility hit over-capacity of ICU beds
- › 34 percent working in either hospitals or nursing homes say their workplace ran out of employee PPE at some point during the pandemic
- › More than half report that their employer is “falling short” in providing additional pay to employees in the highest-risk situations
- › Half of all surveyed feel “burned out” or “anxious,” with 21 percent also “angry” when they go to work.

Given these responses, it's no wonder that nearly half (48 percent) of those who worked in hospitals and nursing homes during the pandemic, and whose facilities ran out of PPE and had an over-capacity ICU,



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were considering leaving healthcare!<sup>5</sup> LPNs are facing challenges, too, from limited job opportunities, experience and education, to long hours, dealing with hazardous materials, problems with delegation, anonymity, and significantly lower pay than RNs.<sup>6</sup>

On the positive side, trends are emerging that should drive optimism in the nursing profession, such as:

- › Unprecedented job growth
- › Steady or increased salaries for RNs
- › Greater participation in the enhanced Nurse Licensure Compact for travel nurses
- › Higher value for bilingual nurses
- › More nurses who specialize
- › Increasing proportion of male nurses
- › Growing tech savviness
- › Postponed nurse retirements
- › More awareness of common issues faced by nurses<sup>7</sup>

All I can say about that final trend is, “It’s about time!” People within and outside the healthcare industry often have taken nurses for granted; it seems that as this global pandemic moves through its second year, their contributions are finally being acknowledged – and rewarded.

### Commit to Attracting and Incenting Nurses – and They’ll Be Loyal in Return

Like most of us, nurses want to be paid well for the value they provide to their workplace

and its patients. They also want to clearly understand their job duties, know that there will be adequate staffing as well as opportunities to further their career if they choose, and work in a supportive environment.

We’ve all heard about the signing bonuses that hospitals and health systems are offering due to the ongoing shortage of nurses (which isn’t expected to go away anytime soon). According to Monster, employers are offering nurses other benefits such as flexible shifts, onsite child care, tuition reimbursement and scholarships, health club memberships, and free concierge services.<sup>8</sup>

What else can you do to capture the attention of potential nurse employees, and retain them once they join your facility? Consider providing them with uniform apparel, and cleaning it for them. Nurses find supplied uniform apparel to be a perk for numerous reasons:

- › They don’t have to purchase and launder uniforms themselves, saving money and time
- › They can count on having the right attire for every shift, enabling them to perform their duties under the best and worst conditions
- › It enhances their self-image and identity as a nurse
- › It reduces their worry about spreading infection outside the facility
- › It enables patients and families to distinguish them from other employees, increasing nurse safety and satisfaction

- › They value quality, comfort and style in their professional attire

By supplying uniform apparel to your nurses, you extend the awareness of your brand – and demonstrate your commitment to your employees and their professional appearance.

If you’re going to contract with a uniform apparel provider, be sure to identify one with a reliable order management/tracking/shipping/payment system, adequate supplies of all uniforms, a variety of product options, customizing capability, and top-quality brands, colors and fabrics that nurses prefer.

Sandra Lindsay, RN, a critical care nurse and intensive care unit director at Long Island Jewish Medical Center, was the first American to receive a COVID-19 vaccine last December. Now, the medical scrubs and badge she wore that day, along with her vaccination card, will be displayed as part of the COVID-19 exhibit in the Smithsonian Museum of American History. Upon giving Ms. Lindsay the “Outstanding American by Choice” award, President Biden said, “If there are any angels in heaven ... having spent a lot of time in the ICU, they’re all nurses — male and female. Doctors let you live. Nurses make you want to live.”<sup>9</sup>

Find ways to make your nurses want to work for you, by showing them that you value their devotion and expertise. You’ll find that it will be a win-win situation for them and your care facility. ■

Deanna Leonard, MBA, is Vice President and General Manager - Professional Healthcare Apparel, for Encompass Group, LLC.

