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Women Leaders in Supply Chain

Annual celebration of women leadership from many backgrounds, with many different experiences and mentors.

Kim Moon, director supply chain, Tucson Medical Center

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John Pritchard

Consolidated Service Centers: Fad or Necessity?

Recently, we hosted (virtually) the 4th Annual Consolidated Service Center Summit, and explored the role CSCs play in this COVID era. We had guests from Intermountain Healthcare, Novant, Intalere and many more to discuss all things CSCs.

I've been tracking IDNs conducting some sort of self-distribution for the last 20 years. I believe self-distribution is a sign that the IDN has prioritized strategic sourcing. It doesn't mean they are faster, better or smarter, just that they crave more control of their sourcing. It certainly signals that the C-suite is in support of the Supply Chain Leader.

Historically, every Supply Chain Leader I've spoken with has a financial justification story on how the CSC created a net gain for the IDN. That always seems to be an imperative for the C-suite to make the investment in land, warehouse and office space, and FTEs to move forward with a CSC. I'm starting to think the last 8 months has softened that imperative.

I believe self-distribution is a sign that the IDN has prioritized strategic sourcing. It doesn't mean they are faster, better or smarter, just that they crave more control of their sourcing.

So many IDNs are going to be conducting some re-distribution activity due to the fear of running out of PPE. I've heard of many IDNs having already leased significant square footage so they can procure, store and rotate PPE. They don't mention, however, that this is a cost saving adventure. In fact, it's easy to see they are often paying a premium to gain this peace of mind.

There is such a wide spectrum of activities an IDN can do when getting into self-distribution. They can simply buy, hold and re-distribute to their hospitals on the easy end of the spectrum. On the complex end is true distribution of buying in bulk, breaking bulk, offering assortment and fulfilling hospitals and alternate sites alike. The two ends of the spectrum are light years apart in complexity.

The dream they all used to be chasing was control. Control of variance, process, access and inventory levels. That all changed in March. Now the dream is festered in a fear of not being able to protect employees, clinicians and communities by running out of PPE.

Like challenges that came before us, we will work though this, I am confident in that!

Wishing you a healthy end to 2020.

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*More than 99% of units in 2019 were formulated, filled and finished in America with remaining unit volume coming from Canada and France.

Reference: 1. Report on the State of Pharmaceutical Quality https://www.fda.gov/media/125001/download May 13, 2019. Accessed July 3, 2019.

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Class of 2020

Even amid a pandemic, the Capstone Leadership Institute delivered some valuable lessons for its inaugural class

As if an inaugural year of a leadership development program wasn't exciting enough, the class members, lecturers and organizers of the Capstone Leadership Institute happened to have one other dynamic make the launch a one-of-a-kind – the COVID-19 pandemic.

Angie Miller, CLI Class Valedictorian

Rick Haines, CLI Class MVP, Trivergent Health Alliance, with Dr. Michael Staley

Fortunately, the schedule and curriculum had been developed on the front end. And, the Institute's pre-determined virtual format also worked well and just so happened to coincide with many workplaces transitioning to virtual.

"The virtual piece became very natural," said Kristin Scott, senior director of human resources & member services, Capstone Health Alliance.

The Leadership Institute's origins come from the Capstone Learning Academy, which offered module-based courses for members on topics and concepts such as value analysis and Supply Chain 101. Feedback for the modules was positive, especially as introductory courses for team members who were new to the healthcare supply chain.

Capstone Leadership Institute courses covered key leadership topics from subject matter experts as the course leaders.

But there was also a desire among the more seasoned supply chain leaders for more leadership development training. Capstone created a member-led council made up of high-level supply chain leaders to talk about what the organization could do to meet the needs of its members who were asking for more of a leadership approach to the Learning Academy. From those conversations, the Capstone Leadership Institute was born.

Capstone Leadership Institute courses covered key leadership topics from subject matter experts as the course leaders. Sections included hospital operations, supply chain operations, value analysis, finance & business law and professional development.

While the Learning Academy was widely available to Capstone members, because the Leadership Institute would be geared toward more the tenured supply chain leader, the council decided the inaugural Leadership Institute class should have an application process. "We really wanted this to be a coveted group," said Scott. Of the applicant pool, 17 were chosen. They made a year commitment to attend each meeting virtually at the specified time and complete the coursework required.

"Another reason for the application process was we wanted to make sure the hospitals were behind their employees in doing this type of curriculum," said Scott. "Student's courses were offered at a specified time, Tuesday from 3:00-4:00 p.m. So every Tuesday, the student would need to be available. We wanted to get that buy-in from the facility for their employee to take part."

A year like no other

While Capstone did postpone a couple of classes as supply chain leaders adjusted to the new demands and work dynamics, the class members communicated that they were eager to pick the classes back up. Only one class member dropped out due to unforeseen circumstances. "For them, it was an escape in their week with everything else that was going on, to focus on something that wasn't necessarily COVID related," said Scott.

"I am very impressed with the students, staff and the subject matter experts who participated in the inaugural Capstone Supply Chain Leadership Institute class this year. They fought through COVID and persevered," said Larry Kennedy, council chair for the Leadership Institute. "I truly believe that everyone gained valuable insight throughout the year. Everyone contributed in some way ultimately resulting in a first-class experience that will positively reflect on each one of their respective organizations."

Janet Bezinque, director, value analysis, Baptist Health Jacksonville (Coastal Community Health), found the experience in the Capstone Leadership Institute to be time well spent. "Working in Value Analysis, coming from the clinical side left some gaps in my understanding and knowledge of the other areas in Supply Chain. CLI put the puzzle pieces together for me! I highly recommend for anyone in supply chain who would like to enhance their knowledge and become a stronger supply chain leader."

DJ Lofton, capital buyer, UNC Lenoir Health Care, said the platform "created an environment of learning amongst one another in a nurturing setting."

Plans are already underway for the 2021 Leadership Institute. Capstone will move from a webinar format to a Cisco platform with WebEx so members can see individual faces for better interaction and collaboration. There may be more slots available as well.

"Capstone is very proud to have developed the Leadership Institute for our membership," said Tim Bugg, president and CEO of Capstone Health Alliance. "Education is one of the four core foundations of Capstone and is an essential part of our organization. I have always advocated for the rise of supply chain professionals to the C-Suite, and this program gives our students a strong, comprehensive overview and curriculum to prepare each for future management growth. I am extremely proud of this inaugural class, the instructors, our oversight council, Kristin Scott and our team for making this vision into reality. Together we are truly Capstone Strong!" ■

The 2020 Inaugural Class of the Capstone Leadership Institute

Janet Bezinque, Director, Value Analysis, Baptist Health Jacksonville (Coastal Community Health)

Barry Boast, Purchasing Manager, Jefferson Regional Medical Center

Lekela Collins, Purchasing Manager, Womans Hospital

Donna Dotson, Logistics Supervisor, AdventHealth Hendersonville

Jennifer Gravil, Purchasing Manager, Commonwealth Health Corporation

Rick Haines, Strategic Sourcing Manager, Trivergent Health Alliance

Howard Harper, Central Services Manager, Lenoir Memorial Hospital (UNC Lenoir Healthcare)

Ed Jones, Coordinator/Inventory Control, Jefferson Regional Medical Center

DJ Lofton, Capital Buyer, UNC Lenoir Health Care

Angie Miller, Clinical Sourcing & Analytics Contracts Coordinator, CaroMont Health

Brandi Mills, Admin. Pharmacy Technician, Beebe Healthcare

Matthew Price, Buyer/Freight Specialist, St. Mary's Medical Center

Karyn Siegel, Vice President Materials Management & Vantage Health Group, Vantage Health Group

Maria Summers, National Account Manager, CHAMPS Group Purchasing

Donna Williamson, Manager Pharmacy Technicians/Buyer, Beebe Healthcare

Angela Wrigley, Director, Supply Chain Peri-Operative Services, The University of Tennessee Medical Center

Why Post-Acute is an Emerging Concern for Healthcare Supply Chain This Respiratory Season

Since the onset of COVID-19, healthcare supply chain leaders have been hit with demands, questions and frustrations they have not experienced before. Because the diagnosis and treatment of COVID-19 patients can occur anywhere in the healthcare continuum, they are being asked to offer their advice and assistance in areas outside of their usual scope of responsibility.

At the McKesson Supply Chain Leadership Forum, which took place during the Association for Health Care Resource & Materials Management (AHRMM) AHRMM20+ conference on October 2, 2020, supply chain leaders from across the U.S. shared lessons learned to date, most notably how they've had to rapidly extend their organization's supply chains into non-acute settings to accommodate growing volumes of COVID-19 patients.

They also expressed their concerns at the onset of the 2020-2021 respiratory season, as COVID-19 cases converge with usual respiratory illnesses of flu, pneumonia, bronchitis, and RSV. During this time, healthcare supply chain professionals are being tasked with helping their organizations' pharmacies and laboratories formulate vaccination and diagnostic testing strategies aimed at managing an anticipated surge in testing and treatment outside of the hospital.

From negotiating supplier contracts, to evaluating testing modalities to managing the distribution of vaccines and ancillary supplies (needles/syringes, gloves), supply chain leaders face unprecedented challenges in supporting clinicians in the delivery of patient care.

Supporting the shift into non-acute

Greg Colizzi, vice president of health systems marketing, McKesson, who led the series of forums in 2020, found the general theme of the AHRMM discussion to be quite different from those held at other industry events this year.

