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Cultivating Collaborative Teams to Build a Coalition for Rapid Organizational Decision-Making

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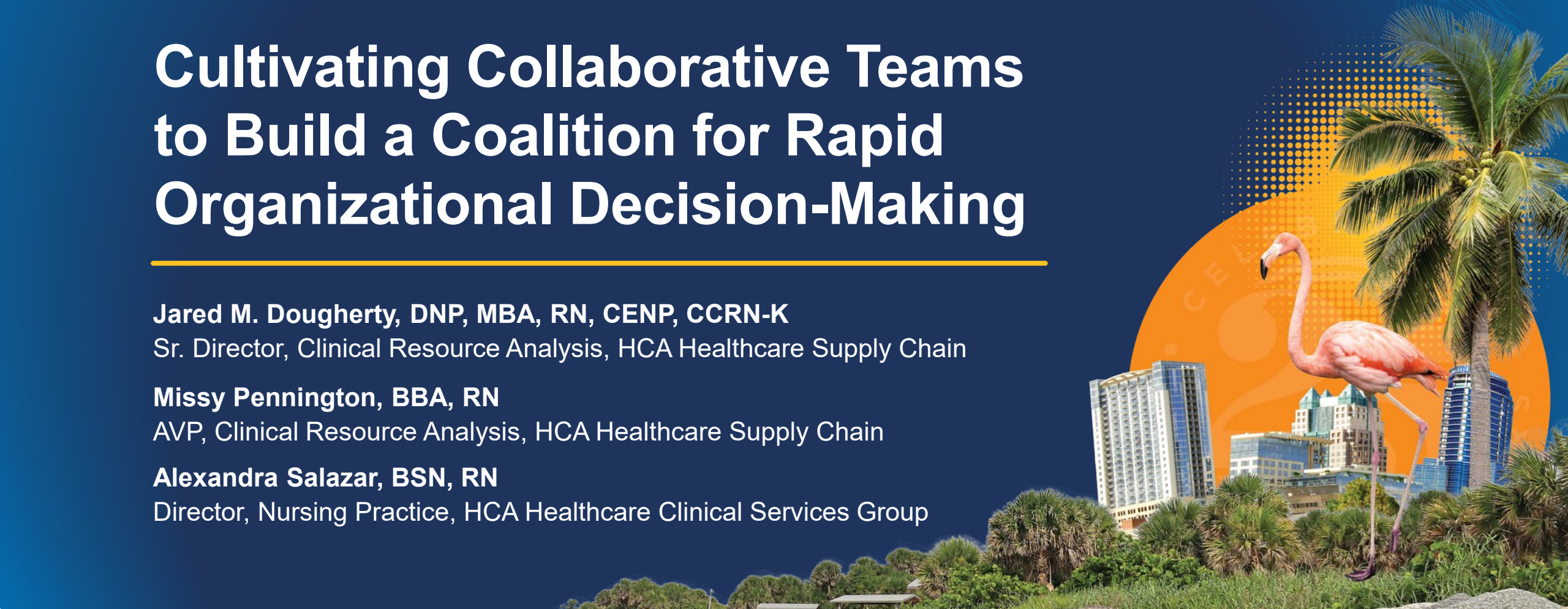

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Learning Objectives

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

1. Recall key organizational stakeholders with whom collaboration is necessary for effective supply-related decision-making
2. Identify opportunities for product standardization across your integrated delivery network (IDN) in alignment with group purchasing organization (GPO) contract awards
3. Recognize strategies to facilitate communication to field colleagues regarding product backorders, shortages and discontinuations

Polling Question #1

Does your organization currently have a collaborative process in place for supply chain decision-making?

