

The Journal of
Healthcare
C O N T R A C T I N G

Providing Insight, Understanding and Community

September 2021 • Vol.12 • No.5



**Kaiser Permanente:
Building A Resilient
Supply Chain**

**Kaiser's Mary Beth Lang and Ije Nwosu
discuss supply chain resiliency and
best practices amid a pandemic.**

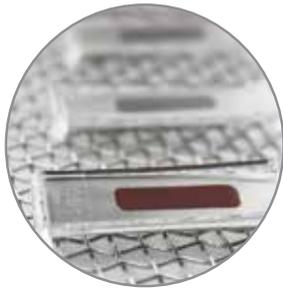
PROFORMANCE™ CLEANING VERIFICATION

CLEARLY VISIBLE, EASY TO INTERPRET, OBJECTIVE TESTS OF CLEANING METHODS



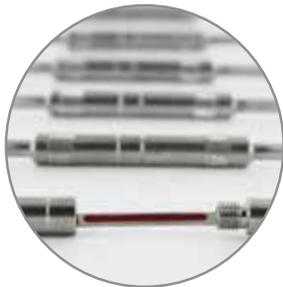
SONOCHECK™

When the ultrasonic cleaner is supplying sufficient energy and conditions are correct, SonoCheck™ will change color. Problems such as insufficient energy, overloading, water level, improper temperature and degassing will increase the time needed for the color change. In the case of major problems the SonoCheck™ will not change color at all.



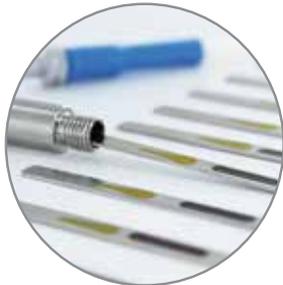
TOSI®

Reveal the hidden areas of instruments with the TOSI® washer test, the easy to use blood soil device that directly correlates to the cleaning challenge of surgical instruments. TOSI® is the first device to provide a consistent, repeatable, and reliable method for evaluating the cleaning effectiveness of the automated instrument washer.



LUMCHECK™

The LumCheck™ is designed as an independent check on the cleaning performance of pulse-flow lumen washers. Embedded on the stainless steel plate is a specially formulated blood soil which includes the toughest components of blood to clean.



FLEXICHECK™

This kit simulates a flexible endoscope channel to challenge the cleaning efficiency of endoscope washers with channel irrigation apparatus. A clear flexible tube is attached to a lumen device with a test coupon placed inside; the entire device is hooked up to the irrigation port of the endoscope washer.



HEMOCHECK™/PROCHEK-II™

Go beyond what you can see with all-in-one detection kits for blood or protein residue. HemoCheck™ is simple to interpret and indicates blood residue down to 0.1µg. The ProChek-II™ measures for residual protein on surfaces down to 0.1µg.



- 2 A Back-To-School Season Like No Other**
'Don't rush things,' advise pediatric and education experts
- 10 Credentialing Consortium Becomes Dynamic Change Agent**
- 14 Kaiser Permanente: Building A Resilient Supply Chain**
Kaiser's Mary Beth Lang and Ije Nwosu discuss supply chain resiliency and best practices amid a pandemic.
- 22 The Impact of Change**
Industry forecast predicts rapid recovery of volume, shifts in delivery of care.
- 24 Stop Ransomware**
U.S. government launches one-stop ransomware resource website
- 30 Building Wellness Communities**
- 34 Bellwether League Foundation names Bellwether Class of 2021 honorees**



The Journal of Healthcare Contracting is published bi-monthly by **Share Moving Media**
1735 N. Brown Rd. Ste. 140
Lawrenceville, GA 30043-8153
Phone: 770/263-5262
FAX: 770/236-8023
e-mail: info@jhconline.com
www.jhconline.com

PUBLISHER
John Pritchard
jpritchard@sharemovingmedia.com

EVENT COORDINATOR AND ANAE PRODUCT MANAGER
Anna McCormick
amccormick@sharemovingmedia.com

EDITOR
Graham Garrison
ggarrison@sharemovingmedia.com

SENIOR EDITOR
Daniel Beard
dbeard@sharemovingmedia.com

ART DIRECTOR
Brent Cashman
bcashman@sharemovingmedia.com

CIRCULATION
Laura Gantert
lgantert@sharemovingmedia.com

The Journal of Healthcare Contracting (ISSN 1548-4165) is published bi-monthly by Share Moving Media, 1735 N. Brown Rd. Ste. 140, Lawrenceville, GA 30043-8153. Copyright 2021 by Share Moving Media All rights reserved.

Please note: The acceptance of advertising or products mentioned by contributing authors does not constitute endorsement by the publisher. Publisher cannot accept responsibility for the correctness of an opinion expressed by contributing authors.

A Back-To-School Season Like No Other

'Don't rush things,' advise pediatric and education experts



During an American Academy of Pediatrics-sponsored virtual “town hall”

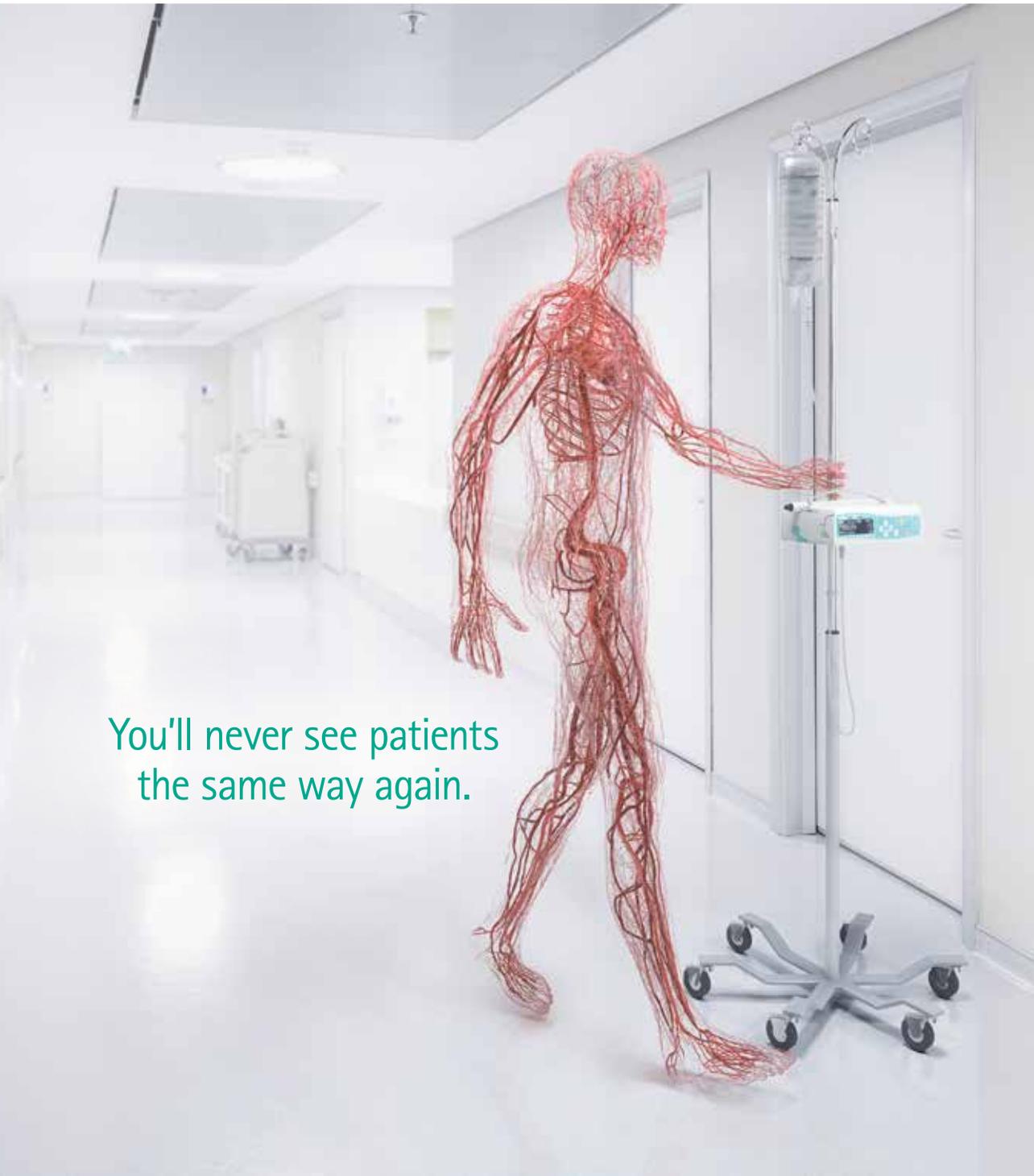
meeting this spring, Susannah Briskin, M.D., FAAP, member of the AAP Council on Sports Medicine and Fitness Executive Committee, spoke about the potential of stress fractures among young people returning to athletics following a long period of relative inactivity due to the pandemic. A colleague, Carol Cohen Weitzman, M.D., FAAP, immediate past chair of the AAP Section on the Developmental and Behavioral Pediatrics Executive Committee, picked up on the comment and added a cautionary note about “metaphorical” stress fractures. She was referring to challenges that returning students might face due to the emotional, academic and intellectual stresses experienced during the pandemic. Welcome to back-to-school, the post-COVID-19 version.

