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*July 25, 2022*

## You Make the Call

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## | Disclosures

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

Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational & informational purposes & should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.

## | Learning Objectives

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

1. Describe situations that require a value analysis team approach
2. Determine which colleagues to engage in the decision-making process when approaching clinically sensitive categories
3. Recognize common pitfalls in supply chain optimization with clinically sensitive products

# | Format of the Presentation

## Interactive Session – More Value in Sharing Experience

- Wealth of experience with conversions & standardization
- Different aspects of conversion/standardization will be presented for discussion
- Once topic is discussed, info gathered
- Team member compiling responses to share with you post-session
- Four topics
  - Daily Skin Care SKU Reduction
  - Trocar Conversion
  - Bed Conversion
  - IV Safety Catheter Conversion
- Audience to determine which of the remaining topics we will tackle next



# Daily Skin Care SKU Reduction

## Primary Reasons for Skin Care SKU Reduction

- Cost savings
- Inventory reduction
- Product standardization
- Product ease of use



## | Key Stakeholders to Engage

- Nursing Leadership
- Nursing Staff
- Nursing Support Staff – Direct Care Technicians
- Supply Chain Leadership
- Logistics Support Staff
- Wound and Ostomy Care Nurses



## Gather Knowledge to Understand Current State

- Data on current utilization
- Number of SKUs in your system
- Breadth of products & vendors
- Sizes in use & amount of waste with larger size products
- Utilization by skin care subcategories





## | Case Study #1 – SKU Reduction

### Situation

- Many patients are admitted that have the potential to have unfavorable reactions to skin care products that have scents & many of the skin care products used throughout the system had a scent as part of their ingredients.
- In order to ensure that no patient had any type of either skin reaction or respiratory reaction, the system opted, as part of the conversion, to choose scent-free products.

### You make the call

Considering this scenario:

*How would you proceed with your SKU reduction efforts?*

## Case Study #1 – SKU Reduction

### Situation

- Many patients are admitted that have the potential to have unfavorable reactions to skin care products that have scents & many of the skin care products used throughout the system had a scent as part of their ingredients.
- In order to ensure that no patient had any type of either skin reaction or respiratory reaction, the system opted, as part of the conversion, to choose scent-free products.

### You make the call

- Converting to scent-free products contributes to the success of this health system's mission
- The alignment of this initiative to the health system's mission would assist in gaining executive support
- The emphasis on patient safety in the education of frontline caregivers helps to achieve buy-in from staff

## | Future State & Sustaining Change – RWJ Barnabas Health

- Decreased the number of SKUs dramatically, without compromise to patient care which was accomplished; front line staff love the products, no patient issues
- Total SKUs were decreased from 28 to 5, which allowed staff to more efficiently take care of patients with only 5 products to choose from
- Reduced the number of products in inventory, which in turn decreased the cost of inventory, &
- Achieved an overarching goal of cost savings, product standardization, staff satisfaction & quality outcomes for patients





# Trocar Standardization

## | Primary Reason for Trocar Standardization

- Aggregate pricing
- Standardization
- Consistent product utilization
- In some cases: Advancing technology



## | Key Stakeholders to Engage

- Executive Representation
- Chief Medical Officer
- Physicians/Physician Champion
- Unit Leadership from Surgical Suites
- Service Line Leaders
- Perioperative Nurse Leadership
- Materials Management
- Supply Chain Management
- Surgical Technicians



## | Gather Knowledge to Understand Current State

- Data on current utilization of product
  - Which physicians?
  - Which products?
  - What procedures?
  - Annual usage
  - Current contract performance
- Also consider
  - Potential barriers
  - Status of current physician engagement
  - Current supplier relationships
  - Education requirements



## Case Study #2 – Trocar Standardization

### Situation

A 5-facility health system has decided to convert from one supplier to another for trocars. Analysis on usage shows that current market share across the health system is:

- 75% Current Supplier
- 15% Preferred Supplier
- 10% Third Supplier

The 2 smallest facilities make up for almost all of the **Preferred Supplier & Third Supplier** spend. The largest facility in the network uses almost exclusively **Current Supplier**, with minimal **Third Supplier** usage.

Most of bariatric surgeons at the largest facility are very resistant to move away from **Current Supplier**.

### You make the call

Considering this scenario:

*What approaches or next steps would you use to engage the resistant stakeholders, & garner support for standardization?*



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### You make the call

- Analyze data – understand the Preferred Supplier users particularly in the Bariatric service line.
- Engage a Preferred Supplier user as a Physician Champion to have peer-to-peer discussion.
- Allow for hands on product use and demonstration with Preferred Supplier product fair.
- Elicit feedback and concerns to determine proposed barriers.
- Engage facilities that have had successful conversions to determine how they overcame similar barriers.
- Conduct a product validation, providing in-case OR support from supplier representative.
- Create a process for approving clinically acceptable exceptions, after all alternatives have been thoroughly exhausted with no substitute identified.

