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Standardization: Where Nursing Practice Meets Supply Chain

Vicki Riedel, BSN, RN – Director, Supply Expense Management

Shannon Davis, MSN, RN, NE-BC – Director of Performance Management

Whitney Staub-Juergens, DNP-HSL, MSN, RN, CCRN-K, NE-BC – Assistant Vice President of Care Delivery & Integration

| Disclosures / Potential Conflicts of Interest

- The presenters have no real or perceived conflicts of interest related to this presentation

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| Learning Objectives

At the end of this session, participants should be able to:

- Discuss why supply chain standardization is beneficial to nursing practice
- Identify best practices in the process of effective collaboration between nursing and supply chain
- Describe how the optimal integration process between supply chain and nursing can impact patient outcomes



SUPPLY CHAIN COMMODITY STANDARDIZATION: THE WHY

Commodity Standardization: Why

HCA Healthcare follows a self-distribution model, providing supplies from 23 centers to all facilities

HCA Warehouse Facilities:



- CSC Super Centers**
 - Equipped to cover additional CSC services as necessary
- CSC Service Centers**
 - Purchasing
 - Accounts Payable
 - Regional Warehousing
 - Customer Service
 - Remote Order Entry (Selective)
- CDC Distribution Centers**
 - Regional Warehousing Only
- Rx Distribution**



| Commodity Standardization

Why bother?

- HCA Healthcare is a self distributed model with 23 warehouses that distribute to facilities:
 - During product shortages or natural disasters, the warehouses frequently share supply resources
- Improve standardization of practice via standardization of product:
 - Improve staff familiarity with supplies
 - Practice patterns can be driven and enhanced through use of standardized products
- HCA Healthcare nurses travel amongst different facilities
- Driving up specific product volumes can sometimes provide savings (Think Big Box store)

Product Standardization: Rationale & Benefits

Clinical

- Improved patient safety and outcomes
- Improved product consistency for nursing practice
- Reduction in education time
- Standardized product selection approach for clinical boards and CSG
- Minimize supply chain functions clinicians are performing

Financial

- Reduction in waste/expired product
- Ability to optimize pricing/volume tiers during contracting process resulting in savings
- Identification of most cost effective products when all clinical and operational product elements are the same

Operational

- Improved continuity during disasters and emergency preparedness
- Reallocate facility and division resource time currently utilized for commodity product selection
- National focus to assist during recalls/shortages
- Ability to mobilize like products during shortages or critical needs
- Ability to standardize educational materials and launch packages
- Ability to have disaster stockpiles that contain same products for all facilities
- Integrate acquisition sites more rapidly utilizing cross reference tools when they are same for every warehouse
- Free warehouse space to move more non-stock to stock (warehouse stocking strategy)

****Additionally, having more items in stock in our warehouses reduces the turn around time for availability, lessening the risk of necessary supplies being unavailable.***

Historical Perspective

It all began in 2012...

- 2012: Supply Chain started to develop what it referred to as formularies to standardize products and reduce SKUs in warehouses. This was also a space saving initiative.
- 2015: Having noticed that the formulary process seemed to be viable but likely needed more impact, National Product Formulary was socialized to Clinical Supply Chain and HCA Healthcare's nursing leadership.



| What was the process?

How did we prioritize?

- Data, data ,data:
 - Data extracted by contract
 - Item variation analysis
 - Best SKU to standardize to determined based on current utilization
 - Supply Chain and Nursing clinicians evaluated items for appropriateness
 - Final formulary(s) communicated to Divisions and Facilities
- Expecting:
 - Formulary items would replace existing items in our warehouses
 - These are commodity items that should not usually need much discussion
 - Items with some degree of sensitivity were discussed for clinical appropriateness
- Outcomes...



Actual photograph of facility clinicians' responses to commodity standardization...

Remember, clinicians from supply chain with years of nursing experience were evaluating these products



We re-evaluated the process...



| What went awry?