"While the participants at this forum voiced concerns similar to previous forum attendees, including medical/surgical, pharmaceutical and laboratory needs, the main focus of the discussion was on how to broaden supply chain's reach into non-traditional areas," said Colizzi. "Although maintaining an adequate supply of personal protection equipment (PPE) during the COVID-19 pandemic is an ongoing challenge, healthcare supply chain leaders are looking further down the road at other factors that will impact patient care during the months ahead."

The sudden and rapid volume of COVID-19 patients in hot spot areas throughout the year has forced healthcare organizations to increase acuity levels in care settings outside of the hospital so they can treat those suffering serious complications from the virus. For example, pre-COVID-19, skilled nursing facility staff and home health aides did not require isolation gowns with Association for the Advancement of Medical Instrumentation (AAMI) level ratings, and they did not routinely wear N95 masks. Supply chain has been called upon to provide these locations with medical equipment and supplies, shifting existing resources and finding new supply sources and alternative products at a time of supply chain disruptions and shortages.

"My biggest concern in the non-acute setting as we go into respiratory season are the places where I don't have direct control, such as long-term care, home health and hospice," said the director of supply chain for a not-for-profit Catholic health system with 200 non-acute locations. "I have two long-term care facilities in close proximity that can't take patients because they had a COVID-19 outbreak. While these facilities might have open beds, they can't take patients; therefore, I have less places to send people outside of the hospital."

One attendee, a vice president of supply chain for an academic medical center with 150 non-acute locations, said her organization took over floors in nursing facilities, staffing and supplying them to support higher acuity levels.

"We provided the necessary PPE and other supplies for those units so our medical center could directly discharge COVID-19 patients into them," she said. "It is amazing how quickly we all had to move and adapt."

The executive director of supply chain for a three-hospital health system in the Southeastern U.S. with 30 non-acute locations said her state's government has identified long-term care facilities that will accept COVID-19 positive patients, as well as those recovering from the virus. For example, they were able to capitalize on a new facility recently opened with no patients yet admitted, describing it as "the right time and moment for it to be available." She and her team have worked with clinicians to ensure they have what they need in terms of supplies when caring for patients in these non-traditional settings.

Prevention strategies with pharmaceuticals

With an anticipated surge in patients seeking protection from preventable illnesses, forum attendees expressed concerns around meeting flu vaccine demand this respiratory season. Because this season is unlike any other with COVID-19 driving new patient behaviors, health systems cannot look to past seasons to gather data on which to base their vaccine demand planning.

The ability to rapidly and accurately determine whether a patient has COVID-19, as opposed to another condition, is critical to minimizing virus spread.

Patrick Baranek, senior manager, Rx, McKesson, who spoke at the forum, offered the following advice to supply chain leaders as they assist their organizations in developing flu vaccination strategies, with a focus on price, product availability and ordering processes.

"Achieve the best price you can by working with your distributor, GPO and manufacturers to make sure you have the right portfolio and contract alignment for vaccines and related supplies," said Baranek. "Ensure there is enough vaccine on hand to avoid turning patients away but make sure you understand the return policy for any portion of unused product to avoid leaving dollars on the shelf. Also, take advantage of electronic data exchange (EDI) ordering for non-acute

facility ordering to support process efficiency, on-contract purchasing, price accuracy and the ability to capture data electronically for advanced analytics."

Testing and diagnosis

Another particular challenge facing healthcare organizations is the administration of diagnostic tests for COVID-19, on top of testing for other respiratory illnesses. The ability to rapidly and accurately determine whether a patient has COVID-19, as opposed to another condition, is critical to minimizing virus spread. Therefore, health systems need a point of care (POC) testing portfolio that can be administered throughout the continuum of care – from the hospital to the home.

The supply chain leaders in attendance at the forum expressed their concerns with respiratory illness testing and diagnosis in non-acute locations, and questioned the variety of tests available, their accuracy, and the supplies and equipment necessary to administer them. For instance, with COVID-19 still being prevalent and flu season fast approaching there will likely be outbreaks of both illnesses in skilled nursing facilities, with staff required to test and treat these patients in place.

John Harris, VP, strategic accounts, laboratory, McKesson, described the three types of POC COVID-19 tests available on the market today: Antigen, molecular and serology (see sidebar). He noted how supply chain leaders, with their manufacturer and distributor relationships, are in an ideal position to help guide health systems in the selection of testing modalities. Not only can supply chain inform health system leaders on pricing and contracts, they can also leverage their industry relationships to keep abreast of current test availability and new options entering the marketplace.

Supply chain leaders must also take into account testing protocols that have been issued for specific types of facilities, such as the Centers for Medicare & Medicaid (CMS) Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents, which was published on August 25, 2020.[1] Under the regulation, facilities must perform molecular or antigen testing for COVID-19 among residents and staff members because these tests detect the active virus rather than an "antibody test [which] looks for antibodies that are made by the immune system in response to a threat."

"The lab area is rapidly changing, sometimes on a daily basis, with new tests coming through the FDA's EUA process," said Harris. "When planning your testing algorithm, examine your health system and hospital from a holistic perspective to determine what contracts you have in place and what relationships you can leverage within the supply chain. Keep in mind that it is equally important to think about what is right for individual practices and their patients. There is no 'one size fits all' solution. Diversification not only allows an organization to meet individual care site's needs, but also shift testing modalities to meet the changing needs of practices and unexpected changes in the marketplace."

An evolving environment

Colizzi points out how the themes in these forums over the past few months have revealed the evolving nature of the pandemic and how supply chain professionals continue to adapt their strategies and tactics to meet the changing needs of clinicians and their patients.

"We've worked with many health systems across the U.S. and have learned so much from them," said Colizzi. "One thing that many supply chain leaders have in common is they are trying to drive meaningful results for their organizations, helping to improve financial outcomes while supporting clinical programs. These discussions have been a great opportunity for everybody to share their views and challenges, ask questions of their peers, and make sure they walk away with answers to their questions and hopefully some ideas they can use moving forward." ■

Point-of-Care (POC) Testing Options

Active viral infection tests:

- **Antigen:** Nasal or nasopharyngeal swab at POC that delivers results in minutes.
- **Molecular (RNA):** Nasal or nasopharyngeal swab at POC that offers an accurate result for same day diagnosis.

Antibody tests:

- **Serology:** Blood test to determine if patient was previously infected or exposed.

1 www.cms.gov/files/document/qso-20-38-nh.pdf

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Susan Tyk, independent supply chain coach and consultant

Women Leaders in Supply Chain

Editor's note:

Welcome to our annual celebration of women leadership in the supply chain. You'll find these leaders come from many backgrounds, with many different experiences and mentors. But they share a few things in common: Enthusiasm. Intelligence. Gratitude. Enjoy their stories.

Daisy Aguallo

MS-HCA(c), director supply chain analytics, San Francisco Health Network (SFHN), SF Department of Public Health (SFDPH)

Having the right data to calculate daily burn rate, and forecasting, is key for a solid Inventory Management system.

Please tell us about a key mentor or event in your life.

Daisy Aguallo: I met my first mentor when I was 21 years old. I can't imagine being where I am today without her guidance and knowledge. She saw my potential and made sure that I didn't overlook them either. She was extremely knowledgeable in Supply Chain. She took me under her wings and taught me what I needed to know for a successful career. Today we are great friends. In 2013, I met my second mentor. He is 14 years my junior. Initially, I wasn't sure how to take the age gap but after hearing him speak and watching him work, the age gap was no longer a factor. He proved to be wiser beyond his years and he knew how to push me out of my comfort zone in order to be a better leader. I have learned to be the leader I am today because of him. While we don't work together anymore, he remains an important part of my life. He has encouraged me to continue my education and when I need advice, he is the one I turn to.

What did you learn about yourself and/or your supply chain team amid the COVID-19 pandemic?

Aguallo: The COVID-19 pandemic has been a learning experience. I learned to be more patient and compassionate towards staff. We are all trying to do our best even when the perception may seem otherwise. Every day we are faced with difficult decisions to make. Those decisions, at times magnified with a pandemic can create a stressful environment. What I learned from my team is that they are the unsung heroes. They come to work with resilience, they work hard, and rarely complain. They keep the patients always front and center. I have an incredible team and for that I am grateful.

What are key characteristics that a supply chain leader of the future will need to be successful?

Aguallo: COVID-19 has defined the need for strong data analytics. Having the right data to calculate daily burn rate, and forecasting, is key for a solid Inventory Management system. Additionally, a Supply Chain leader should lead with compassion and respect, be nimble in their approach, but assertively make business decisions to improve day-to-day operation. Supply Chain generates an incredible amount of waste, understanding lean methodology is key to the reduction of waste and to achieve maximum success in standardization, cost savings and streamlining of work. ■

Dee Donatelli

Vice president of professional services at TractManager and principal, Dee Donatelli Consulting, LLC

Please tell us about a key mentor or event in your life.

Dee Donatelli: In 1989, I became the first nurse to move into the role of Purchasing manager at St. Francis Regional Medical Center in Wichita, Kansas. I was provided this opportunity due to my active participation in our academic medical center's Product Standardization Committee. As a nurse leader I represented our medical center regionally on our GPO's clinical nursing council and eventually participated with the supply chain director in co-chairing Product Standards and overseeing clinical evaluations. I view this course of events key to where I am today. Robert Shackelford was the supply chain director that had the vision to move a nurse into supply chain.

Then in 1995 I joined a boutique consulting firm under the leadership and mentoring of Tom Hughes. Tom is an amazing mentor. As a futurist, Tom sees the potential not only in healthcare SC, but individuals. Tom taught me a great deal about consulting and even more about how to influence change.