Flu disappeared ... but what's next?

This year's back-to-school season should be unlike any other. For one thing, influenza and respiratory syncytial virus (RSV) all but disappeared this past winter, raising questions about what might happen this fall. Many epidemiologists believe the flu's absence was due to precautions put in place to stem the pandemic, though others speculate that the coronavirus simply crowded out all other viruses. The bottom line is, the Centers for Disease Control and Prevention reported just one influenza-associated pediatric death during the 2020-2021 season. (The death occurred in February 2021.) In contrast, the total number of pediatric deaths occurring during the prior flu season – 2019-2020 – was 196.

Some experts are predicting a strong resurgence in respiratory viruses this fall, as precautionary measures, such as mask-wearing and physical distancing, are lifted. Others believe that immune systems might have been weakened without exposure to the flu virus during the 2020-2021 season, opening the possibility for flu to roar back with a vengeance.

“I don't have any way to predict whether this will happen or not, but we can be sure that other respiratory viruses will continue to circulate in some fashion as they always have,” says Bonnie



You'll never see patients
the same way again.

B. BRAUN'S PERIPHERAL ADVANTAGE® PROGRAM. DATA-DRIVEN PIVC CARE.

At B. Braun, we're committed to improving peripheral IV catheter care. Using data from our Peripheral Advantage® Program to standardize and improve upon your staff's IV insertion best practices, we're equipping clinicians with the training, tools, and data-informed insights they need to elevate the standard of care. Our data-driven PIVC program is designed to focus on fewer complications, longer dwell times, and better outcomes for all.

[Learn more at PeripheralAdvantage.com](https://www.bbraun.com/peripheraladvantage)

B. Braun Medical | Bethlehem, PA | 1-800-227-2862

Rx only. ©2021 B. Braun Medical Inc. Bethlehem, PA. All rights reserved. 21-0697 6/21

Maldonado, MD, FAAP, chairperson of the American Academy of Pediatrics' Committee on Infectious Diseases, and Professor, Departments of Pediatrics and Health Research and Policy at Stanford University School of Medicine.

As of this June, the nation was experiencing a surge in RSV, which was unusual given that the virus tends to appear in late fall and winter, she says. "It is possible that RSV will taper off before its normal fall season. Also, based on what is happening in the Southern Hemisphere, flu is not at high numbers, and their seasons are usually – but not always – similar to what we see during our winter months, which occur about six months later."

The disruption of schools and community services – often a safety net for children – may further leave children vulnerable, particularly those at heightened risk of neglect.

Impact of delayed care

Pediatricians are concerned about the potential impact of delays in childhood visits and vaccinations during the pandemic. "We are concerned that children are not up to date on a number of vaccines and may be at risk for transmission of vaccine-preventable diseases," says Maldonado. As of June, the U.S. was behind on childhood vaccinations by over 11 million doses since the first surge of the pandemic in March 2020. "Families should be sure to get their children up to date on all of their regular vaccines and

get them vaccinated against COVID-19 if they are 12 and older."

Some children experienced immediate adverse effects from COVID-19 this past year, including multisystem inflammatory syndrome in children (MIS-C), which causes inflammation of different body parts, including the heart, lungs, kidney, brain, skin, eyes or gastrointestinal organs. CDC reports that many children with MIS-C had the virus that causes COVID-19 or had been around someone with COVID-19. Though MIS-C can be deadly, most children who were diagnosed with this condition have gotten better with medical care.

Other kids may be facing longer-term effects from the coronavirus. For

less access to opportunities for organized physical activities.

Return to pre-pandemic levels of activity should be gradual, advised Briskin, who in addition to her AAP activities practices pediatric sports medicine at University Hospitals in Cleveland. "We've seen a lot of inactivity. Kids have been at home doing virtual schooling, and a lot of sports have been put on hold, then they decide to try out for a sport like track, and get an overuse injury, such as a stress fracture.

"Everyone is eager for normalcy, but I encourage kids to start moving again by just starting with walking consistently to get some basic level of conditioning. We recommend making sure that kids have well-fitted supportive athletic shoes to start. If they have been inactive for more than a month, they should start at no more than 25% of their usual exercise volume and do impact exercise no more than three times a week. A gradual increase in 10% of volume per week can help prevent overuse injuries. Activities such as core exercises, light resistance training, stretching, and low-impact activity can ramp up more quickly."

Isolation

Pediatricians and others express concern about the mental/psychosocial health of kids during and after the pandemic due to isolation, economic and emotional pressures at home, inactivity, and challenges associated with learning for kids with special needs.

In late May 2021, Jena Hausmann, CEO of Children's Hospital Colorado, drew attention to the matter by declaring a "State of Emergency" in youth mental health. "[W]e are seeing our pediatric emergency departments and inpatient units overrun with kids attempting suicide



Hillrom™



LET US CHANGE YOUR VIEW



20X

LARGER VIEWING AREA

Standard Ophthalmoscope



NEW

Welch Allyn PanOptic™ Plus Ophthalmoscope



3X

LARGER VIEWING AREA

Standard Otoscope



NEW

Welch Allyn MacroView® Plus Otoscope

From a name doctors use most and inventor of the world's first direct illuminating ophthalmoscope, we're excited to introduce new Welch Allyn® physical assessment tools to help clinicians take their exams to a new level. We've listened to countless providers and have re-designed our new devices with a familiar form and feel, long-lasting LED technology and views you have to see to believe.

Connect with your Hillrom representative today to see more.

and suffering from other forms of major mental health illness,” she said. “The reality is that health challenges facing kids have gone beyond crisis levels, and the organizations that serve kids are overwhelmed. Many children, families, local schools, county governments and health-care facilities are at their breaking points.”

It’s a worldwide problem.

In March, researchers in Ireland reported that “the disruption to educational, social and recreational activities removed children from peer networks and social interaction, which may cultivate social isolation. The disruption of schools and community services – often a safety net for children – may further leave children vulnerable, particularly those at heightened risk of neglect. Furthermore, children with pre-existing behavioral conditions, such as autism,

and those who rely on specialist- or community-delivered health services, may be disproportionately affected by not having their needs met.”

“[Pandemic-related health issues in children] will play out over a long time as these children struggle to catch up and manifest the consequences of COVID,” Camilla Kingdon, MBChB, consultant neonatologist at Guy’s and St Thomas’ NHS Foundation Trust in London, England, was quoted as saying in May. “The next few years are going to be equally challenging for both children and the professionals who work with them.”

Kids in adverse circumstances

Sensitive and caring adults can help children manage stress, but kids who experienced (or continue to experience) food

insecurity, housing insecurity, and tension and violence in the home may suffer.

The pandemic led to the closure of many businesses and lost wages for countless workers, noted the National Institute for Children’s Health Quality (NICHQ). And because of school closures, many parents had to take unpaid time off work to care for their kids. Lacking regular income, families may have been forced to make life-altering decisions, like choosing between buying groceries, paying the rent, or getting gas so they could bring their child to a doctor.

“Even before COVID-19, millions of children lived in households that struggled to put food on the table, and now the pandemic has only deepened that crisis, especially for Black, Latino, and Native American families,” said Luis

Sentinels of student health

Teachers and school nurses will be on the front lines when students return to school this fall.

“School nurses are the sentinels for student health,” says Laurie Combe, MN, RN, NCSN, president of the National Association of School Nurses. “When students lack the language to express their emotions, or they perceive stigma from doing so, those emotions often present as physical complaints. That means the nurse might be the very first person to see the indicators a child has emotional health concerns.

“This year, we’re looking at children who may have experienced loss of parents or other close relatives and friends to COVID,” she says. “Child abuse reporting is way down because schools are often the first to recognize signs of abuse. Children may have been exposed to more violence, either personally or through something they witnessed.

“And they’ve missed significant events, such as graduation from Pre-K, grade school, high school; or family events, even funerals. On top of that, we know some families have

struggled economically because of the pandemic. Housing and food may be insecure, and that may never have been the case for them before this.”

School nurses, in conjunction with counselors and teachers, have learned a lot about how to deliver virtual health services during the pandemic, says Combe. “They have been working with students on emotional management, teaching them how to relax, and who they can reach out to for help.

“When student symptoms indicate an urgent need for medical intervention, school nurses refer those students to community mental health providers. They have continued to support students with chronic health conditions and their families, making sure they understand how to provide day-to-day care, which is particularly important for students with new diagnoses.

“Still, it’s not the same as being able to come into the school clinic or counselor’s office, or staying behind in class to talk with a trusted educator about what’s really going on.”