## Future State & Sustaining Change

- Ensure everyone is educated
  - Multiple channels
  - Plan for new staff
- Establish a point person or group of individuals to be in charge of monitoring contract performance
- Create a process/tool for auditing
- Consider a committee to monitor & report audit findings
- Create processes to address:
  - Persistent utilization of non-contracted items
  - Clinically acceptable alternatives (when all alternatives have been exhausted)
  - Back orders or recalled products
- Provide transparency with savings & cost information
- Consider designating a portion of achieved savings returned back into the department for other initiatives or supplies
- Develop shared goals around patient safety & quality care, along with fiscal responsibility





# Rental Bed Conversion

## | Primary Reason for Rental Bed Conversion

- Inventory space
- Aggregate pricing
- Streamline efficiencies
- Consistent product utilization



## | Key Stakeholders to Engage

- Executive Representation
  - Chief Medical Officer
  - Chief Nursing Officer
- Director of Safety & Quality
- Clinical Education
- Physicians/Physician Champion
- Leadership from
  - Surgical Suites
  - General Medical Floor
  - Intensive Care Unit
  - Emergency Department
  - Environmental Services
- Wound and Ostomy Care Nurses



## | Gather Knowledge to Understand Current State

- Data on Current Utilization
  - Who
  - Where
  - When
- Current Practice
- Education Requirements



## Case Study #3 – Rental Bed Conversion

### Situation

- An 8-facility health system has decided to convert from one supplier to another for rental beds & surfaces.
- Analysis on usage shows that current market share across the health system is:
  - 75% current supplier  
25% proposed supplier
  - 5 of the 8 facilities use only the current supplier; 3 of the facilities, including the largest facility, use a combination of the 2 suppliers

Most of the Wound & Ostomy Care (WOC) nurses across the health system are very resistant to move away from the current supplier.

### You make the call

Considering this scenario:

*What approaches or next steps would you use to engage the resistant stakeholders to garner support for a conversion?*



## Case Study #3 – Rental Bed Conversion

### Situation

- An 8-facility health system has decided to convert from one supplier to another for rental beds & surfaces.
- Analysis on usage shows that current market share across the health system is:
  - 75% current supplier  
25% proposed supplier
  - 5 of the 8 facilities use only the current supplier; 3 of the facilities, including the largest facility, use a combination of the 2 suppliers

Most of the Wound & Ostomy Care (WOC) nurses across the health system are very resistant to move away from the current supplier.

### You make the call

- Inventory beds & surfaces at each facility
- Analyze data to identify who is using current supplier
- Identify (WOC nurses, if possible) & engage them as champions to assist with a validation.
- Engage with the vendor, WOC teams & nursing leadership to conduct a validation at the top three facilities.
- Elicit vendor support/presence during the entire validation for education, assistance with appropriate ordering & pickup to assure a seamless conversion.
- Allow for hands-on product use & demonstration with a product fair.
- Elicit feedback & concerns via survey to determine potential barriers.
- Engage current users to assist with addressing barriers.



## Future State & Sustaining Change

Designate more than one champion ensuring a process & coverage for off-shift issues

Clear communication of process that is included in new employee onboarding for appropriate staff (nursing, environmental services, safety & quality departments)

Create processes to address

- Persistent non-contracted item usage

- Clinically acceptable alternatives (when all alternatives have been exhausted)

- Back orders or recalled products

Be transparent with savings & cost information

Consider designating a portion of achieved savings back to the department for other initiatives or supplies

Develop shared goals around patient safety & quality care, along with fiscal responsibility



A close-up photograph of an IV drip chamber and tubing, set against a blurred background of a hospital hallway. The image is overlaid with a semi-transparent blue filter. The drip chamber is a clear plastic device with a white cap and a blue stopcock. The tubing is clear plastic with a blue stopcock. The background shows a hallway with white walls and a tiled floor, with a person walking in the distance.

# IV Safety Catheter Standardization

## | Primary Reason for IV Safety Catheter Standardization

- Inventory space
- Aggregate pricing
- Streamline efficiencies
- Consistent product utilization



## | Key Stakeholders to Engage

- Executive Representation
  - Chief Medical Officer
  - Chief Nursing Officer
- Director of Safety & Quality
- Clinical Education
- Supply Chain Leadership
- Unit Leadership from
  - Surgical Suites
  - General Medical Floor
  - Intensive Care Unit
  - Emergency Department
- Employee Health
- Risk Management



## | Gather Knowledge to Establish Current State

- Data on current utilization
  - Who
  - Where
  - When
- Current practice
- Education requirements
- Data on current IV success on first attempt



## Case Study #4 – IV Safety Catheter Standardization

### Situation

- A hospital system has made the decision to standardize to one supplier for IV safety catheters
- The standardization was implemented with support of the nursing leadership & education team
- During a conversion follow-up meeting, one large hospital in the system has reported that its nurses believe their ability to start IVs on the first try has been hindered with use of the new catheter & they are having more infiltrated IVs.

### You make the call

Considering this scenario:

*How do you proceed with sustaining the change given the opinion of the nurses at this facility?*

*What data would you collect?*

*What could have been done preemptively to anticipate or address this issue?*

## Case Study #4 – IV Safety Catheter Standardization

### Situation

- A hospital system has made the decision to standardize to one supplier for IV safety catheters
- The standardization was implemented with support of the nursing leadership & education team
- During a conversion follow-up meeting, one large hospital in the system has reported that its nurses believe their ability to start IVs on the first try has been hindered with use of the new catheter & they are having more infiltrated IVs.

### You make the call

- Collect data regarding current success rates with first starts
- Identify & understand
- What nurse population is having the difficult time?
- Observe clinical practice
- Provide education support
- Preemptive approach
- Collect baseline data from the facility success rate prior to implementation to compare with current data
- Ensure education was sufficient with differences between the two.



## Future State & Sustaining Change

- Consistent monitoring for invasion of leftover needles
- IV training is part of new employee onboarding so new staff should be captured
- Safe to assume conversion is complete when audits reflect there are no IV safety catheters from prior suppliers in patient care areas





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# Thank you...

Additional questions can be submitted to  
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