<sup>1</sup> <https://www.aacnnursing.org/news-information/fact-sheets/nursing-fact-sheet>

<sup>2</sup> <https://2020nurseandmidwife.org/nurses-by-the-numbers/>

<sup>3</sup> <https://covid.cdc.gov/covid-data-tracker/#health-care-personnel>

<sup>4</sup> <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>

<sup>5</sup> <https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/>

<sup>6</sup> <https://nursejournal.org/articles/top-challenges-for-a-lpn/>

<sup>7</sup> <https://onlinenursing.cn.edu/news/nursing-trends>

<sup>8</sup> <https://www.monster.com/career-advice/article/creative-benefits-for-nurses-hospitals>

<sup>9</sup> <https://www.cbsnews.com/news/smithsonian-nurse-covid-19-vaccine-scrubs>

# Nasal Decolonization

How nasal decolonization has been demonstrated to help prevent surgical site infections

## Nasal decolonization for patients at high risk for infection can have very

real benefits in reducing their risk, said Keith St. John, MT (ASCP), MS, CIC, vice president, clinical affairs, for PDI. In fact, this has become such a well-demonstrated intervention for patient safety that the Centers for Disease Control and Prevention (CDC) has recommended nasal decolonization as part of a comprehensive approach for patients undergoing high-risk surgeries as well as patients in high-risk settings, such as intensive care units, and patients with medical devices that place them at risk for infection, such as central venous catheters ([www.cdc.gov/hai/prevent/staph-prevention-strategies.html](http://www.cdc.gov/hai/prevent/staph-prevention-strategies.html)).

## Why the nares are critical to infection prevention

According to the most recent estimate, the average adult human body is comprised of 30 trillion human cells – the cells that make up your skin, bone, organs, hair, and fluids, St. John said. The average adult human body consists of approximately 39 trillion microbial cells<sup>1</sup>. “We are, literally, outnumbered; in essence, we are walking microbiomes. Usually this is a symbiotic state. Without microorganisms in your intestinal tract, for example, you wouldn’t be able to digest food.”

The human nares are no exception. In healthy adults, the predominant organism is *Staphylococcus epidermidis* in more than 75% of people. The pathogen, *Staphylococcus aureus*, is present in more than a third of the general adult population<sup>2</sup>.

However, the distribution of organisms changes throughout our lives, St. John said. For example, in children, the predominant organism is *Streptococcus pneumoniae*. Importantly, the organisms in the nose can cause infections. For 85% of surgical site infections caused by *S. aureus*, isolates from the incision site and the nares have been shown to be genetically identical (by DNA analysis) suggesting cause and effect<sup>3</sup>. But it doesn’t start and stop with surgeries. For bloodstream infections, the relatedness between isolates from the nose and the causative organism was 82.2%<sup>4</sup> and for pneumonia, it can be as high as 94%<sup>5</sup>.

Nasal decolonization has been demonstrated to help prevent surgical site infections (SSIs) for nearly 20 years<sup>6</sup>. St. John cited a randomized open label trial that compared twice daily for 5 days of nasal mupirocin vs. 2 applications

of nasal povidone iodine (PI) within 2 hours of incision for primary or revision arthroplasty and spine fusion surgery was performed at NYU Hospital Center. The study demonstrated *S. aureus* deep SSI developed in 5 of 763 surgical procedures in the mupirocin group and 0 of 776 surgical procedures in the povidone-iodine group ( $P = .03$ ). This led to the conclusion by the investigators that nasal povidone-iodine may be considered as an alternative to mupirocin in a multifaceted approach to reduce SSI<sup>7</sup>.

Decolonizing patients can also prevent bloodstream infections by as much as 44%<sup>8</sup>. While early work focused on antibiotics (e.g., mupirocin nasal ointment), antiseptics have recently emerged as an alternative that aligns with antimicrobial stewardship programs. Recently, a large study of nursing homes in California showed that intermittent decolonization of residents yielded a 36% decrease in multi-drug resistant organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA<sup>9</sup>).