Out with the Old



In with ...

an Upgrade to the Newest Technology

Specialty Healthcare Needs Specialized Equipment

MTI's ADA Compliant Procedure & Exam Chairs:

- ▶ Reduce the likelihood of injuries for patients and care providers
- ▶ Increase patient comfort, satisfaction, and outcomes
- ▶ Reduce total cost of ownership



MTI manufactures exam/procedure chairs, cabinets and stools for specialty healthcare

Medical Technology Industries

sales@mti.net | 800-924-4655 | mti.net

Guardia, president of the Food Research & Action Center in January.

Many known risk factors for child abuse and violence – including poverty, stress, and isolation – were exacerbated by the pandemic, said the AAP in a COVID-19 guidance document. Loss of contact with teachers and physicians may make their detection by healthcare providers more difficult.

LGBTQ youth living in homes where they are not supported by their families may have experienced greater stress during the pandemic, according to AAP. “These youth may be subjected to increased physical or emotional maltreatment from a family member and not have a means to escape it.” Furthermore, they may have been isolated from support systems, such as the local LGBTQ center or their LGBTQ friends/community.

Academic pressures

A return to in-person schooling after a year of remote learning may present challenges for children from an academic point of view, said Dr. Weitzman at the AAP virtual town hall, who in addition to her duties with the Academy is co-director of the Autism Spectrum Center at Boston Children’s Hospital and a member of the Division of Developmental Medicine. “Bringing kids back to school and thinking they are ready for the next level of curriculum without modification will cause ‘stress fractures,’ metaphorically speaking.”

She urged kids to attend summer programs when they are available to facilitate a gradual re-entry into in-person schooling, and for schools and communities to recognize the urgent need to promote smooth re-entry and catch-up.

Writing in “eSchool News” in April, Chris Minnich, CEO of NWEA, said, “If we expect back-to-school to be normal, then we missed the mark. (NWEA is a nonprofit organization that develops Pre-K-12 assessments and professional learning offerings.)



“Nothing about the past year was typical,” he said. “Each student was impacted by the pandemic differently, so our approach to recovery must be as unique as them. And it can’t just be about catching kids up by cramming more into the following year or holding them back. We must focus on the critical areas of unfinished learning while also attending to the mental well-being of our kids, many of whom completely disconnected from their teachers and peers for an entire year and may just now be returning.”

Pediatrician’s role

The pandemic underscored the need for pediatricians to integrate emotional and behavioral health as part of standard care,

noted the AAP in its guidance document. “The role of the pediatrician may include surveillance of high-risk families, vigilance and recognition of signs of abuse, and inquiring about intimate partner violence, guns in the home, parental mental health and well-being, self-care, and struggles with child and adolescent behavior and discipline.”

Danielle Dooley, M.D., member of the AAP Council on School Health and medical director at the Child Health Advocacy Institute at Children’s National Hospital, says COVID-19 has highlighted the need for schools, community organizations and health systems to work together to holistically address children’s needs.

“Pediatricians and their staff can identify opportunities in their community to engage in these partnerships, ranging from formal, ongoing collaboration to more sporadic, one-time events,” she says. For example, pediatricians can serve on a school board as a school physician or sports team physician, or as a consulting physician for a school district. They can also offer their expertise or that of a staff member, such as a nurse, health educator or social worker, to present information for a parent and family town hall sponsored by a school or community organization.

“In some instances, pediatric practices develop formal partnerships with a school or organization to conduct sports physicals, for example, so that children can benefit from the positive experiences associated with team sports,” she says.

“Pediatricians can start by finding out what organizations or resources their patients and families use and then reach out to them to offer their expertise and also learn how that organization is serving children and families and how the pediatric practice can support or refer.” ■

GREEN SECURITY

FACILITY SECURITY MANAGEMENT

Green Security™ provides state-of-the-art security to healthcare institutions across the country. Participating hospitals enjoy first-class vendor credentialing combined with a comprehensive background screening for all non-employees including vendors, contractors, and visitor/guests. **All on one system.**

VISITOR MANAGEMENT

Patient and family visitors are numerous and represent the largest population of non-employees. They are often unmanaged in adult medical centers. Most facilities are not prepared to account for visitors in the event of an incident in their facilities.

Internal Watchlist

An automated messaging system that is specific to your facility or system. Flag visitors with a history of violence at your facility, protection from abuse orders, or former employees who present a risk and ensure employee and patient safety.

Scalable Solution

Implement in high risk areas such as NICU/PICU, Pediatric Floors and the Emergency Room or screen all visitors after visiting hours. Increase scope of services as staffing models support.

VENDOR CREDENTIALING

Green Security™ provides first-class credentialing and background checks that are performed with an option for additional customized background reviews. Highly trained agents review each result and pursue each case to confirm the identity of your applicant while uncovering all identifiers and aliases.

Other vendor credentialing companies conduct electronically filed and instant internet-based background checks. These automated searches return limited records. False positives are not immediately addressed.

Green Security™ has been implemented in over 500 Hospitals across the US. A few of our valued partners include:



SMARTPHONE TECHNOLOGY

Green Security™ offers a smartphone application that allows staff to spot check the identity, access limitations, and credentialing of any contractor/vendor instantly.

Quick Response (QR) scanning technology allows staff to clearly identify who has access to what areas at specific times.

Check in and check out is required for data tracking purposes, allowing the institution to verify exactly where and when vendors and contractors checked in and out from the facility or construction sites.



Green Security LLC

(866) 750-3373

support@greensecurityllc.com

950A Union Rd Suite 422

West Seneca, NY 14224

M-F 8am-5pm Eastern



Credentialing Consortium Becomes Dynamic Change Agent



The past year has seen disruptions, delays and postponements in every aspect of the medical device industry and healthcare supply chain. Product delays and shortages have been a common occurrence, and consumption has been unpredictable. Business meetings have been forever changed because of the required use of remote technologies. More importantly, adjusting to rapid change has become the norm for organizations everywhere.

Re-energized commitment

Not surprisingly, flexibility has become a way of life for the Consortium for Universal Healthcare Credentialing (C4UHC), the healthcare industry’s only organization dedicated to the adoption of a national standard for representative credentialing. Adjustments began more than two years ago with the development of a strategic plan. Dedicated C4UHC members and supporters hailing from 15 of the top Fortune 500 companies in the healthcare

industry re-energized their quest for a universal standard for vendor credentialing. Using the roadmap from the strategic planning process, a revitalized board of directors immediately began to implement changes to the organization, including:

- › Partnering with the American National Standards Institute (ANSI) and the National Electric Manufacturers Association (NEMA) to receive approval for a new supplier credentialing standard

- › Establishing the Consortium as an independent 501(c)(6) nonprofit organization
- › Hiring an executive director

“We’ve really gained traction in the last two years and have made such progress,” said C4UHC Board Secretary Lori Russell. “We put the right model organization in place. Now we are sustaining progress and continuing to move forward with energy.”

For example, the revitalized organization was immediately put to the test when the pandemic hit. C4UHC leaders quickly joined with their previous collaborators to help produce a revised standard that addressed Covid-19 requirements.

That revised standard is available at <https://www.nema.org/standards/view/american-national-standard-for-supplier-credentialing-in-healthcare>.

Evolution of credentialing

Healthcare industry representative (HCIR) credentialing has grown dramatically in the last decade. What started as a few simple requirements and processes has now become highly complex and variable. Complexity and confusion due to the lack of standardization was cited as the number one barrier to compliance in a recent C4UHC survey.

Following ANSI/NEMA protocol to ensure fair balance and transparency, C4UHC sought a diverse cross-section of collaborators and relevant stakeholders as part of the canvass group. The first SC-1



Coloplast OneSolution has the potential to lower healthcare utilization

We understand the challenging landscape of value-based purchasing
Trust the global leader in ostomy care

- Diversified production and sterilization facilities around the world to minimize supply interruption
- Supports implementation to help streamline formularies and improve outcomes*

Data reported

Lower utilization¹



30% less readmissions



45% less ER visits

Simplify care^{2,3}



Lower SKUs by 60%

Improve outcomes²



25% higher patient satisfaction

The results reported above are across different studies and research and may not be representative of all situations or outcomes. Individual or center experience, risks, outcomes, and results may vary

Find out more by visiting coloplast.to/supplyresources
 Or contact your local Coloplast ostomy representative.
 Call **1-800-533-0464** to get connected with them today.

*Across the care continuum in both acute care and home health

1. Rojanasart, S., The Impact of a Early Involvement in a Post-Discharge Support Program for Ostomy Surgery Patients on Preventable Health Care Utilization, J Wound Ostomy Continence Nurs. 2017;00(0):1-7.
 2. Helder, D., O'Day, M., Measuring System Impact by Improving the Ostomy Patient Experience from a Product Standardization Project in a 13-Hospital Integrated Delivery Network in the Midwest. J WOCN, 2017, 44(35): S53.
 3. AHRMM Clinical Study published 8/23/18; <https://www.ahrmm.org/resource-repository-ahrmm/leading-home-health-organization-provides-high-quality-ostomy-care-070818-1>

American National Standards for Supplier Credentialing in Healthcare was developed through the engagement of more than 45 healthcare suppliers, providers, vendor credentialing organizations and other relevant stakeholders.