What did supply chain leaders and their teams learn that was most valuable amid the COVID-19 pandemic?

Donatelli: Without a doubt increased collaboration has been the most valuable outcome of the pandemic. We have talked about clinical integration of the supply chain for years, but COVID has really emphasized what can be accomplished when we take SC to our clinicians.

Additionally, clinicians have come to realize how critical supply chain is in the care of patients as well as personal protection. Supply chain has been taken for granted for decades, but with a pandemic, it has become more apparent how essential supply chain working with clinicians really is, something I hope we will sustain moving forward.

Without a doubt increased collaboration has been the most valuable outcome of the pandemic.

What are key characteristics that a supply chain leader of the future will need to be successful?

Donatelli: We have learned, through leading virtual teams during the pandemic, that we have to adapt more innovative management techniques which rely upon clearly stated expectations and effective communications. Individuals have demonstrated that working in a remote environment can be highly productive, but it is incumbent that leaders think to the future in regards to talent management and bring a diversity of skills to the team. Data management is imperative to the sustainability and success of not only the supply chain, but its leaders. And finally, collaboration. Supply chain must continue to work with clinicians in partnership to deliver patient care with the highest value at the lowest cost of care. ■

Cindy Gueltzow

Vice president – supply chain services, Baptist Health

Please tell us about a key mentor or event in your life.

Cindy Gueltzow: I've been fortunate to work at Baptist Health for more than 20 years. During that time, I've had some wonderful mentors so it's difficult to identify only one person who impacted my career. However, there have been two people who have been incredible mentors.

One of those individuals has been a constant in my career for 20 years. His role has grown over my time at Baptist Health and through his own evolution he significantly impacted my career. When I started at Baptist Health in 2000, I was quickly paired with Steve Oglesby in our finance department to develop a system supply chain that could positively impact expense reductions and revenue growth. Steve's approach to developing a project starts with identifying how to successfully engage key stakeholders. Working with Steve over the years, I have learned that great leaders are good listeners in all circumstances. Additionally, they understand that inclusion is key to success and that kindness towards and caring for others is imperative. Because Steve, now our CFO, embodies these traits every day, I have the good fortune of seeing this in action so that I could develop those skills myself.

While I have not known Chief Operating Officer Patrick Falvey as long, his influence in my career has been remarkable. Focusing on long-term projects while managing daily operational improvements can feel daunting in a world filled with constant change. However, using data and team building, Patrick succeeds where others have not in our organization. By empowering and supporting his key team members, Patrick demonstrates how to drive success.

What did you learn about yourself and/or your supply chain team amid the COVID-19 pandemic?

Gueltzow: During the first few months of the COVID-19 pandemic, I was able to see the strength of my entire supply chain team from the materials management folks delivering products to the sourcing and contracting team that found the highest quality products available internationally. I've always known how dedicated my staff was to our health system, but the pandemic put the spotlight on my team so the entire health system could see the value we bring to the organization. We've sustained short-term recalls, backorders and supply chain disruptions in the past – however, we've never had to manage at this heightened level for an extended period of time until COVID-19. We've developed a deeper relationship with our infection control teams and our infection prevention physicians so that we can ensure we're sourcing the very best products for our new needs. We've learned how to contract internationally. We've created product origin databases and forecasting analytics to improve our sourcing process. We created relationships with customs border officials, the CDC and the FDA, and we've secured an international logistics contract.

We learned that the international supply chain worked as designed, but it was not designed for a worldwide pandemic. Based on that fundamental fact, we learned that we must be willing to allow diversity in product selection in lieu of full standardization, be willing to increase domestic manufacturing in spite of cost increases, and we must decrease our dependence on a distributor as our only strategy for product fulfillment of commodity items. Last, but certainly not least, I learned that there is nothing that I and my team of supply chain professionals can't accomplish on behalf of our organization! ■

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Kim Moon

Director supply chain, Tucson Medical Center

Please tell us about a key mentor or event in your life.

Kim Moon: I have been fortunate to work at an organization that is led by powerful and inspiring women, including Board of Trustee Chairwoman Louise Francesconi, Chief Executive Officer Judy Rich, Chief Operating Officer Mimi Coomler and Chief Nursing Officer Joy Upshaw. These leaders exhibit our organizational values with every interaction setting the bar to its highest degree in expectations and leadership performance. I have personally gleaned invaluable leadership skill from their core beliefs in providing excellence in patient care to our community; we strive to be the strength of our staff, the wisdom of our experience and the compassion that every patient, every time deserves.

What did you learn about yourself and/or your supply chain team amid the COVID-19 pandemic?

Moon: I learned that everything was different. The model the industry has promoted for a well-run department of "Just-in-Time" inventory was ultimately our largest failure and the greatest risk. In a world of disposable simplicity we have created a liability not only for the hospital staff but for patients and our community. We must re-evaluate how we do business and ensure that the needs and requirements of a pandemic are incorporated into our planning. I personally value and look forward to collaborating with industry peers as the co-chair of the West Coast Purchasing Coalition to drive new and innovative models for emergency planning. It was also the most rewarding time of my career as supply chain has been front and center in every piece of the pandemic; it truly brought a new level of respect and accountability to the team. My team members felt honored and proud of being such an integral part of the care we provide to our community, and the safety and protection of every staff member.

It is critical that supply chain has a voice in advancing the pathways of providing a safe patient care experience.

What are key characteristics that a supply chain leader of the future will need to be successful?

Moon: Now more than ever, we have to be open to learning new ways of doing business through continued education, networking and peer groups. We must learn from our past successes and failures. In order for healthcare facilities to meet the many challenges a pandemic creates, we need to partner with our suppliers, our physicians and our patients on improved innovative ways of delivering healthcare. It is critical that supply chain has a voice in advancing the pathways of providing a safe patient care experience.

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Janie Ott

Vice president, supply chain,
The University of Kansas Health System

Please tell us about a key mentor or event in your life.

Janie Ott: I have had two wonderful mentors in my life. Joanie Brown was a retired army nurse and she oversaw value analysis. She took me under her wing and really mentored me to be a healthcare business executive. She coached me on how to write emails, when to call people by their first names, how to say no without saying no, how to be politically savvy, the list goes on and on. I know if I called her today, she would drop what she was doing to help. She was positive in all situations. The most remarkable thing she taught me was to always look forward. The past is in the past and if I take my eyes off forward the outcome could be compromised. Her coaching was invaluable. She taught me to always keep moving forward. I now find myself repeating this lesson to professionals I mentor. Things I remember learning from Joanie are the following:

- Be a good communicator
- Inspire your staff
- Be joyful, share positivity
- Operate with high integrity
- Be flexible, open to all ideas
- The power of delegation, let go so others can grow
- Collaboration: Always have a network of peers. Life is about relationships
- Be mentored and be a mentor

The second impactful mentor was a neighbor. I was only 17-18 years old. I cleaned her house for extra money. She taught me all about healthcare. MB was a nurse and saw potential in me. Every Saturday when I came to clean her house, she talked to me about moving away for a college education. She also gave me her nursing journals. Most of all, she openly shared with me what she saw in me. This is powerful, being a young girl growing up on a farm in Southwest Missouri. I wasn't even sure if I would go to college. But MB really coached me on furthering my education and helped me hone the talents I had. I was president of our school student council … the first female elected to that position. I didn't think it was a big deal at the time but now looking back it was huge. MB really coached me and helped me see my own potential. I feel like I owe her everything. She gave me confidence and helped me be strategic regarding my career. She made a powerful impact on me. MB was positive and strong. I remember her strength was what impressed me the most. I could relate to her. She will never know the power she instilled in me.

What did you learn about yourself and/or your supply chain team amid the COVID-19 pandemic?

Ott: We have learned many lessons, mostly collaboration. It was a team fighting together for a common good. It was dividing and conquering to overcome challenges we had never faced in our careers. We learned to trust our guts, we were nimble, we never split as a team and we were "in it to win it." In problem solving, we trusted our processes, our systems and most of all our people. We stuck to the basics and they didn't fail us. There are things supply chain will do differently going forward – we won't be the same "old" supply chain. My team and I say our biggest win was that during all the months we were navigating the pandemic, we were never without PPE, never. We did substitute items, but we were never without valuable PPE. We want to protect our staff, patients and guests.

We will use analytics differently; we will use tools we created to help us in the future. It was an opportunity in many regards. ■

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Mittal Sutaria

Vice president, contract and program services, Pharmacy for Vizient, Inc.

I believe that flexibility will be a key leadership trait of a future supply chain leader.

Please tell us about a key mentor or event in your life.

Mittal Sutaria: It is really the support of various leaders over the years and events and experiences that have shaped me into who I am as a leader today. As a pharmacist I started my career in retail and hospital setting. During my previous role at a health system, in a single day I went from managing a small team for central pharmacy operations to managing the operations of the entire pharmacy as an interim director. I questioned my capabilities to lead in a position that required implementation and management of a large number of ongoing initiatives. It was the support and guidance of my direct manager at the time who believed in my abilities that helped me gain confidence to push forward regardless of any obstacles, and motivate and energize my team to undertake significant process changes to enhance the care delivery to the patients we served.

Similarly, I have been fortunate to have support and guidance of amazing leaders who also served as my mentors through the various positions I have held at Vizient over the past eight years. My experience of managing hospital pharmacy operations helped me relate to the challenges of our health-system members. Vizient has given me the opportunity to grow within the organization and continually challenge myself to seek innovative solutions and realize my passion for the work we do to support our members today.