“As the shift from the use of nasal antibiotic to the use of nasal antiseptic for decolonization increases, it is anticipated that additional studies will be published in peer-reviewed literature with emphasis on the positive patient outcomes,” said St. John. ■

<sup>1</sup> (PLoS Biol 14(8): e1002533), <sup>2</sup> (Rhinology 1986 Dec;24(4):249-55 and mBio Feb 2011, 2 (1) e00245-10), <sup>3</sup> (N. Engl. J. Med. 346 1871–1877), <sup>4</sup> (N Engl J Med. 344(1):11-6),

<sup>5</sup> (J Clin Microbiol. 43(7): 3491–3493), <sup>6</sup> (N Engl J Med. 2002 Jun 13;346(24):1871-7), <sup>7</sup> (Infect Control Hosp Epidemiol 2014;35(7):826-832), <sup>8</sup> (N Engl J Med 2013; 368:2255-2265)

<sup>9</sup> (ClinicalTrials.gov Identifier: NCT03118232)



# Securing Medical Supplies During a National Crisis

**A critical lesson from the COVID-19 experience is the importance of emergency sources of medical products like personal protective equipment when a crisis hits.** Nearly 20 states are now considering action to require stockpiles of PPE, but many of those efforts could diminish our nation's ability to store and deploy useable supplies when we need them most.

Stockpile mandates have the potential to impose unsustainable burdens on our healthcare system, leading to excessive spending, increased prices, and poorly maintained or obsolete supplies. To ensure we are prepared for the next public

health emergency, states should partner with the private sector to stockpile supplies using existing medical product storage and distribution infrastructure.

COVID exposed significant inadequacies in our country's previous stockpiling

efforts. According to reporting by the Associated Press, nearly two dozen states had maintained modest medical supply stockpiles prior to 2020, but due to maintenance costs many of those stockpiled products had become outdated and the overall numbers were too small to meet the massive need created by COVID.

Coast-to-coast, states are trying to improve preparedness for a future pandemic by using executive orders or new legislation to require enhanced stockpiles of PPE. Last year, California passed a law requiring



hospitals would need the equivalent of 1½ football fields of space.

Even when warehousing on this scale is available for healthcare facilities, buying or leasing it and procuring a continually replenished supply of PPE will create millions of dollars in new costs that may be recouped through higher prices consumers pay for medical services. Smaller or rural facilities have already said they are simply unable to meet these new obligations.

A better way to prepare and maintain stockpiles of critical medical supplies is by utilizing existing commercial storage and distribution infrastructure. Medical product distributors have capabilities in place that can provide available logistics support and the expertise to manage the full range of PPE stockpile maintenance and delivery needs.

In 2020, companies represented by the Health Industry Distributors Association (HIDA) distributed a record 51 billion units of PPE. These numbers represented a 1200% increase in the distribution of N95 respirators and a 150% increase in the distribution of face masks over 2019 levels. They reflect the kind of enhanced capabilities that can be achieved when government and industry work collaboratively.

This type of partnership is already a best practice modeled by the U.S. Department of Health and Human Services' Strategic National Stockpile. The SNS recently signed contracts to partner with medical products distributors for warehousing infrastructure and last-mile delivery services for critical supplies, which is an important first step to expand upon at the national level and a template

## **In 2020, companies represented by the Health Industry Distributors Association (HIDA) distributed a record 51 billion units of PPE.**

employers who provide direct patient care to maintain a 3-month supply of PPE.