“Compliance with the ANSI Standard should help vendor credentialing organizations facilitate communication between suppliers and providers,” commented Margo Bear, C4UHC Board chair. “A simpler standardized system helps everyone in the supply chain. All credentialing stakeholders are seeking to achieve compliance with requirements, but overcomplicated and unstandardized requirements only serve to hinder compliance.”

rary standard that reflects the realities of today, adjusted the standard to meet emerging needs, written new bylaws, recruited new leadership, and updated our website. Now we need nationwide adoption!”

Kaufman is also pleased that C4UHC is engaging both suppliers and providers in these efforts. “The pandemic has seriously impacted the supplier representative community across the nation. Representative access to physicians, healthcare leaders and provider facilities is severely restricted, hindering knowledge transfer and collaboration. The need for a standardized national approach for credentialing supplier representatives and enabling access has never been greater.”

about a standardized solution that will help manage this expensive challenge for suppliers and providers both,” added supply chain consultant Dennis Orthman, who has worked extensively with C4UHC. “Our industry needs to understand that this lack of standardization and the resulting excess cost is not just a supplier challenge; it’s a challenge for every stakeholder.”

Board member Martha Gibbons has been a vendor credentialing specialist and an active member of C4UHC for several years. Gibbons said, “C4UHC expects to lead the conversation and remove the barriers to adoption.” In addition, C4UHC leaders have developed and are pursuing an aggressive series of goals for 2021 and beyond. “We want to engage the provider community better.”

Mickey Kaufman summarized the hard work that has been done by the Consortium over the last two years. “In a nutshell, C4UHC has successfully pivoted to becoming a formal, independent organization. We are poised to engage with healthcare providers in efforts to promote adoption of the 2020 American National Standard. It is a noble mission, and we hope the road is not long!” Kaufman theorized that adoption could be accomplished one provider at a time, or it could be propelled by mass adoption through one or more credentialing companies. “Regardless of the pathway,” Kaufman asserts, “an efficient, standardized credentialing system will also be good for patients.”

C4UHC’s Lori Russell wants to encourage the ongoing growth of membership in C4UHC. The more suppliers and providers who join as members, the faster the organization can achieve its goals. “Suppliers and providers who want to be on the cutting edge of change, we would like to hear from you,” she invites. “Reach out to us at <https://c4uhc.org>.” ■

Imagine this!

You are flying across the U.S. for work, visiting multiple cities on your trip. But you discover that each airport’s security checkpoint requires a different form of ID – a passport is required at one airport, a social security card is mandatory at the next, etc. What happens if you don’t have all the different documents you need to reach all your work destinations?

For many healthcare supplier representatives and the providers they serve, current vendor credentialing requirements pose almost this exact same challenge.

Next steps

The Consortium is working hard to promote adoption of the new American National Standard. “Adoption is the next step,” reported C4UHC Executive Director Mickey Kaufman. “Members have worked hard to change our organization and put us in a better position to promote adoption. We have fundamentally changed our structure so that more stakeholders can be involved. We have published a contempo-

Fortunately, healthcare provider interest in C4UHC and its mission is high. It is conservatively estimated that U.S. healthcare – through the supplier community – spends over \$8 billion on credentialing. Tests, certifications, fees, systems, management and staffing – these costs add up quickly. Providers see the indirect impact on their bottom lines, but do not see the direct cost borne by the supplier community. “The Consortium exists to bring



**Let's make a positive
impact together.**

DUKAL can be a strong long term partner for you in the personal protection equipment category.

We are continuously investing in our capabilities and capacity to bring high quality personal protection equipment to front-line workers. Our PPE products meet or exceed all FDA requirements, holding multiple 510k's for surgical masks and N-95 respirators. DUKAL also offers AAMI level rated isolation gowns.

Let's make a positive impact together. Contact us at sales@dukak.com to learn more about how we can be a long term provider of personal protection equipment for you.



Better Health. Better Future.

As a leader in the development and manufacturing of medical products we partner with healthcare professionals to launch innovative solutions to unmet clinical needs.

Learn more about our products by visiting our new website www.dukal.com



Kaiser Permanente: Building A Resilient Supply Chain

Kaiser's Mary Beth Lang and Ije Nwosu discuss supply chain resiliency and best practices amid a pandemic.

Editor's Note: *Mary Beth Lang, Chief Supply Chain and Procurement with Kaiser Permanente, and Ije Nwosu, Head of Impact Spending with Kaiser Permanente, recently joined John Pritchard, Publisher of The Journal of Healthcare Contracting, for the Learning from Leaders Webinar Series with ANAE, the Association of National Account Executives. They discussed topics around Kaiser Permanente's focus on impact spending and its supply chain resiliency and transparency through the pandemic.*

No. 1: Kaiser Permanente's Impact Spending Drives Diversity, Sustainability and Affordability

Long before the global pandemic and social consciousness of 2020, Kaiser Permanente (KP) used its clout through its purchasing power to implement its impact spending goals. It created community influence, environmental viability and broader affordability through three primary drivers: supplier diversity, sustainability and economic impact.

The events of this past year only intensified its efforts.

"The past 15 months have been a challenge for the world around us," said Nwosu. "And we are committed to our impact spending amidst it all. We have a commitment to driving equity and inclusion in the communities we serve."

No. 2: Diverse spend and upstream indicators of health

KP achieved \$2.56 billion in diverse spend in 2020 and more than 400 jobs were created during the pandemic because of KP's impact spending.

Ije Nwosu

“We’re looking at driving health upstream and spend, as well as care delivery, has everything to do with that,” Nwosu said. “About 70% of upstream indicators of health are connected to access to food, opportunities and jobs. They have nothing to do with physically going into a healthcare facility and receiving care.”

KP has more than 12 million community members that it serves with over 70 million people in those community footprints.

wealth and employment. And it targets local spending to bolster local markets.

KP’s impact spending tackles challenges in physical environments like air and water quality, housing, and transportation. It also undertakes social and economic factors like education, jobs and income, and social support. Behaviors like diet and exercise, smoking, and substance abuse are being aimed at, as well as clinical care through access and quality of care.

“We’re making sure the social determinants of health are addressed in our communities,” said Lang. “It’s a very different and integrated model than you might see across the country.”

No. 3: Kaiser Permanente becomes the first U.S. healthcare system to go carbon neutral

This past fall, KP became the first healthcare system in the U.S. to become carbon neutral.

“Where we live and what we breathe all impacts our health,” Nwosu said. “Achieving carbon neutrality was important to addressing the conditions that lead to poor health.”

“We have a strong focus on safer products and by the end of this year, we’re driving toward 23% of all products procured at KP meeting safer product standards with no chemicals of concern,” Nwosu emphasized.

KP provides minority, women, veteran, disabled and LGBTQ+ owned businesses, as well as environmentally conscious businesses, the opportunity to be included in its contracting and subcontracting activities through its impact spending.

“It has to become a part of how you do business,” Nwosu said. “We have an expectation of large suppliers to be aligned with us, including in our contract language. We want to know if they’re working on their carbon footprint and mentoring or coaching minority organizations.”

Nwosu said most are very willing and it’s a conversation of customizing the process to individual organizations.

No. 4: Buy to Pay Teams and Supply Chain Resiliency through the Pandemic

“We have an expectation of large suppliers to be aligned with us, including in our contract language. We want to know if they’re working on their carbon footprint and mentoring or coaching minority organizations.”

– Ije Nwosu, Head of Impact Spending with Kaiser Permanente

“We feel an obligation to have the healthiest communities,” Nwosu said. “We’re thinking about those 70 million people in a holistic mindset through mind, body and spirit. If they’re getting access to the front door of healthcare, then we’re not treating them on the back end through emergency rooms or urgent care. It’s a win-win across the board.”

KP leverages its economic resources to collaborate with community anchors and large-scale purchasers to optimize collective impact. It aims to provide capacity-building opportunities for diverse and local entrepreneurs in its footprint to create



Mary Beth Lang

How do you make the #1 wipe in healthcare even better?



Give it a *super* new package.

More Convenient: The #1 wipe in healthcare¹ is now available in a softpack format that is easy to use and store.

More Flexible: Compact design offers greater flexibility for disinfection on the go in acute care and non-acute care settings.

More Sustainable: The new softpack format contains 80% less plastic and reduces the overall waste footprint.²

Visit pdihc.com/supernewpackage



Introducing the
Super Sani-Cloth® Wipes Softpack

1. GHX Intelligence Date 2020 Q4

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

KP's Impact Spending team is part of its sourcing and pay operations in its Buy to Pay teams. These teams encompass sourcing, procurement, delivery and logistics, supply chain management, and travel and expense.

More than 2,600 staff members make up KP's Buy to Pay teams, including Medical Center Supply Chain Operations, Supply Chain Services & Point of Use, Demand and Inventory Management, and National Warehousing and Logistics in its Supply Chain teams.