Additionally, I have a very supportive team and peers that also understand the struggles of the health systems we support, and they are experts in the product categories they manage. Having an enthusiastic and driven team that I can rely on has propelled the solutions we have been able to bring to market.

Lastly, as a mother of three kids I'm always trying to manage the time that I can dedicate to my family while balancing work and travel. Especially when presented with an opportunity to expand my responsibilities as a sourcing leader and advance in my career, my family has provided unwavering support which laid the foundation for me to build up my confidence, be compassionate and continue to excel in my role while enjoying my work.

What did you learn about yourself and/or your supply chain team amid the COVID-19 pandemic?

Sutaria: Our industry has been dealing with drug shortages for over a decade now, and we have consistently advocated for transparency, redundancy and supply chain resiliency. Prior to the pandemic our

team was already working on a solution to elevate supply chain resiliency specific to key essential pharmaceuticals that hospitals must have to care for any patient.

In November 2019, my team launched our Novaplus Enhanced Supply program, which brings new levels of transparency to the supply chain for essential medications and creates additional, onshore inventory based on committed historical purchase of our health-system members. Our timing for the program was fortuitous.

The COVID-19 pandemic hit in early March and we were already able to see the immediate positive impact of this program as our members were able to get much-needed additional supply of propofol, an essential medication that was utilized in management of patients with COVID-19 on a ventilator. Since March, we worked quickly and aggressively to expand this program to cover more essential medications and used our advanced data and analytics to provide insights to the suppliers for the current and future product demand, and created new partnerships to bring additional inventory to market. Our focus is supporting our members so they are better prepared for any future product surge related to the unknown elements of this pandemic, and our team rendered this initiative as their top priority for 2020 and 2021.

Overall, my team and I learned that although we are not involved in direct care of COVID-19 impacted patients, there was still so much work that needed to be done to support our member hospitals. I also learned that every individual on my team was looking for ways to do more to support our members. I was able to see how passionate they are about working to assure that we would be able to get additional product to a hospital that was experiencing a surge of COVID-19 patients, which increased demand that far exceeded their historical purchases and allocation level.

Since March, the entire sourcing team has adjusted to a remote work environment while managing their sourcing portfolio and undertaking a very challenging task of assuring supply resiliency for essential medications. I learned that as a team we had to be collaborative, effectively communicate, and allow for the exchange of ideas and solutions for us to respond to the supply chain challenges. We were able to leverage the individual talent of each team member to educate our members about the Novaplus Enhanced Supply program, develop a new contracting process to support expansion of this program, and collaborate with our supplier partners to in making this program successful.

Another key learning coming from the pandemic is that, as Vizient, we are able to amplify the voice of our network of members for advocacy related to drug shortages, price increases, transparency and supply resiliency. And this scale also enables creation of additional product inventory that bolsters supply resiliency, not only for our members, but for the industry as whole.

Our industry has been dealing with drug shortages for over a decade now, and we have consistently advocated for transparency, redundancy and supply chain resiliency.

What are key characteristics that a supply chain leader of the future will need to be successful?

Sutaria: Future supply chain leaders need to embrace data-driven solutions that challenge the status quo and promote a strong, resilient and transparent supply chain that can withstand unpredicted disruptions from raw material sourcing, manufacturing, and distribution. Supply chain for pharmaceuticals is changing rapidly and unpredictably; therefore supply chain leaders will need to support and drive innovation through predictive analytics to see ahead and identify product specific demand and sourcing risks.

I believe that flexibility will be a key leadership trait of a future supply chain leader. While assuring savings and market leading pricing is certainly still a priority, the future supply chain leader needs to be able embrace innovative solutions that focus beyond price to assure product access and reliability.

To be successful in the future, I believe that as supply chain leaders we must also listen actively to the needs of our customers and be compassionate and empathetic to their daily challenges related to product sourcing. We must also work with our supplier partners to create data-driven solutions that provide a competitive pricing model and supply assurance that delivers value to all parties, including patients. ■

Susan Tyk

Independent Supply Chain Coach and Consultant

We need to revisit the value of the GPO, distributor and sourcing opportunities.

Describe a key mentor or key event in your life.

Susan Tyk: I started out in nursing. I believed that my destiny was to be a nurse and patient caregiver, so that's where I started and what I went to school for.

I was doing my clinicals at a hospital in Milwaukee when I met Don, a supply chain manager. He had been in supply chain at that point for about 14 to 16 years. We became fast friends, partially because I used to call and nag him when I didn't have what I needed for my patients. We spent a lot of time together, and he taught me so much about supply chain.

At one point I decided that nursing wasn't for me, even though my passion was for caregiving. Don took me under his wing, and taught me supply chain inventory control. I started as an inventory control clerk. I moved to a manager in about six months for inventory control manager, and then I was the distribution manager. The hospital just kept adding responsibilities to me. I decided to pursue more of a business career.

So it worked out for the best because my passion is supply chain. He must have known it when he started to mentor me through it. But it was not where I had planned to be. I'd planned to be a clinician all my life so. So I'd say Don was probably the most instrumental as my mentor, because he taught me everything in supply chain and he also taught me so much in life. He was just a down-to-earth man that had made his way through tough circumstances. I really respected that in him and what he did with people's lives and helping other others. I realized you don't have to be a clinician to help people.

What have supply chain teams learned working amid the pandemic?

Tyk: My work this year with coaching has been really extreme, because none of us knew what we were going to do. It was all new to us.

I've learned that we can be flexible, and we have to think differently. And that was a lot of my coaching. I'll give you some examples. Working with a team of sourcing professionals from Trinity Health, we had to procure hand sanitizer and various other products from non-traditional suppliers. One example was the procurement of hand sanitizers from distilleries that were able to shut down brewing and create the sanitizer and antibacterial wipes that were needed. We also worked with the container industry trying to figure out how we bottled this stuff, because that's not what distilleries typically produce.

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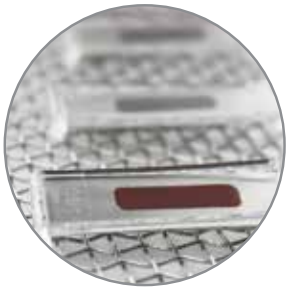

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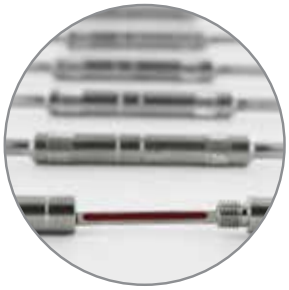

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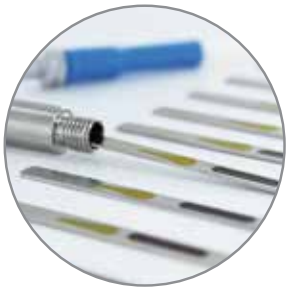

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So it was a learning experience for everyone. We didn't have the common knowledge and the common information that we usually worked with, so we all had to step back and say, 'How do we do this different?'

A second example is the way that a company like Ford Motor Company was able to produce ventilators and respond to a need for healthcare. Their efforts and quick response taught us that we need to look for production in uncommon places as well as we need to better understand where products are produced. We currently rely heavily on distributors for healthcare products and we are not as well educated as we should be on where all our products source from in the world. We will need to work on gaining a better understanding of options and opportunities moving forward.

We need to revisit the value and the expectations we should have of our GPOs and distributors. There are many opportunities across the board to think differently going forward. Understanding how to "source" products and not just place orders is very important. It will be more important than ever to learn how to "spec" product and source in a different world.

We learned that allocations are a challenge. I don't know what that means yet. We have to work through that to change the industry.

I'm reading and watching and learning how we're going to think differently for the future. What should we be teaching our supply chain leaders for the future? We need to revisit the value of the GPO, distributor and sourcing opportunities. Since there was no "normal" procurement channels, it was imperative that supply chain leaders had to think outside the box to get what they needed for their customers.

We need to reset the bar, and if we're going to support GPOs, what do we do differently with them, and get them thinking outside the box of what they need to do different? I think many GPOs responded the way they needed to, but it was such a tedious chore because we were anxious in the supply chain. We were anxious to get the product, and we were mulling over how to do it continually, because there was no plan.

We need to reset the bar, and if we're going to support GPOs, what do we do differently with them, and get them thinking outside the box of what they need to do different? I think many GPOs responded the way they needed to, but it was such a tedious chore because we were anxious in the supply chain.

Many of the hospitals I work with had storage for disaster or pandemic. But we found we didn't do a good job managing that. Most of it was expired. As we go forward, we need to rethink what we're doing with these supplies and how we function with the supply chain overall.

We also learned that we don't have a clear view of our supply channels from production to bedside and that will be something we need to better understand. Too much manual calculations and labor to track the supplies.

Describe key characteristics of the successful supply chain leader of the future.

Tyk: Supply chain leaders will have to be able to think on their feet more than ever. Flexibility and perseverance come to mind. Future leaders will need skills in sourcing and product spec development. We need to embrace technology both at the level of distribution of product all the way to the bedside. There are so many things to change and learn from our complacent past. We have learned that we will not be able to do what we have always done the same way in the future supply chain. It is a great time for us to make the changes that we have thought about making for years in our industry. ■

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Janet Watson

Vice president of strategic sourcing,
Baylor Scott & White Health

You talk about integration forever. But you always kind of wonder: Are we there yet?

Describe a key mentor or key event in your life.