2015–2016 National Product Formulary

- We had templates
- We had a process
- We educated the field...
- Sometimes conversions occurred...
- Sometimes the conversion was deemed “Not Clinically Acceptable”
- What was missing from the process?



| Now What?

2016-2017-2018

- Informal meetings between Supply Chain and Clinical Operations Group began to occur
- Those developed into more formal gatherings
- Commodity nursing items were brought forth for approval by not only Supply Chain clinicians but also by Clinical Operations Group (COG)
- We developed a method of pulling data by product category, utilizing the categorization tool available at HealthTrust
- Our team developed a method of normalizing the unit of measure to insure we were calculating correctly
- Supply Chain Analytics developed a method of monitoring conversion in the field

- OUTCOMES...

Results

2019–2020

- In 2019 we published 36 product formularies
 - 1,330 SKUs Reduced
 - Hard savings – approximately \$7M
- In 2020, during the Pandemic, we still managed to launch 74 initiatives
 - 3,056 SKUs reduced
 - Calculated savings – approximately \$23M



A blurred background image of a business meeting. Several people in suits are seated around a table, with their hands clasped or resting on documents. The scene is dimly lit, with a blue color overlay. In the foreground, a pair of glasses and a pen are visible on a document with charts.

SUPPLY CHAIN & NURSING COLLABORATIVE: BUSINESS OPERATING MODEL

Program Framework



| Business Operations & Governance Model

2021 Goal: Refine existing HCA Supply Chain & HCA Nursing business operating model and establish process for governance, as well as systems of control

Identified Milestones:

- Approval of business operations & governance model
- Defined phases with sprint work sessions scheduled

Anticipated Work Products:

- Practice Alert(s) – As needed
- Clinical Integration Plan(s) – As needed
- Approved business operations & governance model
- Defined systems of control, Performance Visibility & Management plan



Pathway Supply & Equipment Management: Proposed Phases & Sprint Cadence

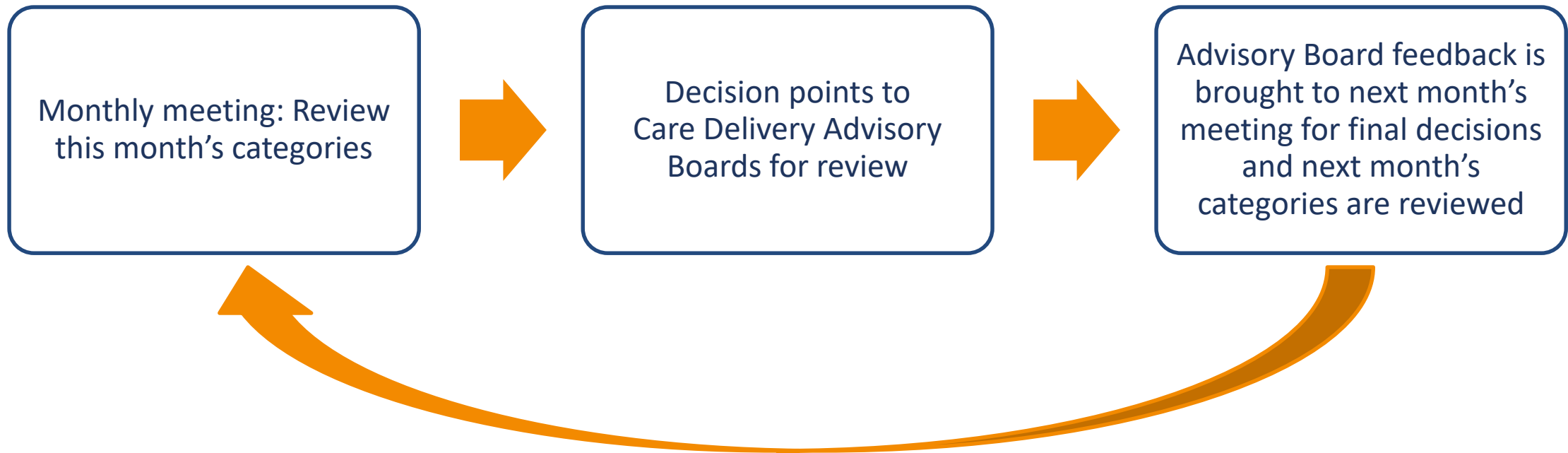


Quarterly Governance:

- Strategy validation
- Final approval of clinical guidance and clinical decision-making from Phased work
- Final approval of guidance documents & work products (Clinical Integration Plan)

*Meeting cadence for all phases: 2-4 hour sprint blocks as needed per Phase;
quarterly Phase wrap-up & governance*

Review Process



Phase 1 Example: April, May, June 2021

April – Incontinence Supplies & Enteral Feeding

- External Urinary Catheter
- Urology, General
- Fecal Management System
- Wipes, Incontinence
- Adult Incontinence, Mesh Briefs and Liners
- Underpads and Adult Briefs (Disposable)
- Tubes, Enteral Feeding and Accessories
- Tubes, NG
- Enteral Feeding, Neonatal

May – Pediatric-Specific Items

- Catheters, IUP
- Kits, Admission, Maternity, and Personal
- PICCs, Neonatal
- Neonatal and Infant Supplies
- Neonatal Products
- Neonatal, Urology Products
- Labor and Delivery Supplies
- Maternal and Neonatal Supplies
- Wipes, Infant
- Baby Skin Care Supplies

June – Skin Care & Patient Wristbands

- Skin Care Products
- Patient ID, Wristbands

Standardized Product Request Form

Collaboration Call-out

Creation of a Standardized Product Request Form

- Established standardized “Product Request Form”
- SBAR format (Situation, Background, Assessment, Recommendation)

Product Issue Form

Instructions:

- For routine requests, Facility leadership will complete this form and submit to the Division CRD. The Division CRD will review with the DCNE for Division approval. If request is not approved, they will route back to Facility requestor. If request is approved, they will submit to the Corporate Standardization Formulary Team for review (through monthly process).
 - For urgent requests, Facility leadership should call local Supply Chain leadership for review and escalation.

| | |
|--------------------------------|---------------------|
| Request Date | MM-DD-YYYY |
| Facility Name | Facility Name |
| Requestor Contact Name | First and Last Name |
| Requestor Contact Phone Number | XXX-XXX-XXXX |

| | Product(s) to Review: | Product 1 | Product 2 | Product 3 |
|--|---|-----------------------|------------------------|------------------------|
| | Situation | Product Name | Product Name 1 | Product Name 2 |
| Product Manufacturer | | Product Manufacturer1 | Product Manufacturer 2 | Product Manufacturer 2 |
| Product SIN (Standard Item Number) | | SIN 1 | SIN 2 | SIN 3 |
| Part of Kit? (Dropdown) | | | | |
| Product Issue Classification (Dropdown) | | | | |
| Request Reason (Dropdown) | | | | |
| Product Category (Examples: hygiene, IV, surgical, etc) | | Category1 | Category2 | Category3 |
| Background | Additional Comments: | Add comments here | | |
| | # Items Used for Last 6 Months | | | |
| | Total \$ Spend for Last 6 Months | | | |
| | Safety Profile: # Near Misses w.in Last Year | | | |
| | Safety Profile: # Serious Safety Events w.in Last Year | | | |
| | Literature Review Completed? (if yes, attach with request form submission) | | | |
| Assessment | Problem we are trying to solve: | Add comments here | | |
| | If we do not adopt this product, what is the result? | Add comments here | | |
| | | Benefits | Risks | |
| | Add benefit | | Add risk | |
| | Add benefit | | Add risk | |
| | Add benefit | | Add risk | |
| Recommendation | Add benefit | | Add risk | |
| | <i>Note: Corporate Nursing/Supply Chain Leadership will complete this section for communication/response</i> | | | |
| | Review Date | XX-XX-XXXX | | |
| | Review Status (Dropdown) | | | |
| | <i>If Approved, direction is to work with local supply chain resources to determine implementation timeline for Division/Facility</i> | | | |
| If Not Approved, document reason here: | | | | |
| Enter reason not approved and next steps for Division/Facility to take | | | | |



The background of the slide is a blurred photograph of a hospital hallway. In the foreground, on the left side, there is a clear plastic IV drip chamber hanging from a stand, with a clear plastic tube leading down. The hallway in the background shows a series of doors and a person walking in the distance, all out of focus. The overall color palette is a cool, muted blue.