"Through the pandemic, we had to stand up our own quality team," Lang said. "We had to quickly learn how to look at product authenticity and certification requirements, and that work continues today."

Lang said it became critical during the pandemic to understand not only KP's supply chain but also its suppliers' supply chains and sourcing strategies through better transparency.

"It changed the way we asked questions during the RFP process," Lang said. "We asked about on shore or near shore inventories in addition to the basics of price and delivery. Suppliers working under a spot buy had more problems during the pandemic than others that had locked in our volumes and needs throughout the term of our agreements."

"It has also become crucial to have alternatives," Lang continued. "The industry has struggled to think of comparable and alternative products. We're willing to have more comparable databases and better integration of data in the same way pharmaceuticals has their generic equivalents. We need better category management that looks at higher level metrics and more global

indices that let us respond quickly to another big event."

Lang added that understanding where suppliers' raw materials come from, and the lag times are integral to supply chain resiliency in the future. She also added that KP has started to work with other health systems around how impact spending can help supply chain resiliency through local, diverse and sustainable practices.

beyond," Lang said. "So, supply chain now extends to the patients' homes. It is continual and no longer begins and ends in the brick-and-mortar medical center."

KP will seek more services and opportunities to provide care at its members' homes, including acute care services, in the future.

"I think we're better off now as an industry because of better transparency and understanding across buyer-supplier

"The industry has struggled to think of comparable and alternative products. We're willing to have more comparable databases and better integration of data in the same way pharmaceuticals has their generic equivalents."

– Mary Beth Lang, Chief Supply Chain and Procurement with Kaiser Permanente

"This year, we're looking at all of the carbon emissions from our suppliers and their supply chains," Lang said. "There's a commitment to more transparency in emissions across supply chains and discovering what suppliers are doing from a sustainability standpoint and what they're doing to create new relationships."

No. 5: Virtual Care and the Continual Supply Chain

The flexibility and resiliency extend to virtual care. "It was the preferred method for patients during the pandemic and

relationships," Lang said. "There's greater visibility now through difficult, but needed, conversations that make relationships stronger."

Lang emphasized that there's a stronger understanding to have a clinically driven supply chain.

"Healthcare supply chains are very unique versus supply chains in other industries," Lang said. "We must think about the impact that procurement or purchasing commitments have and look at smart sustainability. We're more open to new relationships and conversations than prior to the pandemic." ■

Be prepared this respiratory season

5 ways supply chain is critical to delivering better patient care

It's hard to predict what this flu season will bring. As clinicians continue to respond to COVID-19, it's critical that supply chains are well-prepared to help fight the flu, pneumonia and other respiratory illnesses.



Protect your care team with a respiratory preparedness plan built to support you and your patients with better care and outcomes.

A complete respiratory plan should include:



Vaccination strategies



Infection prevention protocols



Point-of-care lab testing



Respiratory therapy options



Post-acute care resources



To learn more about our respiratory program offerings, visit mms.mckesson.com/respiratory

Take a Breath and Jump In

The New Age of Pulmonary Treatment



For patients who may be at risk for lung cancer, the pool of diagnostic and treatment options has improved dramatically over the last decade. Furthermore, enhancements in minimally-invasive diagnostic and therapeutic procedures have elevated the impact the pulmonology suite can have on an ever-broader patient population.

The United States Preventive Services Task Force (USPSTF) recently updated its recommendations for annual screening for lung cancer with low-dose computed tomography (LDCT) in qualified adults aged 50 to 80 years, an update expanding the population eligible for screening from the first official guidelines published in 2014. In 2016, the American College of Chest Physicians changed its lung cancer guidelines to recommend Endobronchial Ultrasound Transbronchial Needle

Aspiration (EBUS-TBNA) for lung cancer diagnosis and staging.

Patient awareness of the screening recommendations is rising, in part due to the effort of the American Lung Association, which, with the Ad Council, created its “Saved By the Scan” campaign. This public service initiative encourages former and current smokers to visit SavedByTheScan.org to take a [lung cancer screening eligibility quiz](#) and talk to their doctor about getting screened.

Screening rates have been lackluster, however, with some studies showing less than 5% of eligible patients being screened. As such, there is room for improvement and rationale to bolster a lung cancer screening program. Many healthcare facilities have found that the introduction of a proactive population screening program has had positive effects outside of just lung cancer, positively identifying and supporting patients with COPD and other lung diseases. Are your facility, infrastructure, and staff prepared for this potential influx of patients?

The Patient Need is Compelling

Lung cancer is the most common cause of cancer-related death in the western world. Recommending screening to your age appropriate, “20-pack-year” patients should be a first step. It will be important to be ready for potential follow-on care.

An Olympus-sponsored study completed by the Medical University of South Carolina (MUSC) in 2008 looked at revenues generated based on billing for 200 consecutive patients undergoing EBUS during a set period of time. Once cancer is identified via the CT scan, EBUS facilitates diagnosis and staging in a single procedure – all critical to the treatment path.

The MUSC results for total dollar amount of downstream revenue per patient was an average of \$9,874, not including consultative physician fees.

Taking into account inflation, facilities could be looking at a one-third higher revenue according to BLS CPI estimates. A subsequent study published in CHEST⁷ in 2012 showed that the number of new patients who continued care at the facility because of EBUS closely rivaled the number of existing EBUS patients (see Table 1).

As more diagnostic modalities become available, we are likely to see more studies evaluating new lung cancer-focused procedures. Today, physicians are increasingly presenting cases in which ElectroMagnetic Navigation Bronchoscopy (ENB) is discussed as another route to improving patient

care. Olympus recently acquired Veran Medical for its single-use bronchoscope offerings as well as its SPiN navigation ENB system that allows for enhanced guidance for peripheral lung nodules. A broad range of offerings may help providers improve the procedure flow along the patient pathway.

Community Quality of Life

The USPSTF estimates that its change from a 30-pack-year to 20-pack-year threshold for screening would double the number of people eligible for screening – adding hundreds of thousands to the

pathway. Your choice to meet this rising demand can mean the opportunity to also address other respiratory disease states.

COPD, for example, affects more than 15 million people in the US – rendering many of them unable to go about daily life as they struggle for air. The Spiration Valve system offers patients with severe emphysema a customized, minimally invasive treatment option for lung volume reduction with a favorable risk-benefit profile.

The Spiration Valve is a small umbrella-shaped one-way valve that is placed inside the airways of the diseased lung, redirecting air away from the areas most affected by emphysema and toward healthier lung areas, allowing the patient to breathe more easily.¹³

The EMPROVE clinical trial concluded that the Spiration Valve offers a favorable risk benefit profile, with a short procedure time.¹⁵

Being able to boast a healthier patient population in your region, addressing disease earlier and with better outcomes, also paves the way for being ahead of models such as value-based care. Maybe it's time to take a deep breath and jump in. ■

Table 1: EBUS Patients Continuing Care, New and Existing⁷

EBUS-Initiated Encounters	New Patients Continuing Care	Existing Patients
Radiologic studies	275	305
Consults (includes initial consult for EBUS-TBNA)	459	470
Hospitalizations	33	31
Procedures (surgery, interventional radiology, and other endoscopy)	44	61
Radiation therapy	240	310
Chemotherapy	88	88

Tonya Resutek, Director, Respiratory Marketing, Olympus America, Inc.

To see how Olympus is innovating pulmonary diagnosis and treatment [CLICK HERE](#).

¹ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

² [https://journal.chestnet.org/article/S0012-3692\(15\)00030-6/fulltext#relatedArticles](https://journal.chestnet.org/article/S0012-3692(15)00030-6/fulltext#relatedArticles)

³ Jemal A., Fedewa S.A. Lung cancer screening with low-dose compute tomography in the United States – 2010 to 2015. *JAMA Oncol.* 2017; 3: 1278-1281.

⁴ <https://www.who.int/news-room/fact-sheets/detail/cancer>

⁵ [https://journal.chestnet.org/article/S0012-3692\(12\)60091-9/references](https://journal.chestnet.org/article/S0012-3692(12)60091-9/references)

⁶ https://www.bls.gov/data/inflation_calculator.htm

⁷ Pastis, N, Simkovich, S, Silvestri, G. Understanding the Economic Impact of Introducing a New Procedure. *CHEST Topics in Practice Management.* 2012; 2: 505-512.

⁸ [https://journal.chestnet.org/article/S0012-3692\(17\)32190-6/pdf](https://journal.chestnet.org/article/S0012-3692(17)32190-6/pdf)

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4700374/>

¹⁰ Mallow C, Lee H, et al. Safety and Diagnostic Performance of Pulmonologists Performing Electromagnetic Guided Percutaneous Lung Biopsy (SPiN Perc)™ *Respirology* 2019

¹¹ https://www.uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/lung-cancer-newsbulletin.pdf

¹² Chronic Obstructive Pulmonary Disease: Basics About COPD. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/fastats/copd.htm>. Accessed July 22, 2019.