Watson: I was fortunate early in my career, 10-12 years ago when I worked at BP, that I was nominated for a mentoring program. The company signed up three young women leaders at BP to be in this program as a pilot to see how it worked. It was a year-long program. You answered some questions and added what you thought your goals and objectives were of mentoring. Then they matched you with a mentor. I was matched up with Bruce Burdett at Cargill. He was a senior executive and oversaw and led the Central America food operations. I was a little intimidated when I got matched. They matched me with a C-suite level person, and I was amazed that he had time to do this. We had calls every other month that lasted about an hour-and-a-half to two hours.

It was so beneficial because I was used to being mentored by leaders at my own organization such as my boss, or my boss's boss, or my boss's peers. BP was very into mentoring, but it was kind of through an inner chain of command, so this mentoring program was really different for me. I was able to articulate areas that I thought I needed to focus on. We were also able to talk about areas in my day-to-day work where I might have thought I was struggling or having challenges as a leader. My mentor didn't know any of the people I worked with, and he didn't know the company culture, so that removed a whole dynamic that is there when you're being mentored by somebody in your own organization.

He would ask me questions and it would drive the conversation: "Why does that make you feel that way?" or "Why did you approach it this way." A lot of times, my answers were rooted in what I thought somebody else would think. He told me I had to get over that and quit thinking about what everyone else was going to think. Instead, think about what the objective is, and how you are going to get from A to Z leading people. That was a key mentoring event in my career.

What have you and/or your supply chain team learned working amid the pandemic?

Watson: My team is full of rock stars. We've learned a lot, and I definitely learned that I had the right people in the boat for this.

I'll never forget going into a meeting on a Monday morning in March. It wasn't about COVID-19, just normal work, but by that afternoon the floodgates opened. All of a sudden it was, "We've got to get ready." It seems like somehow that was a flip-the-switch day, and everything started just falling into place after that. That very

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next weekend, I remember being at home and my phone started ringing at 7 a.m. I went into my office at home and I didn't come out until that evening. I was getting phone calls from doctors, CMOs, hospital presidents – all kinds of people who had connections with people who said they could get us PPE. I'm sure every health system had hundreds of supplier leads of people wanting to help us find PPE.

Our team rallied together because no one person could do this by themselves. We are structured into commodity categories. I've got a team of people with a commodity director, contract manager, and procurement specialists to handle med/surg. But we couldn't expect one or two people to source all of that PPE, so we spread it out. I spread it out across my leadership team, and they spread it across their staff. We split it up into categories, assigned it out, and then we would have check-ins every morning, and sometimes every afternoon. For about three or four weekends in March and April, I don't think anybody even knew what day it was. We just kept working just like it was a Monday or Tuesday.

We couldn't have done it without the tremendous support of the Baylor Scott & White senior leadership and the C-suite, as well as the physicians and the clinicians, nurses, and infection preventionists. They helped keep the focus where it needed to be. It really was a test of the system's ability to collaborate and integrate. The collaboration across the system was like nothing I've seen before. It's helped Baylor Scott & White, even on the other side of the crisis, to be much more collaborative and engaging with each other to get things done.

You've got to lead from a point of flexibility to adapt to market changes, industry changes, cost challenges and other unknowns.

Across the supply chain, we learned how to integrate quickly. When you think of all those leads, you think of having to vet the suppliers and whether you're going to do business with them. You have to think about the interaction with accounting, finance, purchasing, demand planning, inventories, all of this. You talk about integration forever. But you always kind of wonder: Are we there yet? We've really improved on those processes and it's in so much better shape than it was before COVID-19. Our Baylor Scott & White Supply Chain is stronger and our visibility into inventory and modeling is significantly improved.

Describe key characteristics of the successful supply chain leader of the future.

Watson: I've been at Baylor Scott & White almost four years now. Before, I was in the energy industry, where 10-12 years ago we were doing the things that we have been doing in Baylor Scott & White Supply Chain over the last three years.

I've heard people in the industry and across health systems make the comment, "Well, supply chain is finally getting a seat at the table." I keep thinking to myself, "OK, you've got a seat at the table. What does that mean?" What that means to me is you can get a seat at the table, but what are you going to bring to the table?

It can be a very short-lived dynamic if you're not bringing something to the table or offering something different than what you were bringing before.

Getting things put in place that address your technology, processes, and the skill sets of your people is tremendously important. I told Tony Johnson about nine months ago that we have reached the point where the plan we put in place is now in Year 4 and this is the year that we need to stabilize and start reaping the benefits of all of this work with data, systems, and skill sets. Supply Chain leaders of the future definitely need to have their eyes on data, what it tells you and how you automate. You've got to lead from a point of flexibility to adapt to market changes, industry changes, cost challenges and other unknowns. If you have stable processes and systems, you can flex. Through COVID-19, the whole world has recognized that we must be nimbler. We all need to find ways to sustain our health systems and businesses.

I've never worked for a company that just does supply chain. So, I always say to myself and my team, "This company is not about you. It's not about supply chain." How do you learn the business you support from a financial perspective? What are the goals? The objectives? What's the roadmap? Then, how do you support that and affect it from a financial perspective? When you really peel the onion back in business and get to the true objectives, that's when you will find success. Supply Chain should be saying "These are the things that we will do to help you achieve the objective," not "What do you want me to do?" ■

ENCOMPASS GROUP : BY DEANNA LEONARD

Buy Scrubs. Give Scrubs.

When the team at Jockey International and the team at Encompass Group, LLC get together to brainstorm on what else they can do to help make a difference during the pandemic, you never know what is going to happen. "With Jockey being founded by a minister 144 years ago, Jockey is a third-generation family owned company. Jockey believes they have been blessed by this country and in her time of need, they will help return the blessing." [1]

Encompass's mission statement is grounded in taking care of people. Encompass believes every patient, resident, caregiver and family member should feel Safe & Comfortable in today's healthcare environment. Everything Encompass creates is rooted in that mission and they are proud to design, produce and deliver Jockey® Scrubs. Together, Jockey and Encompass have made great strides to deliver key supplies to those in need, including donating 250,000 isolations gowns and 10,000 scrubs.

Knowing that there is still a huge need out there, Jockey and Encompass partnered again, this time focusing on rural hospitals. Rural hospitals dedicate themselves to ensuring their local communities have the high quality healthcare everyone deserves. Quite often, these communities are made up of underserved populations. "Rural Americans are older and sicker with higher percentages of the six leading chronic diseases, making them more vulnerable to COVID-19. At the same time, rural healthcare providers are struggling to keep their doors open. Nearly half of all rural hospitals operate at a financial loss, and the rural hospital closure crisis has created healthcare deserts throughout rural America. Rural hospitals and health care providers are

on the frontlines keeping communities across the country safe. They are more important than ever." [2]

Given these facts from the National Rural Health Association, Jockey and Encompass decided to create a program to say thank you to those on the front lines at rural hospitals. It is their hope that the rural hospital community will find some comfort, some value and some reassurance that they are appreciated for all they do. For example, they partnered with Vizient, a healthcare performance improvement company that represents more than half of the acute care hospitals in the country, including many rural hospitals. More than 90 of Vizient's member rural hospitals expressed interest in the program over a period of just three days. Additional Vizient hospitals have also requested the donated items, with many already receiving it.

By donating over 20,000 scrubs to rural hospitals across the United States, it is Jockey and Encompass's small way of saying thank you.

With great partners like Vizient, as well as others like Sonsiel, and e-Sagacity – the team was quickly able to identify rural hospitals in need. Rural hospitals make a difference for families, individuals, and communities and have cared for those who are fragile, ill and in need.

Becky Ries from Valley County Health System in Nebraska said, "We would like to extend our thanks for the scrubs that are being shipped to our hospital. During these difficult times especially, generosity such as this helps to lift spirits and support our workers who are on the front lines helping to care for patients each and every day! Thank you for giving back in such a kind, thoughtful and generous way … we are beyond grateful!"

Hospitals and employees like these inspire Jockey and Encompass Group in so many ways. By donating over 20,000 scrubs to rural hospitals across the United States, it is Jockey and Encompass's small way of saying thank you. Thank you for the dedication during unprecedented times, thank you for the tireless energy, and most of all thank you for choosing to work in rural communities and caring for those who need it most. ■

1. Jockey.com
2. NRHA blog articles

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PM14

Photo by Kat Velez

Breadth of Services

Regional service center. Drug manufacturer. Group purchasing organization. Disaster response planning. LeeSar and Cooperative Services of Florida check a lot of boxes for members.

When trying to describe what solutions that LeeSar and Cooperative Services of Florida (CSF) bring to its members, an elevator pitch doesn't do the organization justice.

For starters, LeeSar is a unique, boutique regional service center for its four members in both the regional service provider for pharmacy and medical surgical distribution. With distribution, LeeSar has a 300,000 square foot facility in Fort Myers, and approximately another 100,000 square feet in numerous locations for individual functions. CSF, meanwhile, is a Safe Harbor regulated regional group purchasing organization.

"Our purpose is to remove supply chain costs from within our members' locations," said Bob Boswell, president and CEO of LeeSar and CSF. "For instance, the more custom services we provide our members, the less footprint they need to have for supply chain within their own facility. That means less inventory, less staging area on their docks, less contracting and less purchasing. There's a certain amount of efficiency that we can gain by doing this in a consolidated service model, where we're delivering supplies in low units of measure, on a cart ready to be delivered to the point of care. There's no staging, no unpacking, no de-casing. Our objective is to work with our members to minimize steps in the process and the supply chain resources required at each of our members."