IMPACT TO CARE DELIVERY

Supply Chain & Nursing Collaboration: HAI Reduction

Scenario/Example 1:

CAUTI Prevention – Resolution of Real-time Surveillance Findings

While rounding at multiple facilities, the HCA nursing Care Delivery team discovered the opportunity to reduce variation in CAUTI-related practice and product:

1. Urinary catheter tubing was longer than expected, causing dependent loops and urinary stasis. Extended length urinary catheters are intended for surgical settings, not inpatient.
2. Surveillance identified an opportunity to collaborate with Supply Chain and Infection Prevention partners to ensure the correct urinary catheter kits are stocked in the intended care areas.



Supply Chain & Nursing Collaboration: HAI Prevention

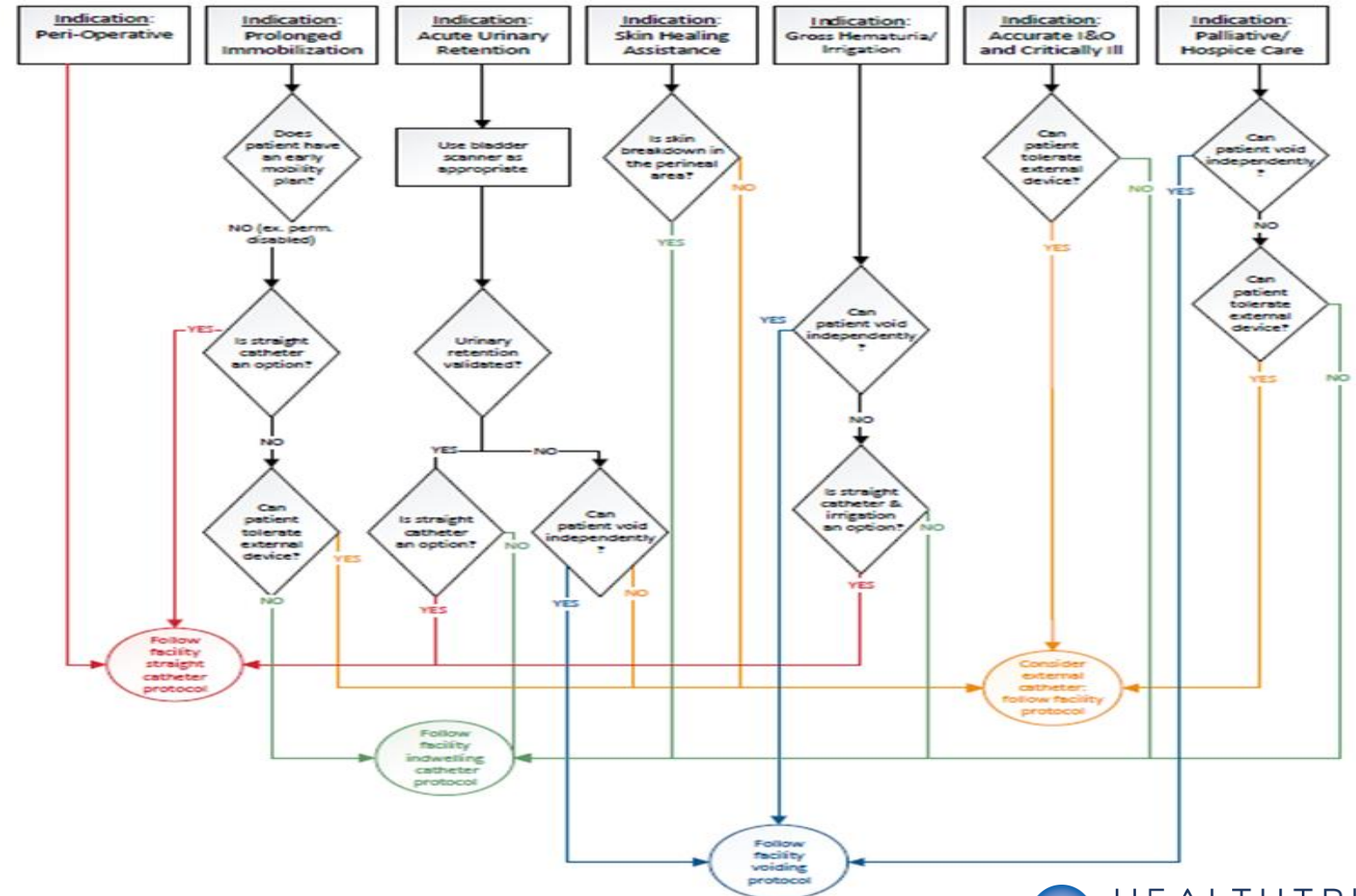
Scenario/Example 2:

Bladder Management Program

The HCA Bladder Management Program (BMP) is a practice-driven protocol to support reduction in the number of indwelling urinary catheters (IUC).

- The BMP algorithm offers decision support and IUC alternatives such as external devices (male or female), intermittent straight catheterization options, and independent voiding when an indwelling catheter is ordered.
- The algorithm was developed by a multidisciplinary team with input from frontline staff.

Bladder Management Algorithm



Supply Chain & Nursing Collaboration: Activity Care

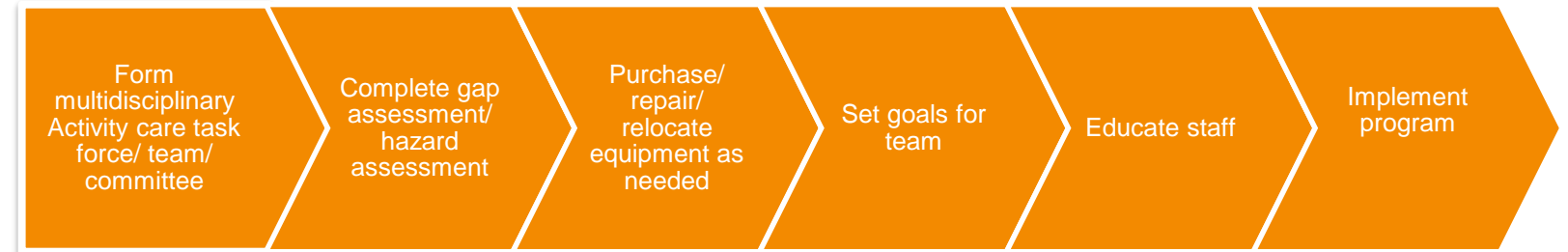
Scenario/Example 2:

Patient Activity Care Equipment Standardization

The HCA nursing Care Delivery team collaborated with Supply Chain to create an enterprise-wide, standardized equipment list that supports safe patient mobility:

- Ambulation assist devices
- Transfer assist devices
- Positioning assistance
- Ambulation assistance

Activity Care Playbook



Ambulation Assist

| Device | Link | Vendor choice | of Capital purchase | Other |
|-------------------------------|--|---------------|---------------------|--------------------------------------|
| Gait Belts | Gait Belts- Deroyal | Deroyal | no | On formulary Check with supply chain |
| Sit to stand and transfer aid | EZTurn Device | | yes | |
| Pivot/stand/turn device | Sara Steady | Arjo | yes | |
| Walking sling lift | | Arjo | Yes | |
| Ambulation assistance | IVEA Mobility Assist | | yes | |
| Crutches | | Medline | no | Standard Bariatric |
| Walkers-standard | | Medline | no | Standard Bariatric |
| Walkers with holders | EVA support walkers with holders | Kerma | no | Standard Bariatric |
| Canes | | Medline | no | Standard Bariatric |
| Commode chairs | | Medline | no | Standard Bariatric |
| Commode liners | CLEANIS | Cleanis | no | |