¹³ <https://svs.olympusamerica.com/patients-and-family>

¹⁴ Criner GJ, Delage A, Voelker KG, for the EMPROVE Trial Investigator Group. The EMPROVE Trial - a Randomized, Controlled Multicenter Clinical Study to Evaluate the Safety and Effectiveness of the Spiration® Valve System for Single Lobe Treatment of Severe Emphysema. *American Thoracic Society International Conference Abstracts.* 2018:A7753-A7753. doi:10.1164/ajrccm-conference.2018.197.1_MeetingAbstracts.A7753.

¹⁵ Risks included adverse events such as COPD exacerbations, pneumothorax, pneumonia and death.



The Impact of Change

Industry forecast predicts rapid recovery of volume, shifts in delivery of care.

As the nation adjusts to life amid a pandemic, we are starting to see a return to quasi-normal for industries throughout the country. The healthcare industry was one of the industries that the pandemic hit the hardest, requiring a massive shift towards telemedicine for patient care.

Vizient, Inc., and its subsidiary Sg2 recently released a forecast that projects a rapid recovery of volume for most healthcare services, followed by a significant shift in the delivery of healthcare services.

The 2021 Impact of Change Forecast proposes that inpatient volumes

will recover to their pre-COVID levels by 2022 and then level out. The forecast reports that physician clinics will see a pronounced decline for in-person visits as patients shift to virtual visits, and non-visit services, like laboratory testing and imaging, are projected to grow 18% by

2029. Instead, we will begin to see a shift towards a “hospital-at-home” scenario where patients will be monitored from home using remote and virtual care systems connected to the hospital team, with in-person visits by a nurse or doctor.

Top takeaways from the forecast

Madeleine McDowell, MD, FAAP, principal and medical director of Quality and Strategy at Sg2, said we’re going to see a strong recovery over the next six months in terms of health care utilization, with overall outpatient demand surpassing 2019 volumes. “However, not everything will return to pre-pandemic levels.” When reached for comment, McDowell further broke down the forecast with three major takeaways:

1. While recovery is expected, healthcare organizations should consider researching the potential for volumes to shift to lower-cost sites of care and plan accordingly.
2. Growth opportunities mandate many organizations to invest in chronic disease management services.
3. Care redesign and policy drivers will challenge hospitals to rethink their ambulatory footprint and strategy.

The future is telehealth

Telehealth is only going to become a greater standard in the healthcare industry. As many physician’s offices were closed to the public in early 2020, telehealth became the most convenient way for patients to seek medical assistance, while flattening the curve of the virus. McDowell said, “The shift to telehealth was accelerated by the pandemic. Earlier this year, approximately

20% of low-acuity physician visits were occurring virtually. We anticipate this trend will continue over the course of the decade as roughly 29% of visits shift to virtual by 2029.”

Not only does telehealth offer convenience for the patient, but it also improves access to healthcare for those who cannot or will not come into a physician’s office. Telehealth can expand delivery of service to more rural areas and help stretch provider networks in new ways. Of course, it isn’t a one-size-fits-all system, but it equips doctors to provide better patient care to those who might not receive it on a regular basis. “Service lines such as behavioral health, medicine and neurosciences are best suited for this shift,” McDowell said.

Earlier this year, approximately 20% of low-acuity physician visits were occurring virtually. We anticipate this trend will continue over the course of the decade as roughly 29% of visits shift to virtual by 2029.”

What does this mean for the U.S. healthcare supply chain?

This projected scenario will have the greatest effect on how the healthcare supply chain is managed. Supply chains across the world are still recovering, but the healthcare supply chain might have suffered the most. In order to avoid any significant disruptions in the future,

healthcare providers will need to evaluate the best way to move forward. “Healthcare providers are going to have to look at their supply chain through a new lens,” said David Gillan, SVP, Supply Chain at Vizient, Inc. “Not only are they having to identify ways to create greater resiliency and redundancy as a result of the pandemic, but they are also having to look more specifically at the types of products they are buying and the sites of care they will be used.”

Creativity and diversification might be the best path forward, but it won’t be an easy road for supply chain managers. The added pressure of supplying new sites will create an interesting wrinkle for supply chain managers down the road. Gillan says, “Along with shifts in site of care,

the forecasted expansion of telehealth and remote monitoring will require the supply chain to be able to service patients in home-care settings. Currently, it isn’t set up to support this volume of in-home needs. It will be interesting to see how hospitals and non-acute providers work to address this gap through traditional and non-traditional distribution models.” ■

Stop Ransomware

U.S. government launches one-stop ransomware resource website



The U.S. government has announced new resources and initiatives to protect American businesses and communities from ransomware attacks.

The U.S. Department of Homeland Security (DHS) and the U.S. Department of Justice (DOJ), together with federal partners, have launched a new website to combat the threat of ransomware.

The website, StopRansomware.gov establishes a one-stop hub for ransomware resources for individuals, businesses, and other organizations. The new site is a collaborative effort across the federal government and the first joint website created to help private and public organizations mitigate their ransomware risk, DHS says.

Ransomware is a long-standing problem and a growing national security threat. Tackling this challenge requires collaboration across every level of government, the private sector, and communities. Roughly \$350 million in ransom was paid to malicious cyber actors in 2020, a more than

300% increase from the previous year, DHS says.

There have already been multiple notable ransomware attacks in 2021 and despite making up roughly 75% of all ransomware cases, attacks on small businesses often go unnoticed.

“Along with our partners in and outside of government, and through our Ransomware and Digital Extortion Task Force, the Department is working to bring all our tools to bear against these threats. But we cannot do it alone. It is critical for business leaders across industries to recognize the threat, prioritize efforts to harden their systems, and work with law enforcement by reporting these attacks promptly,” says Attorney General Garland.

StopRansomware.gov is the first central hub consolidating ransomware resources from all federal government agencies. Prior to the launch, individuals and organizations had to visit a variety of websites to find guidance, latest alerts, updates, and resources, increasing the likelihood of missing important information. StopRansomware.gov reduces the fragmentation of resources, which is especially detrimental for those who have become victims of an attack, by integrating federal ransomware resources into a single platform that includes clear guidance on how to report attacks, and the latest ransomware-related alerts and threats from all participating agencies, according to DHS. ■



From the front lines to the physician's office, the lesson of the COVID-19 pandemic is clear: there's no such thing as being "too prepared."

Let Henry Schein Medical help protect your practice with

ESSENTIAL PPE SUPPLIES.

Henry Schein Medical currently has unrestricted stock of these products:

- ✓ COVERALLS
- ✓ PROCEDURAL MASKS
- ✓ FACE SHIELDS
- ✓ HAND CARE
- ✓ ISOLATION GOWNS
- ✓ OXIMETERS
- ✓ THERMOMETERS
- ✓ KN95 AND N95 MASKS

To learn more about Henry Schein Medical's Essential PPE supplies, visit HENRYSCHIEIN.COM/PPE.

* While supplies last

BECAUSE SO MANY RELY ON YOU.... YOU CAN RELY ON US.

As the Patient Turns

Small Movements + Innovative Resources + High-Performance Staff Apparel = Better Patient Outcomes and Caregiver Support



Any medical professional involved in bedside care is familiar with the importance of patient positioning.

Whether in a hospital or post-acute care facility, patients must be monitored and moved to prevent pressure injuries, enhance their breathing, maintain muscle strength and joint flexibility, and contribute to their overall comfort. It

sounds simple, but it is time-consuming and presents risks to both patients and healthcare teams. Having healthcare teams wear apparel that supports function and movement, along with a surface system that works with them as they move, can support injury reduction and overall satisfaction of both the care provider and patient.

Since early 2020, the bedside scenario has changed dramatically. COVID-19 overwhelmed both acute and post-acute facilities and staff. Due to the effects of the virus, moving patients became critical and much more frequent. Patient intubations also soared, and patients declined rapidly, requiring intense bedside care from overextended and

Group One® Uniform Program Professional Healthcare Apparel

 **encompass®**

ENCOMPASS GROUP BRINGS YOU 100+ YEARS OF UNIFORM EXPERTISE.
Better care starts with safety and comfort™

Why Group One® Uniform Program?



BRANDING:
Create and
Maintain
Professional
Image



SECURITY:
Easily Identify
Your Staff vs.
Unwanted
Visitors



**PATIENT
EXPERIENCE:**
Help to
Improve
HCAHPS
Scores



**EMPLOYEE
SATISFACTION:**
Quality, Style,
and Comfort



**EASE OF
ORDERING:**
Online
Solutions

Group One® is Code for Success!



Learn More about Group One and
our customizable ordering portals

JOCKEY.
SCRUBS

The most comfortable
scrubs you'll ever wear®.

exhausted physicians, nurses and other medical professionals.

Although the pandemic continues its grip on the world, there are tools to reduce the stress and risk of patient positioning for both the patients and their caregivers right now. The equation is simple: use the right care surface, make frequent small shifts in patient positioning and provide your care team with apparel that supports their movement and comfort.