However, the services don't end there. The organization also does:

- 503B drug manufacturing, sterile to sterile, all robotic
- Nuclear pharmacy compounding
- Pharmaceutical distribution and prepackaging
- EMS supplies distribution
- Custom Sterile Surgical Packs
- Record retention
- Tray exchange program (LeeSar builds and replenishes anesthesia trays, crash cart trays, epidural trays and pediatric trays for its members) using automated camera reading technologies.
- A culinary, cook and chill process for Lee Health (LeeSar provides over 18,000 meals a day out of a facility on a cook and chill process)
- Central Sterile Processing for Lee Health

"The breadth of services has evolved to be somewhat unique of any other regional distribution center or consolidated service center," said Boswell. "Our purpose is helping our members transform to a value-based healthcare market. Our new mission, vision, values and strategic imperatives all focus on providing quality custom services at the lowest possible costs."

A little history

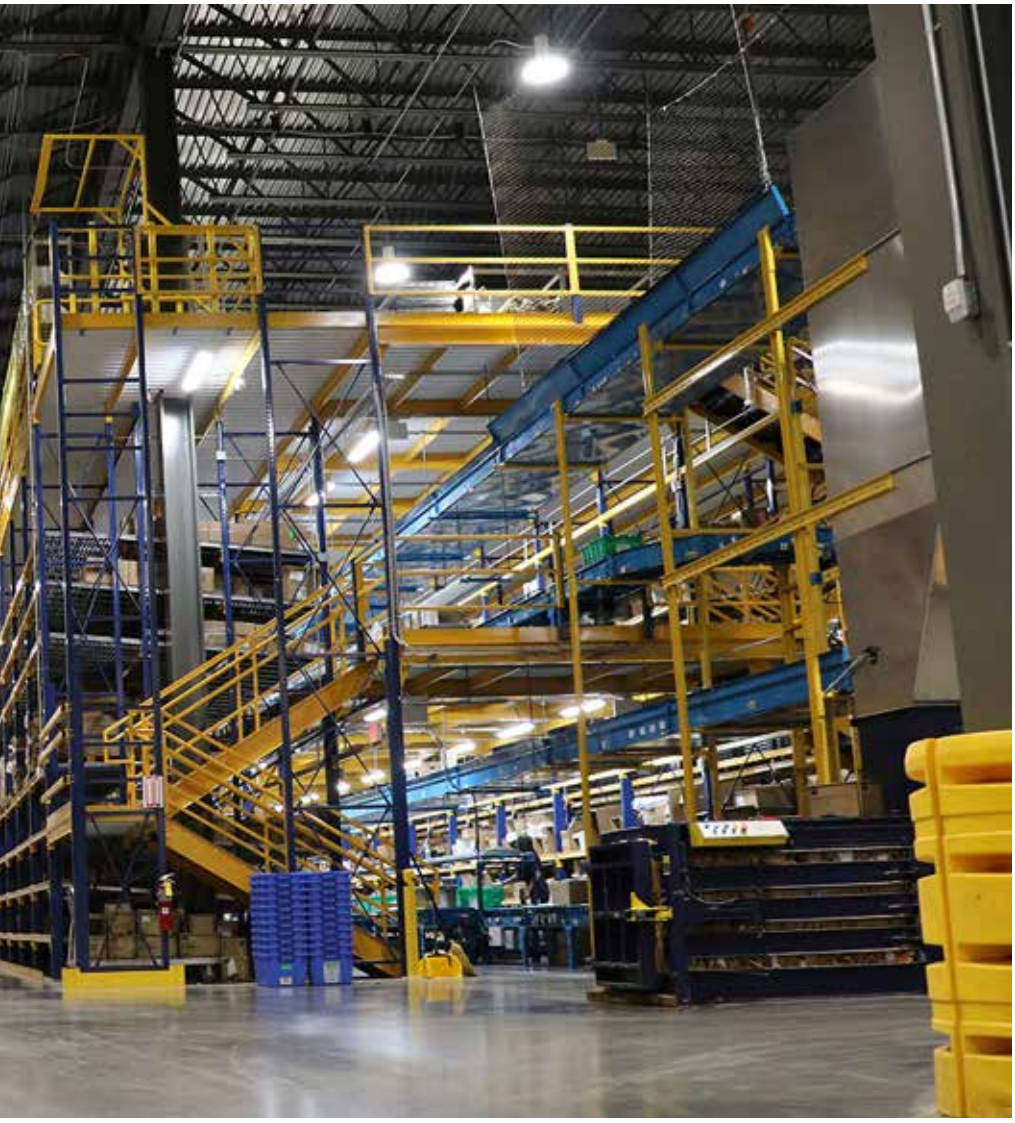
In 1996, Lee Health and Sarasota Memorial Healthcare System developed LeeSar and Cooperative Services of Florida, Inc. (CSF) as a means to reduce costs for medical goods and services while providing safe, high quality patient care. Additional health systems have since joined, each having representatives on the Board of Directors.

Central Pharm

Distribution Center

LeeSar and CSF membership includes:

- Lee Health, the largest and only community-owned healthcare system in SW Florida with a total of 1,457 beds.
- Sarasota Memorial, a full-service health system with 819 beds; specializing in heart, vascular, cancer, and neuroscience services, and one of the highest rated public health systems in Florida.
- Central Florida Health Alliance, which includes Leesburg Regional Medical Center (605-bed acute care hospital), The Villages Regional Hospital (198-bed acute care hospital which has more than tripled in size since opening in 2002), and Leesburg Rehabilitation Hospital
- Jupiter Medical Center, a not-for-profit 327-bed regional medical center consisting of 207 private acute-care hospital beds and 120 long-term care, sub-acute rehabilitation and hospice beds



LeeSar is the operations component of this partnership, while CSF is the corporate entity for product research, negotiation and contract management. By working together, LeeSar/CSF is comprised of two distinct companies with a combined mission: "Advance the missions of our members to improve the health of the patients and communities we serve."

Contracting tailored to their needs

As a regional group purchasing organization or GPO, CSF's objective is on reducing operational expenses associated with pharmaceuticals, supplies, capital, and purchase services for its members. "We really focus that effort on using governance with our members that put rules of engagement around participating, accountability, etc.," said Jennifer Reverendo, vice president of CSF. "We also employ a clinical integration model, which provides our membership with some infrastructure across the collaborative, both in a clinical nature and financial nature as far as establishing medical advisory boards to get key physician leaders together to vet clinical strategies."

"CSF has created a diverse portfolio based on member needs and opportunities to leverage committed spend. If a member's needs fall outside of that, CSF works with them to ensure contract coverage."

– Jennifer Reverendo, vice president of CSF

CSF employs "strategically flexible sourcing strategies," said Reverendo. "We want to engage our members in the right mix of market share consolidation strategies and opportunities that allow them to optimize category spend individually where it makes sense. Ultimately we are hoping to engage members in strategies focused on reducing unnecessary variation." CSF structures agreements in a way that leverages the value of members aggregating volume as a virtual IDN, providing options for those members to optimize contracts in their own shops while still working within approved guidelines.

Centralized Purchasing

Jennifer Reverendo

CSF recently entered into a unique relationship with Vizient that provides access to tools through the national GPO as well as to aggregated peer contracts. CSF is a member of Vizient, but its four members, the four health systems, are not. "Members access Vizient through CSF," said Boswell. "Aggregation allows CSF to access highest tier categories with many Vizient agreements, but many of CSF contracts are custom agreements with Vizient for the benefit of our members only. We also contract for pharmaceuticals, and because CSF qualifies as a regional aggregation model, we can access the pharmacy aggregation tiers from Vizient. There's also benefit in that."

In addition to being a traditional GPO, the CSF sourcing team acts on behalf of its members directly, meaning they serve as the sourcing team for each of the member organizations in varying degrees. "CSF has created a diverse portfolio based on member needs and opportunities to leverage committed spend. If a member's needs fall outside of that, CSF works with them to ensure contract coverage," said Reverendo. "CSF also works with members independently to meet unique needs."

Interconnectivity

Previously, Boswell worked for an IDN in Ohio that was a few years further along in reducing costs through supply chain integration, physician engagement, stronger market share and aggregation contracting. When Boswell arrived at LeeSar, hospitals and health systems in the South Florida region were not as progressive in these areas. "When we started benchmarking our costs, they weren't as good as what our members thought they were based on what they were being told before," he said. "We

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- **Supply distribution –** Medical and surgical supply distribution in bulk and low unit of measure.

Photo by Kat Velez

Nuclear Pharmacy

LeeSar is supporting its members' transition to value-based care. Reducing costs is one of the ways. But the member organizations are also growing.

have made very good progress in improving access to and consolidation of member data, identifying opportunities, and documenting member contracted savings."

LeeSar is supporting its members' transition to value-based care. Reducing costs is one of the ways. But the member organizations are also growing. For instance, Sarasota is building an additional new hospital in Venice, Florida and an oncology tower at their current location. Lee Health recently opened a new outpatient facility in Estero, Florida and a 216-bed addition to their Gulf Coast facility. LeeSar continues to work with members relative to supply distribution plans for these initiatives.

Reducing operational clinical variability, complexity and cost, is another goal, aided by the interconnectivity of the GPO and the regional service center. "The number of SKUs we stock in our distribution warehouse is totally dependent on how standard our members are with specific product categories," said Boswell. "Isolation and surgical gowns, gloves, and masks are several examples. If members are not standardized on these products, we have more SKUs, more stocking, and it's tougher to get that allocation during times of COVID or any other time. Jennifer and the GPO are working to reduce the variation on similar products resulting in SKU reduction in our own distribution center. This positions us to negotiate better costs for members, better distribution fees for LeeSar, and greater allocations from our manufacturers."