Supply Chain & Nursing Collaboration: Activity Care

Scenario/Example 2: Patient Activity Care Equipment Standardization

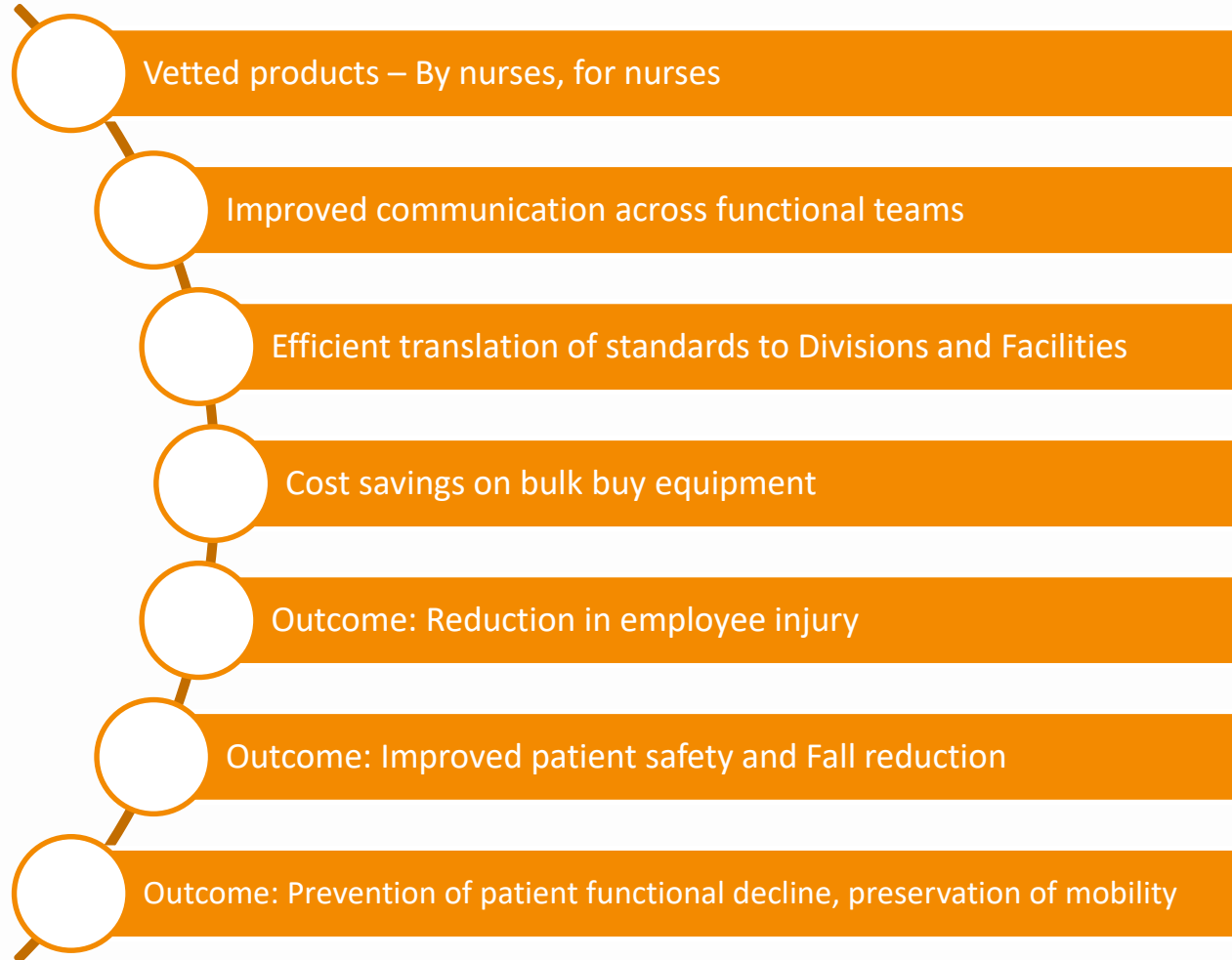


Call to Action: Teamwork!