Physical exhaustion was more prevalent among female healthcare workers and those above age 55, while mental exhaustion was reported by more healthcare employees under age 36.

Guidance on Patient Movement

Some patients are able to change their own positions to prevent pressure injuries, but the vast majority of individuals who are at a higher acuity most likely will require assistance to alter the spots where their bodies rest on the support surface. As the result of international collaboration, the National Pressure Injury Advisory Panel (NPIAP) released the third edition of its evidence-based pressure injury clinical guidelines in 2019. It outlined important positioning principles that most facilities have incorporated into their patient care practice:

- › Consider each individual's activity level, independent repositioning ability and tissue tolerance in determining repositioning frequency.
- › Use manual handling techniques and equipment to reposition patients, to redistribute or relieve pressure.

- › Repositioning should achieve optimal offloading of all bony prominences and maximum redistribution of pressure.
- › Check for uneven distribution of pressure and positioning of medical devices after repositioning.
- › Consider visual cues to guide positioning, such as continuous bedside pressure mapping.
- › Unless required to manage an individual's medical condition, avoid extended use of prone positioning.

- › Use slow, gradual turns to reposition unstable critically ill patients who can be repositioned, to allow time for hemodynamic and oxygenation status stabilization.
- › Initiate frequent small shifts in body position for critically ill individuals too unstable to maintain a regular repositioning schedule, and as a supplement regular repositioning.

With understandable variations on how often or in what way patients should be moved, the practice of repositioning is widely acknowledged to reduce pressure injuries and benefit overall healing.

The Complications Posed by COVID-19

Along with the need to turn coronavirus patients to avoid pressure injuries, placing

them in a prone position is often beneficial to their recovery – whether they're on a ventilator or not. While patients in respiratory distress have been positioned onto their stomachs in intensive care for many years, the practice of “proning” became widespread as medical teams determined that it could be beneficial for those battling COVID-19.¹ For patients not already on ventilators, moving them from a supine to prone position has often delayed or completely avoided the need for intubation or care in the ICU, as found in hospitals such as Rush University Medical Center in Chicago.²

Patients with acute respiratory distress syndrome (ARDS), including those suffering from COVID-19, often are in a prone position for 12 hours or more. For these individuals, NPIAP made specific repositioning recommendations such as:

- › Consider the potential impact of oxygenation deficits on the risk of pressure injuries
- › Make small shifts in body position and reposition head every two to four hours or as required by the patient
- › Watch for major complications of proning in ARDS such as pressure injuries, loss of venous access and displacement of endotracheal tube,

Imagine the process of repositioning a very ill COVID patient (who is likely unable to assist their caregivers in moving) from back to front. Between the connections to devices and monitors, which may include a mechanical ventilator, along with the patient's physical and mental states, medical personnel must be especially cautious and nimble in repositioning.

These are the same caregivers who are physically and mentally overwhelmed themselves. It's no secret that medical personnel have been pushed beyond their limits to care for surge after surge of coronavirus cases. One study of more than 7,000 Dutch healthcare workers found that those who had direct contact with COVID-19 patients had significantly more physical and mental exhaustion and sleep issues. Physical exhaustion was more prevalent among female healthcare workers and those above age 55, while mental exhaustion was reported by more healthcare employees under age 36.³

While functional uniform apparel increases professionalism and satisfaction, it's equally important to consider the practical benefits it offers your medical professionals whose work includes repositioning and many other physical activities multiple times per shift.

Reposition on the Right Surface, Even the Small Movements

So how do you make shifts and turns efficient for both seriously ill patients and fatigued staff? We've found the ideal turning scenario for most patients requires the right foundation. Our comfortable Airisana® support surface system safely facilitates bedside therapies and positioning with stable side perimeters and a supportive foam base. It was designed to enable fewer staff members

to fully reposition the patient on the surface with bedside oversight and less physical stress.

It's also an ideal surface for micro-shifts. While 30-degree lateral turns are considered normal inpatient repositioning, the National Pressure Injury Advisory Panel (NPIAP) advocates for the benefits of minimal adjustments or microshifts.⁴ When a patient is critically ill or has a complex diagnosis, even a two-to-five degree position change can significantly reduce or prevent pressure injuries. These small, gentle shifts reduce disturbance to the patient, as well as friction and shear

risk, and help prevent staff injuries often associated with the pulling and lifting necessary for larger repositioning.

Caregiver Function and Safety Also Support Positive Patient Experience

Besides repositioning, better patient outcomes are also driven by the ease with which nurses and other medical professionals can perform their jobs

safely. While functional uniform apparel increases professionalism and satisfaction, it's equally important to consider the practical benefits it offers your medical professionals whose work includes repositioning and many other physical activities multiple times per shift. Besides surfaces that work with them as they turn patients, wearing the right apparel can make their jobs easier and less risky.

Caregivers should have uniform clothing that helps them do their jobs well without even thinking about it. Being able to stretch and move in all directions, often very quickly, is vital to those providing hands-on care. Medical personnel need useful apparel that fits correctly, and offers multiple style options, like our Jockey® Scrubs. They allow caregivers to be fully present with their patients, rather than struggle with uncomfortable or inflexible uniforms.

Make Working at the Bedside More Efficient for All

Versatility is the name of the game in healthcare, as every patient care plan will be different. With patients on a customizable support surface that promotes greater caregiver safety, coupled with high-performance uniform apparel, healthcare providers can focus their efforts on what they do best. By empowering your healthcare heroes, you also increase the quality of patient care and satisfaction; driving outcomes for those in the beds and beside them! ■

Michelle Daniels is Vice President - Product Strategy, Development and Administration for [Encompass Group, LLC](#).

¹ <https://www.pennmedicine.org/updates/blogs/penn-physician-blog/2020/may/proning-during-covid19>

² <https://www.chicagotribune.com/coronavirus/ct-coronavirus-patients-face-down-study-20200410-dp1llrk5yehhnmiltoptxt6m-story.html>

³ <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.625626/full>

⁴ https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/npiap_pip_tips_-_proning_202.pdf

Building Wellness Communities



Sometimes the best thing you can do for yourself is to be a little more mindful about your overall wellness. Your physical, mental, and emotional health usually tend to be best when you're being proactive about how to better them. The following are initiatives that healthcare organizations – one an insurance provider, another a health system – are using to promote overall wellness while also insuring and protecting it.

UnitedHealthcare and Peloton

What if there was a way to get a health plan and a workout plan, all for the price of one? Starting September 1, eligible UnitedHealthcare insurance members were able to gain access to the Peloton app for up to 12 months free, or receive a four-month waiver towards their All-Access membership. Peloton has thousands of live and on-demand classes via the Peloton mobile app. These classes can improve their overall fitness and well-being, making this the first relationship of its kind between Peloton and a health plan. This collaboration helps both organizations achieve their joint goal of

making fitness and overall wellness more attainable and accessible for almost anyone, according to a release.

“Expanding access to Peloton’s industry-leading health and wellness community builds upon our commitment to developing digital health resources and consumer-centric benefits to help people live healthier lives,” said Philip Kaufman, chief operating officer, UnitedHealthcare Employer.

William Lynch, president of Peloton, said: “Peloton members have always shared how much movement and activity positively impacts their mental, physical and emotional health. Knowing that we

can positively impact our members’ lives and help them be the best versions of themselves is one of the reasons we are collaborating with UnitedHealthcare and launched Peloton Corporate Wellness to work directly with organizations. Peloton and UnitedHealthcare are both committed to making movement and fitness more accessible and available and we can't wait to welcome UnitedHealthcare members to the Peloton community.”

Piedmont Healthcare’s Walk with a Doc

With its Walk with a Doc initiative, Atlanta, Georgia-based Piedmont Healthcare is hoping to give people some quality time with a doctor while doing something that promotes a healthy lifestyle. Atlanta locals are invited to go on a walk around the park to gain some wisdom and knowledge from local healthcare professionals who are also invited on the walk. Walk with a Doc is an event held in Piedmont Park every third Saturday of every month from May to October. It provides people with the opportunity to “walk and talk” with Piedmont Healthcare professionals. During the walks around the park, healthcare professionals will discuss a health topic briefly and then answer questions as the group goes for a walk. These events are free of charge and pets are welcomed. The program provides walking participants with an opportunity to talk about health outside of an office setting and get one-on-one time with a healthcare professional. ■



Hassle-free NPWT

Reduce administrative burden without compromising care.

- Risk-share payment model provides a flat, predictable spend
- Tailored billing based on your provided therapy days, regardless of utilization fluctuations
- No more tracking devices, logging therapy hours, or reconciling invoices
- Never worry about having enough NPWT devices

Medela—We make NPWT easier.
Learn more at medelahealthcare.us



Medela wordmark and logo, and Invia are registered in the U.S. Patent and Trademark Office. Liberty is a trademark of Medela.

1549730 A 0221 © 2021 Medela 4551500

How Data-Driven Construction Procurement Methods Improve Patient Care

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

What is data-driven procurement?