Indeed, it's a lot of moving pieces, and LeeSar and CSF are working hard to craft their services and solutions with a focus on providing value to members. "It's a new day for LeeSar and Cooperative Services of Florida," said Boswell. "As our members transform, we're in the process of transformation ourselves. There are challenges and at times we are not progressing as quickly as we would like. But these are really exciting times." ■

Disaster response

Due to its location at the end of a peninsula in Florida, disaster response is a unique need for members. "We have hurricane season response plans that we have developed with our members," said Boswell. "Every year, we refresh these plans. We identify the stocking levels, both at LeeSar and at member locations, and the staffing model that needs to be maintained at the LeeSar facility. We also work with local and county law enforcement to ensure truck access when roads may otherwise be closed?

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[1]PDI Study 0113-CTEVO, [2]PDI user acceptance study, [3]https://www.cdc.gov/hai/prevent/staph-prevention-strategies.html

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Solving customer problems utilizing distributor and manufacturer partnerships

Many distributors and manufacturers want to be superheroes to their customers, solving problems no one else can. In reality, when we talk to providers about solving a problem, it often involves multiple teams. A collaboration between the distributor, the manufacturer, and the end-user is critical to ensure that the customer has the best experience.

Here are three real-life stories where a good partnership between the distributor, the manufacturer, and the provider made the difference in getting the problem solved effectively and efficiently.

Outfitting a new OR with Supply Carts and Cabinets

The problem: A healthcare system in Massachusetts needed to remodel their ORs. All open storage had to revert to closed storage.

The solution: The CME and Metro account managers met with the Sr. Project Manager for Facilities Planning and the

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OR staff to review the needs of the facility. The team then reviewed current solutions and brainstormed for new ideas and solutions to meet the new requirements. This included a walk through the space to make sure all the customer needs were being met. Metro provided drawings of the new carts and cabinets, which included Starsys, Flexline, and wire shelf equipment. The CME account manager distributed the drawings and continued to follow-up with the end-users to answer questions, make any changes, and supply detailed quotes for the new equipment. The plans ended up fitting the needs of the client, and CME and Metro partnered to create a new OR storage area to meet the exact needs of the client.

Replacement Carts Customized for Efficiency

The problem: A national healthcare system replaced legacy specified carts in Washington State. The original carts were not connected with viable part numbers and were no longer available from the manufacturer. The customer had no resources to assemble these carts and get them to the appropriate rooms.

The solution: The CME account manager worked with the customer's equipment planner to get physical photos of existing carts, descriptions of the carts, and the end-user's current requirements. There were four different types of carts with various levels of accessorizing needed. CME worked with the Metro account manager to configure the carts based on Metro's offerings, and that met the customer's specifications. CME built a database of new Metro drawings cross-referenced with the customer's old carts, including the components in each cart. Each cart was given a unique CME part number that included all of the elements so that the carts could be ordered from CME with one-part number instead of 10, which really helped simplify the ordering process. All the parts were ordered and shipped to the local CME warehouse. To address the customer's resource challenges, CME assembled and then delivered the carts to the customer built and ready for use.

With timely service and efficient processes, the partnership between distributors & manufacturers is a significant aspect of the customer experience.

Carts Need Immediate Repair

The problem: A major health system in Florida had three aging carts that were not locking correctly and needed to be repaired ASAP.

The solution: CME is one of the few on-call organizations certified and trained to repair Metro carts. CME acknowledged the request for service same day and dispatched their Florida-based biomedical technician to the site to determined what was causing the issue with the carts. Armed with the information obtained by the CME technician, Metro sent the needed replacement parts, and the CME technician was able to go onsite to install those parts to fix the locking function on the carts.

With timely service and efficient processes, the partnership between distributors & manufacturers is a significant aspect of the customer experience. By nurturing the partnership with Metro and CME, both companies can provide a better customer experience. In every instance, customers benefit.

CME Corp (CME) is a distributor that focuses on equipment only. Our mission at CME is to help healthcare facilities nationwide reduce the total cost of the equipment they purchase and make their equipment specification, installation, maintenance, and disposition processes more efficient. CME carries over 2M items from more than 2000 manufacturers and offers customized services that include direct-to-site delivery, biomedical, technical and disposition services.

For over 80 years, Metro has been the world's leading manufacturer of storage and transport equipment. From our innovative wire and polymer shelving lines to the revolutionary Starsys product line to a broad range of healthcare cart solutions including the Lifeline emergency cart, Flexline procedure carts and Lionville series medication carts, Metro puts space to work in healthcare facilities of all sizes. ■

BY MATTHEW J ROWAN, HIDA PRESIDENT & CEO

Securing Critical Items

HIDA proposes a solution to getting PPE to where it belongs – in the hands of healthcare providers

The availability of personal protective equipment (PPE) has improved signifi-cantly since the onset of the coronavirus, but as COVID-19 continues to spread, healthcare providers are stockpiling available product to prepare for spikes in new infections.

These well-intentioned initiatives seek to prevent future PPE shortages. In reality, creating large provider-held stockpiles, even as COVID-19 cases are increasing throughout the country, will contribute to ongoing PPE shortages by taking supplies in high demand on the front lines to the back shelf of a warehouse.

It is completely understandable that health systems do not want to find themselves short on PPE, but securing these critical products has become even more challenging as states such as California and New York institute stockpiling requirements. California Gov. Gavin Newsom enacted a law in September mandating hospitals keep a 90-day supply or be subject to a $25,000 fine. New York now requires hospitals to keep reserves that would cover 90 days of patient care and nursing homes to set aside enough equipment for 60 days.

These types of requirements are adding to shortages and placing demands on hospital space and finances that could be better used for patient care. For a 350-bed hospital, a 90-day stockpile of a typical mix of PPE would fill 13 to 15 tractor-trailers with an amount of space that is impractical at most hospitals that size. A 5,000-bed system of 10-12 hospitals would need the equivalent of one and a half football fields of space.

Distributors offer experience in strengthening pandemic preparedness

A better approach is something that is happening across the country – leveraging the proven expertise of health industry distributors. Distributors have the infrastructure ready to provide storage, logistics support, and expertise to manage costs as well as operational and logistics issues. All this can be done while building a new national pandemic response infrastructure capable of replenishing supplies.

Throughout the COVID-19 pandemic, distributors have proven to be trusted partners with both healthcare providers and government planners in delivering quality, FDA-approved products to providers.

HIDA has outlined a new vision for a pandemic response infrastructure that supports a partnership between the commercial sector and the government. Sustainable stockpiles are a key element of the plan. Under HIDA's proposal, reserves of PPE and other critical products would be held at 500 commercial distribution centers located around the country. These reserves would be designed to meet first-call needs of providers for the first 30 to 60 days of an emergency.

During those initial days of a pandemic, the country could then mobilize expanded surge manufacturing capacity to meet the increased and ongoing equipment demands of the emergency. Once the surge manufacturing capabilities are brought up to speed and expand production, they could then support and replenish the third pillar of the system: centralized stockpiles designed to support state and local government needs and to serve as an overall backstop to the commercial supply chain, if needed.

Finally, end-user aligned supply chains would help prevent the competition for PPE among the different consumers of PPE, such as healthcare providers, local governments and retailers, rather than leading them to bid against one another during an emergency.

We are all in this together. By combining government resources with distributor's infrastructure and expertise, we can better position the nation to address our current challenges and the ones yet to come.

To learn more about HIDA's proposal "Building A More Robust Supply Chain: A Public-Private Framework To Create A Pandemic Response Infrastructure," visit HIDA.org/UnderstandingHealthcareDistribution.

Vizient to acquire Intalere

Vizient, Inc. (Irving, Texas) has signed an agree-ment under which it will acquire Intalere from Intermountain Healthcare (Salt Lake City, Utah). Intermountain Healthcare will now partner with Vizient for supply chain solutions and services, thereby expanding their current relationship with Vizient in clinical and cost analytics.

"This acquisition builds on the strengths of both Vizient and Intalere and furthers our ability to meet the growing needs of the increasingly diverse range of members and customers we serve," said Byron Jobe, Vizient's president and chief executive officer.

The transaction is anticipated to close during Q1 2021, pending standard regulatory review. Financial terms of the transaction were not disclosed.

Vizient says the planned acquisition will support and fuel the company's mission to strengthen members' delivery of high-value care by:

- Reinforcing its commitment to supply chain as a strategic asset for healthcare providers;
- Expanding its non-acute footprint to create additional opportunities through its subsidiary, Provista
- Increasing its presence in smaller and/or rural acute facilities, helping support these communities with local healthcare services

"Intermountain Healthcare looks forward to continuing to work together with Vizient in our common goal of providing patients access to high-quality care at the most affordable cost," said Bert Zimmerli, CFO and EVP at Intermountain. "This aligns very well with our aspiration of executing a population health strategy by providing value-based care and services to an increased number of patients, families, and communities."

Intermountain Healthcare and Sanford Health announce intent to merge

Intermountain Healthcare (Salt Lake City, UT) and Sanford Health (Sioux Falls, SD) have signed a letter of intent to develop a strategic partnership with the goal of signing a merger agreement. The boards of both nonprofit organizations approved a resolution to support moving forward with the due diligence process.