- Action steps of Supply Chain & Nursing Collaborative:
 - Identify current state of enterprise-wide equipment
 - Availability & condition
 - Partner with vendors to assess products for usability and alignment to nursing workflow
 - Perform gap assessment regarding current state activity-related equipment with each facility CNO
 - Present Medical-Surgical & Critical Care Nursing Advisory Groups with activity care equipment options to select standardized activity care equipment that aligns with nursing workflow
 - Supply Chain & Nursing Collaborative supported by: Equipment Standardization in Activity Care Playbook

Supply Chain & Nursing Collaboration: Activity Care

The Impact of Cross-Functional Collaboration





IMPACT TO NATIONAL PRODUCT FORMULARY

National Product Formulary

Hygiene Care Standardization

Improved Care Delivery = Cost Savings

| Category | Go Live Date | Compliance Measurement Start Date | Current Compliance | Vendor From-To | SKU From-To | Estimated Annual Savings |
|--|-----------------------|-----------------------------------|--------------------|----------------|-------------|--------------------------|
| <u>Body Wash and Lotion</u> | Aug 23 rd | Oct 23 rd | | 8 to 3 | 22 to 5 | (\$157,946) |
| <u>Barrier Products and Incontinence Wipes</u> | Sept 5 th | Nov 5 th | | 5 to 4 | 23 to 7 | \$964,880 |
| <u>Personal Hygiene</u> | Aug 23 rd | Oct 23 rd | | 4 to 1 | 16 to 4 | \$8,470 |
| <u>Oral Hygiene</u> | Sept 5 th | Nov 5 th | | 8 to 2 | 37 to 14 | (\$74,507) |
| Skin Prep | Sept 12 th | Nov 12 th | | 8 to 3 | 55 to 21 | \$116,183 |
| Lab Coats & Jackets | Sept 19 th | Nov 19 th | | 7 to 1 | 100 to 28 | \$124,191 |
| Impermeable Moisture Barriers | Sept 26 th | Nov 26 th | | 2 to 1 | 11 to 3 | \$72 |
| Instant Hot & Cold packs | Sept 26 th | Nov 26 th | | 4 to 1 | 27 to 5 | \$116,818 |
| Exam Table Paper | Sept 26 th | Nov 26 th | | 2 to 1 | 15 to 5 | \$6,887 |
| Total Impact | | | | 93 to 30 | 585 to 195 | \$2,285,331 |

Standardized Hygiene Care Products:

- Promote evidence-based practice
- Ensures all standardized products are CHG-compatible
- Promotes pressure injury prevention tactics
- Allows for patient-centric care while reducing waste



SUMMARY & NEXT STEPS

| Lessons Learned

- While product standardization does have financial benefit, the benefits to clinical operations, specifically clinical processes and outcomes, cannot be overstated.
- Reducing variance in product will reduce variance in practice and support driving of key clinical initiatives (such as CAUTI reduction and activity care).
- Partnership and alignment to an agreed upon business operating model increases efficiency and end-user satisfaction. This also creates a forum for change management.
- Standardization of product is a core component of Care Delivery.
- Next steps:
 - Refine work products, including clinical and operational guidance
 - Complete sprint cycles
 - 2022 strategic planning alignment



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Thank you

Take advantage of these valuable member resources

- Clinical Evidence Reviews
- Product Feature Summaries & Technology Reviews
- Clinical Question Documents
- Conversion Guides
- Live & On-demand Webinars
- Annual HTU Conference Education
- *The Source* magazine
- 10-Spot Video Recordings
- Collaborative Summits & Communities
- Service Line Consulting & Toolkits
- Innovation Center



Questions or more info:
clinical.research@healthtrustpg.com

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All-member access to resources designed for clinical integration product discussions between facility supply chain leaders & clinicians

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