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

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



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

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

Investing in your healthcare facility

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

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

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



Apply Supply Chain Strategy To Your Construction Spend

Enhance your patients' experiences by using Gordian's value-based construction procurement model to improve your care facilities. Our unique, data-driven method allows you to maximize value on your facility spend and streamline how contractors are awarded to complete construction, maintenance and repair projects.

Our agreement with Vizient enable members to access the program and gain admin fee rebates on 100% of spend.

Visit gordian.com/jhc to get started on controlling construction costs with value-based construction.



Bellwether League Foundation names Bellwether Class of 2021 honorees

Bellwether League Foundation's (Schaumburg, IL) Hall of Fame for Healthcare Supply Chain Leadership elected nine professionals, hailed as innovators, leaders, trail-blazers and visionaries for their industry contributions and performance, as honorees of the Bellwether Class of 2021.



Bellwether League Foundation's Board and Advisory Council selected these professionals for their achievements and contributions in the delivery of quality care through efficient and innovative supply chain operations.

The organization says the electees "represent creative thinkers who take the initiative, expand the boundaries of what's possible, and perform in a way that improves and promotes the profession of supply chain management among hospitals, group purchasing organizations (GPOs), manufacturers and distributors, consulting firms, educational institutions and media properties."

Bellwether League Foundation's Board of Directors selected the following professionals for the 14th Bellwether Class:

John M. Burks (1954-2017) may have been known as a conceptualizing marketer, specializing in developing complex selling messages and building name brand recognition for healthcare organizations, but he also served as an instrumental evangelist for electronic commerce adoption and implementation, extolling its inherent value. Further, Burks advocated for the creation and use of e-commerce standards as a founding board member of the Coalition for Healthcare eStandards (CHeS). He played leading roles in launching the successful e-commerce program of one of the nation's largest group purchasing organizations as well as that GPO's private-label purchasing program.

Jacob J. Groenewold was integral in expanding traditional healthcare materials management operations to such non-traditional areas as capital equipment and laboratory as far back as the 1980s. He co-developed one of the first hospital-based supply chain consulting and outsourcing services in the nation as well as one of the earliest hospital-based consolidated service centers that later was acquired by a leading distributor. Groenewold has hired, developed, trained, mentored and supervised hundreds of healthcare supply chain consultants, professionals and leaders for several decades and created one of the first GPO supply chain benchmarking programs in the industry.

Thomas P. Harvieux epitomizes the progressive strategic and tactical supply chain leader who builds or reconstructs operations holistically from the ground up, something he has accomplished at a hospital within one award-winning health system and then at two prominent multistate integrated delivery networks (IDNs). At all three organizations, Harvieux initiated and led the centralization of supply chain services and effective linkages with clinical information systems. At BJC HealthCare, he established supply chain initiatives that led to more than \$150 million in expense reduction spanning a two-year period. He also orchestrated a central distribution program managed by a

Diagnostic Testing Essentials for Improving Value

While 70% of all clinical decisions are based on diagnostics, tests typically make up only 3% of expenditures.

Improve value in your clinical diagnostic lab and get a great return on your investment by ordering affordable, high-value diagnostic products through the Fisher Healthcare channel.

Backed by clinical lab expertise, we offer a broad range of testing supplies to help you grow your lab and exceed quality goals.

Explore our diagnostic testing selection at
fisherhealthcare.com.



Distributed by Fisher Healthcare. Contact us today:

In the United States

Order online: fisherhealthcare.com

Fax an order: 1-800-290-0290

Call customer service: 1-800-640-0640



third-party logistics company and an automated inventory program for clinicians.

Michael C. Kaufmann has served in a variety of leadership positions across operations, sales and finance, in both the pharmaceutical and medical/surgical product divisions, during his three-decade career-to-date at Cardinal Health, but he is most known for redirecting and reenergizing how the company handles product sourcing and distribution. Kaufmann embraces a “transformational” philosophy in that he anticipates signs of change, not only structuring new ways of doing business, but also having spearheaded numerous diversity and inclusion initiatives for more than a decade. He also helps guide those who may not be as comfortable with disruptive pivots, including divisional acquisitions and spinoffs. Historically, Kaufmann has been a staunch advocate for emergency preparedness and crisis response, even before the COVID-19 pandemic, and promotes the value of supply chain performance excellence.

Ben W. Latimer represents one of the group purchasing pioneers reshaping GPO operations during the Silver and Modern Ages of healthcare supply chain history. An industrial engineer by pedigree and training, Latimer brought management engineering principles and techniques to supply chain processes and clinical practices for nursing. Latimer founded SunHealth as a management engineering consulting and outsourcing company in 1969 that blossomed into one of the leading regional shared services organizations. Due in part to that success, the shared services organization became one of the heritage GPOs to form the Premier Inc. by the close of the millennium. Latimer consistently emphasized the need for quality improvement and ethical business practices.

Gary H. Rakes, CFAAMA, CMRP, CSCS, spent the first two decades of his healthcare supply chain career leading operations at a variety of military healthcare facilities in the U.S. and Europe for the Navy and Army, including the USNS Comfort Hospital Ship. After retiring from active service as a Navy Medical Service Corps Officer, Rakes translated his broad and essential military logistics skills to a variety of private-sector hospitals and healthcare organizations during the next 20 years, improving operations, redesigning workflows and reducing supply expenses on enterprise levels for four distinct not-for-profit health systems and one investor-owned hospital chain region where he established one of the company’s regional consolidated distribution centers at the dawn of the growing trend.

Barbara Strain, CVAHP, has become synonymous with the concept of healthcare value analysis, but from the very beginning she has emphasized and orchestrated something much deeper and grander: Supply chain collaborating and communicating hand-in-hand with clinical operations to reinforce physician, surgeon, nursing and laboratory practices with financial and operational improvements. Her clinical, financial and operational focus and influence, by and large, makes her the grande dame of value management, a comprehensive business and clinical concept she created decades ago and whose principles and practices she applied to and honed at her own healthcare organization before sharing with other facilities as a seasoned consultant.

F. DeWight Titus III grew and transformed his grandfather’s and father’s community retail pharmacy into multiple locations that

eventually expanded into a national and then multinational distribution company, specializing in serving nonacute healthcare organizations. Titus’ business acumen, customer service dedication, philanthropic generosity and technology implementation not only fortified a growing and valuable segment within healthcare distribution but also molded, shaped and trained current and future generations of pharmacists and pharmacy leaders. Early on, Titus recognized the value of what his family’s business offered the community, starting as a teenaged clerk where he enjoyed interacting with patients, a philosophy he instilled within those supporting the pharmaceutical and medical/surgical product distribution company that bore his name until its acquisition by McKesson in the late 1990s.

Mark A. Van Sumeren may be most renowned during the last two years for his data-rich, innovative and inventive “COVID-19 Report.” That daily newsletter reaches a host of influential healthcare clinical, financial and operational leaders who rely on its accuracy and integrity to foster essential business decision-making. But his illustrious and long-standing career in healthcare distribution consulting and strategic planning propels Van Sumeren to the top of the list of most-sought-after strategic minds. To date he has helped guide a variety of award-winning provider and supplier organizations, both large and small, to make prudent and ultimately successful moves that benefit patient care as well as their businesses.

The Bellwether Class of 2021 honorees will be inducted at the 14th Annual Bellwether League Foundation Induction & Recognition Event (BLFIRE14), scheduled for Monday, October 4. ■



Consistent BP Sets the Foundation for Better Care

Heart disease and stroke are the number one killers of Americans today from disease. Hypertension is a contributing factor to both of these diseases,¹ and the impact to your patients can be immeasurable. That's why we designed the only fully integrated point of care ecosystem to help promote a more consistently accurate blood pressure measurement.

Midmark 626 Barrier-Free® Exam Chair with Digital Scale

The height-adjustable exam chair with a barrier-free low chair height allows the majority of patients (even females with heights in the 3rd percentile) to place their feet flat on the floor.² Powered movement of the back section helps ensure the patient's back is supported.

Patient Support Rails+

Easily support the patient's arm with cuff at heart height using this exclusive chair accessory.

Midmark IQvitals® Zone™

Midmark Zone technology introduces automation and a secure Bluetooth® Low Energy connection at the point of care that can help ensure a higher level of standardization, minimizing human variables while maximizing consistency and data accuracy.

Learn more at: midmark.com/betterfoundation

Sources:

1 <https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease/african-americans-and-heart-disease-stroke>

2 According to BIFMA standards, the 3rd percentile female popliteal (knee) height is 13.4" plus 1.2" shoe height

Bluetooth is a registered trademark of Bluetooth SIG, Inc.

▶ The best thing to happen to accounting since the stapler.

Stapling thousands of invoices to POs then mailing checks is so, 1995. Introducing Remitra™, the new cloud-based, ERP-agnostic platform that helps digitize the entire accounts payable and receivable process from ordering and contract compliance to reconciling and final payment. You can save time, money and staples.

Learn More

www.premierinc.com/remitra