Virginia Mason Memorial to split from Virginia Mason to become an independent healthcare system

Virginia Mason Memorial's board of directors voted to end its affiliation with Virginia Mason (Seattle, WA) and become an "independent, local healthcare system."

The decision comes several months after Virginia Mason started exploring the possibility of joining with CHI Franciscan, a Catholic nonprofit health system.

David Hargreaves, chairman of the Virginia Mason Memorial board, said that the hospital will continue working with Virginia Mason, as it did before the formal affiliation went into effect in 2016.

Virginia Mason, in a follow-up statement, also confirmed it would continue providing referral care.

Hargreaves said the board hadn't yet determined a timeline to unwind the affiliation but expects it to take anywhere from 30 to 90 days.

The board has not yet finalized a name change but will likely go back to the former Yakima Valley Memorial Hospital name.

Community Health Systems, Inc. announces new CEO

Community Health Systems, Inc. (CHS) announced that Wayne T. Smith, the company's chairman and CEO, will transition from CEO to executive chairman of the board of directors, effective January 1, 2021. Smith will retain certain strategic and other executive management responsibilities with regard to the future

direction of the company, CHS said. The company plans to appoint Tim L. Hingtgen as its CEO, effective January 1, 2021. Hingtgen has served as president and COO since 2016 and as a member of the company's board of directors since 2017.

He began his career at CHS in 2008 and has been promoted several times to increasing levels of responsibility, including division president and EVP of operations before assuming his current roles.

Supply chains may become more local as a result of the pandemic

Supply chains for pharmaceuticals may become less global as a result of the pandemic, experts told CNBC.

Drug supply chains are often global, with China being the largest supplier of active pharmaceutical ingredients around the world. Meanwhile, India provides around 40% to 50% of all generic drugs in the U.S., according to B&K Securities analyst Rohit Bhat.

At the start of the pandemic some experts warned of a temporary drug shortage in the U.S.

Martin Meeson, CEO of Fujifilm Diosynth Biotechnologies, in a recent appearance on CNBC, emphasized the need for collaboration between parties involved in the production of drugs, such as universities "doing the discovery work" and manufacturers who can produce medicine at scale.

"I think there might be a slightly more local focus as we move forward, maybe just a little bit of a lengthening of some those supply chains, but I think that the whole of the sector has worked really well to make sure that those medicines are continuing to flow to the people and the patients that need them," Meeson said.

Cleveland Clinic, Amwell name new leadership for their joint venture

Cleveland Clinic and Amwell announced the appointment of new leadership to their digital health company, a joint venture that delivers virtual care from Cleveland Clinic's highly specialized team of clinical experts through Amwell's technology platform.

Frank McGillin will lead as CEO. Egbert van Acht will assume the position of executive vice chairman to the board of directors.

Formed last year as a "first-of-its-kind" company to provide broad access to comprehensive, high-acuity care via telehealth, the company has made great progress scaling digital care through its MyConsult offering.

With an initial focus on clinical second opinions, the organization also offers health information and diagnosis on more than 2,000 different types of conditions including cancer, cardiac, and neuroscience issues.

Hospitals facing massive staffing shortages as COVID-19 surges

In late November, hospitals in at least 25 states are critically short of nurses, doctors, and other staff as coronavirus cases surge across the U.S., according to the industry's trade association and a tally conducted by STAT.

The staffing problems reflect the dramatic increase in patients. There has been an average of 157,318 new cases per day over the past week, according to the STAT Covid-19 Tracker – 74% more than two weeks ago.

Ultimately, there aren't enough ICU nurses, in particular, to meet the need. Hospitals currently have 2,000 ICU nurse jobs open on Trusted Health, a company that connects travel nurses, who hop from job to job around the country, with hospitals.

In some places the situation is dire enough that severely ill patients have been transferred hundreds of miles for an available bed – from Texas to Arizona, and from central Missouri to Iowa.

Staffing shortages are a serious concern in multiple regions. ICU nurses, who typically oversee no more than two patients at a time, are now being pushed to care for six to eight patients to make up for the shortfall in parts of Texas, said Robert Hancock, president of the Texas College of Emergency Physicians.

In Ohio, some 20% of the 240 hospitals tied to the Ohio Hospital Association are reporting staffing shortages.

The American Hospital Association's (AHA) vice president of quality and patient safety, Nancy Foster, said she's heard from two dozen hospital leaders over the past two weeks, warning her of staffing shortages in states including Texas, North and South Dakota, Minnesota, Wisconsin, and Illinois. 19 other states are also reporting shortages at a local level.

RWJBarnabas Health to acquire 554-bed New Jersey hospital

Trinitas Regional Medical Center (Elizabeth, NJ) and RWJBarnabas Health

(West Orange, NJ) entered into a definitive agreement whereby Trinitas and its affiliates will become a part of the RWJBH system.

The agreement follows the October 2019 signing of a Letter of Intent to explore a potential transaction.

Approvals will be necessary from State and Federal authorities and the Catholic Church before the transaction is considered complete in a process that is expected to take up to one year.

Under the terms of the agreement, the role of Trinitas as a full service, Catholic provider of acute health care services for the eastern Union County community will be enhanced. RWJBH will make significant investments in Trinitas and will expand the network of outpatient services currently provided by Trinitas, resulting in an even higher level of care for the community.

RWJBH will become the sole member (i.e., corporate parent) of Trinitas. Trinitas will retain its identity as a Catholic institution and will abide by the Ethical and Religious Directives for Catholic Health Care Services. The Sisters of Charity of Saint Elizabeth will continue to serve as the Catholic sponsor of Trinitas. The Trinitas Board will continue to oversee day-to-day operations of Trinitas.

Cardinal Health partners with CDC to support vaccine access for pharmacies

Cardinal Health (Dublin, Ireland) reached an agreement with the Centers for Disease Control and Prevention (CDC) to act as a network administrator in Phase 2 of the Federal Pharmacy Partnership Strategy for COVID-19, which will enable retail independent, small chains and long-term care pharmacy customers to participate in the vaccination effort.

The COVID-19 vaccine will be distributed by the CDC's central distributor.

As one of the top healthcare distributors and services providers in the U.S., Cardinal Health will add broad scale, knowledgeable pharmacy expertise and longstanding relationships with pharmacies to this nationwide vaccine distribution effort.

The company says it will continue to work with suppliers as well as federal, state and local governments as a trusted healthcare partner to effectively disseminate a COVID-19 vaccine to patients.

Calendar of events: Due to COVID-19 restrictions at press time some dates and locations may change.

Federation of American Hospitals
2021 FAH Conference and Business Exposition
March 7-9, 2021
Washington Hilton Hotel
Washington, DC

Health Connect Partners
Spring 21 Hospital Supply Chain Conference
May 3-5, 2021
Baltimore, MD

IDN Summit
Spring IDN Summit & Reverse Expo
April 12-14, 2021
Omni Orlando Resort at ChampionsGate
Orlando, FL

Fall IDN Summit & Reverse Expo
August 30 - September 1, 2021
JW Marriott Desert Ridge Resort and Spa
Phoenix, AZ

Premier
Breakthroughs Conference
June 15-18, 2021
Washington, DC

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In the Spotlight

By Graham Garrison

With disruption comes growth. That was one of the many take-aways from the interviews we gathered from this year's Women Leaders in Supply Chain. They discussed how this year challenged them, reshaped priorities and positioned them for the future. The following were just a few of the insights shared:

Cindy Gueltzow, vice president – supply chain services, Baptist Health: "I've always known how dedicated my staff was to our health system, but the pandemic shined a light on my team so the entire system can see the value we bring to the organization. We've sustained short-term recalls, backorders and supply chain disruptions in the past; however, we've never had to manage at this heightened level for an extended period of time until COVID."

Daisy Aguallo, MS-HCA(c), director supply chain analytics, San Francisco Health Network, SF Department of Public Health: "The COVID-19 pandemic has been a learning experience. I learned to be more patient and compassionate towards staff. We are all trying to do our best even when the perception may seem otherwise. Every day we are faced with difficult decisions to make. Those decisions, at times magnified with a pandemic can create a stressful environment."

Dee Donatelli, vice president of professional services at TractManager and principal, Dee Donatelli Consulting, LLC: "Without a doubt increased collaboration has been the most valuable outcome of the pandemic. We have talked about clinical integration of the supply chain for years, but COVID has really emphasized what can be accomplished when we take SC to our clinicians."

Kim Moon, director supply chain, Tucson Medical Center: "The model the industry has promoted for a well-run department of 'Just-in-Time' inventory was ultimately our largest failure and the greatest risk. In a world of disposable simplicity we have created a liability not only for the hospital staff but for patients and our community. We must re-evaluate how we do business and ensure that the needs and requirements of a pandemic are incorporated into our planning."

I learned to be more patient and compassionate towards staff. We are all trying to do our best even when the perception may seem otherwise.

– Daisy Aguallo

Mittal Sutaria, vice president, contract and program services, Pharmacy for Vizient, Inc.: "Overall, my team and I learned that although we are not involved in direct care of COVID-19 impacted patients, there was still so much work that needed to be done to support our member hospitals. I also learned that every individual on my team was looking for ways to do more to support our members. I was able to see how passionate they are about working to assure that we would be able to get additional product to a hospital that was experiencing a surge of COVID-19 patients, which increased demand that far exceeded their historical purchases and allocation level."

Janie Ott, vice president, supply chain, The University of Kansas Health System: "Supply chain leaders are evolving over time and the pandemic has put them in a position to be noticed." ■

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