These kinds of mandates could create massive new costs for healthcare providers still reeling from the financial impact of COVID. A single 350-bed hospital creating a 90-day stockpile of a typical mix of PPE would need to buy and maintain 13-15 tractor trailers of storage space. To meet the same obligation, a 5,000-bed hospital system of 10-12

Distributors currently maintain more than 76 million square feet of warehouse space at 500 distribution centers across the country. That network is used to distribute medical supplies to the nation's 6,000 hospitals, 44,500 nursing homes and assisted living facilities, 230,000 physician offices, 267,000 laboratories and 12,200 home health agencies. During COVID that existing medical product distribution system produced historically high results.

that states can follow for more efficient medical emergency preparedness.

PPE reserves will be vital to better prepare our country for a future health emergency and public-private partnerships represent to achieve it. With federal leadership and coordination, state stockpiling mandates should recognize and support these partnerships to most efficiently store and distribute medical supplies without massive new cost burdens on healthcare providers. ■

Matthew J. Rowan, President & CEO, Health Industry Distributors Association

# Healthcare Group Purchasing Organizations: Driving Quality Throughout the Healthcare System



BY TODD EBERT,  
INTERIM CEO  
OF HSCA

**The COVID-19 pandemic has underscored the importance of ensuring a safe and reliable supply of quality medical products.** Patients and providers depend upon access to high-quality, affordable medical supplies, and shortages of such products or use of counterfeit or inferior supplies jeopardizes patient care. As the sourcing and purchasing partners to America's acute and non-acute healthcare providers, healthcare group purchasing organizations (GPOs) are committed to ensuring quality and reliability throughout the healthcare system.

GPOs are supply chain leaders in quality assurance and take a comprehensive approach to purchasing that considers not only the competitive pricing offered, but also the quality of the manufacturer and the reliability and stability of supply. Because the United States Food and Drug Administration (FDA) plays an important role in assessing manufacturer quality, GPOs evaluate manufacturers according to Current Good Manufacturing Practices (cGMP) regulations and inspection reports issued by the FDA. Due to the stability and predictability of product demand that GPO contracts provide, manufacturers are increasingly willing to share quality-related data with GPOs, allowing GPOs to have greater insight into the quality and reliability of manufacturers when sourcing contracts.

As quality issues can often lead to drug shortages, GPOs help member hospitals lessen their exposure to shortages by evaluating manufacturer reliability and helping providers establish best practice purchasing procedures. GPOs help hospitals source and safely migrate to alternate products when shortages or quality issues

arise, enabling providers to continue to provide high-quality, uninterrupted care to their patients. GPOs also work to identify additional manufacturers for products in shortage and help bring them to market as quickly as possible to help reduce product scarcity, prevent price spikes, and increase competition in the marketplace.



GPOs' fierce commitment to quality helped to protect member hospitals from purchasing counterfeit or inferior goods during the COVID-19 pandemic, working around the clock to field thousands of inquiries and vet new manufacturers for compliance with standards set by the FDA and National Institute for Occupational

Safety and Health (NIOSH) and ensure safeguards for product quality. GPOs also provided guidance to member hospitals on how health systems can protect against supply chain bad actors and how to safely vet products to ensure worker and patient safety. These efforts helped to ensure healthcare providers and physicians on the front lines were properly equipped and to care for COVID-19 patients, and that COVID-19 patients had access to quality products such as ventilators.

GPOs also leverage their unique line of sight over the entire healthcare supply chain to advocate for policy solutions that help incentivize quality, reliability, and a steady supply of products. For example, HSCA and its member GPOs advocated for provisions in the CARES Act that strengthened manufacturer reporting requirements to include certain information about active pharmaceutical ingredients and other raw materials, to help better prevent, assess, and address shortages of medical products needed for patient care in the U.S. HSCA also supported the Safeguarding Therapeutics Act, which enhanced FDA's authority to destroy counterfeit drugs and medical devices at American ports of entry.

As the U.S. continues to address the COVID-19 pandemic and prepare for the challenges ahead, GPOs remain committed to driving quality and reliability throughout the healthcare system and working with healthcare providers to deliver the best products at the best value and enable first-class patient care. ■



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<sup>1</sup> <https://www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading>



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one size  
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