A. Yes

B. No

C. Unsure

ORGANIZATIONAL STRUCTURE & HISTORY

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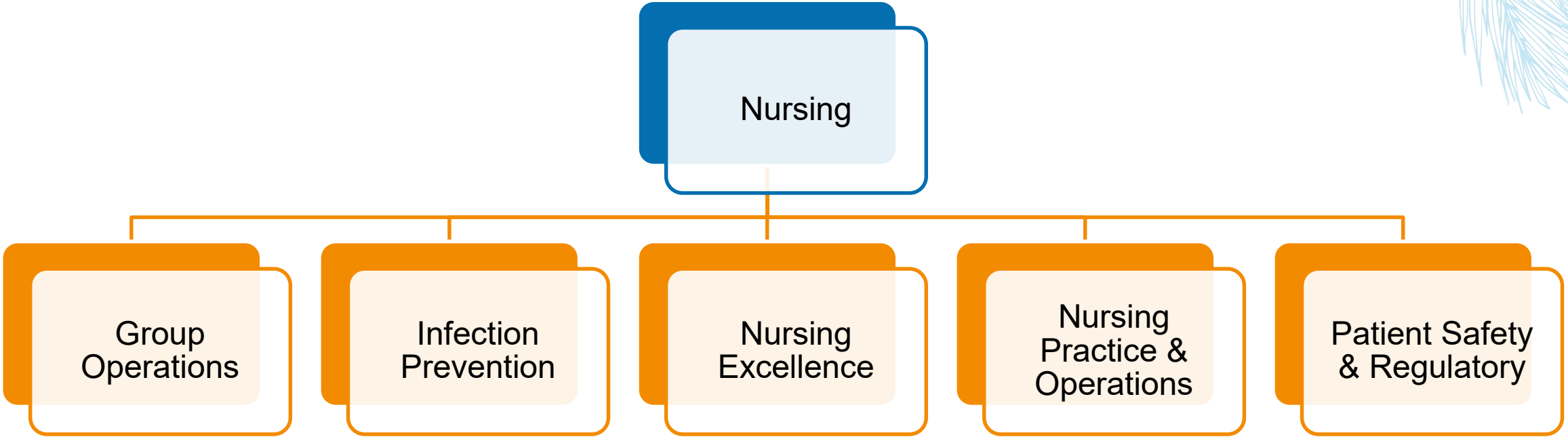
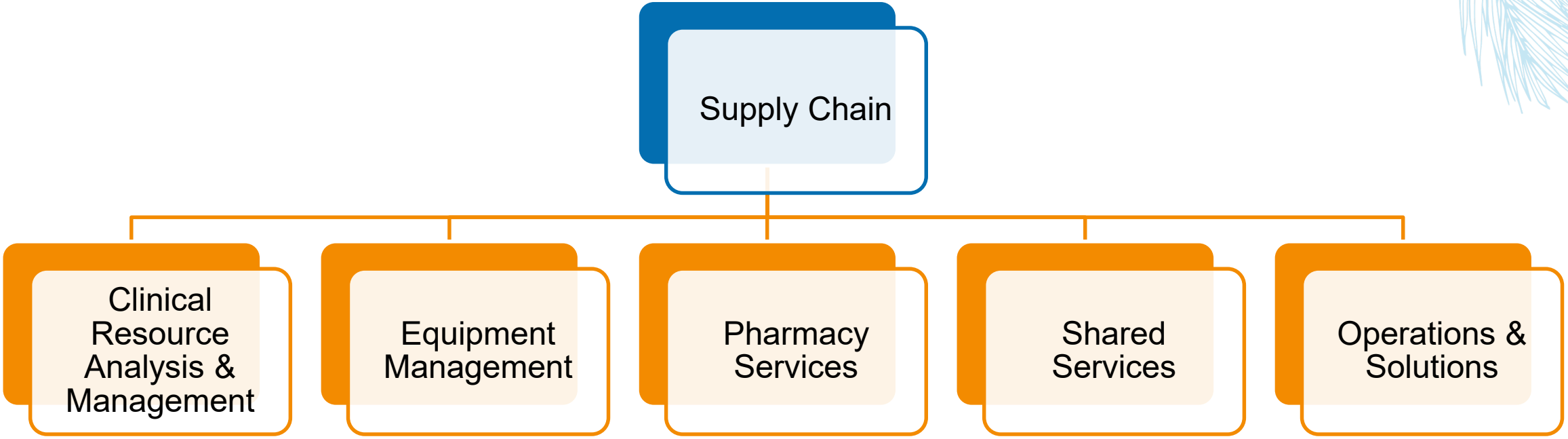
HCA Healthcare Clinical Services Structure



HCA Healthcare Supply Chain Structure



Formulary/Standardization Timeline

Milestone

COVID-19

2007

- National Product Formulary (NPF) created
  - Less complex
  - Less emotion
  - Infrequent changes

2014

- Initial Supply Chain NPF concept launched

2019

- Supply Chain NPF concept re-launched
  - Clinical Services Group (CSG) Collaborative

2021

- Accelerated nursing process
  - Disasters
  - Nursing experience
  - Education support

2024

- Increased attention to standardization & NPFs
  - Nursing
  - Respiratory
  - Infection Prevention
  - Wound Care

Definitions

National Product Formulary

- Determination of best value items to maximize savings opportunities, reduce SKUs & normalize products stocked
- 95% compliance goal

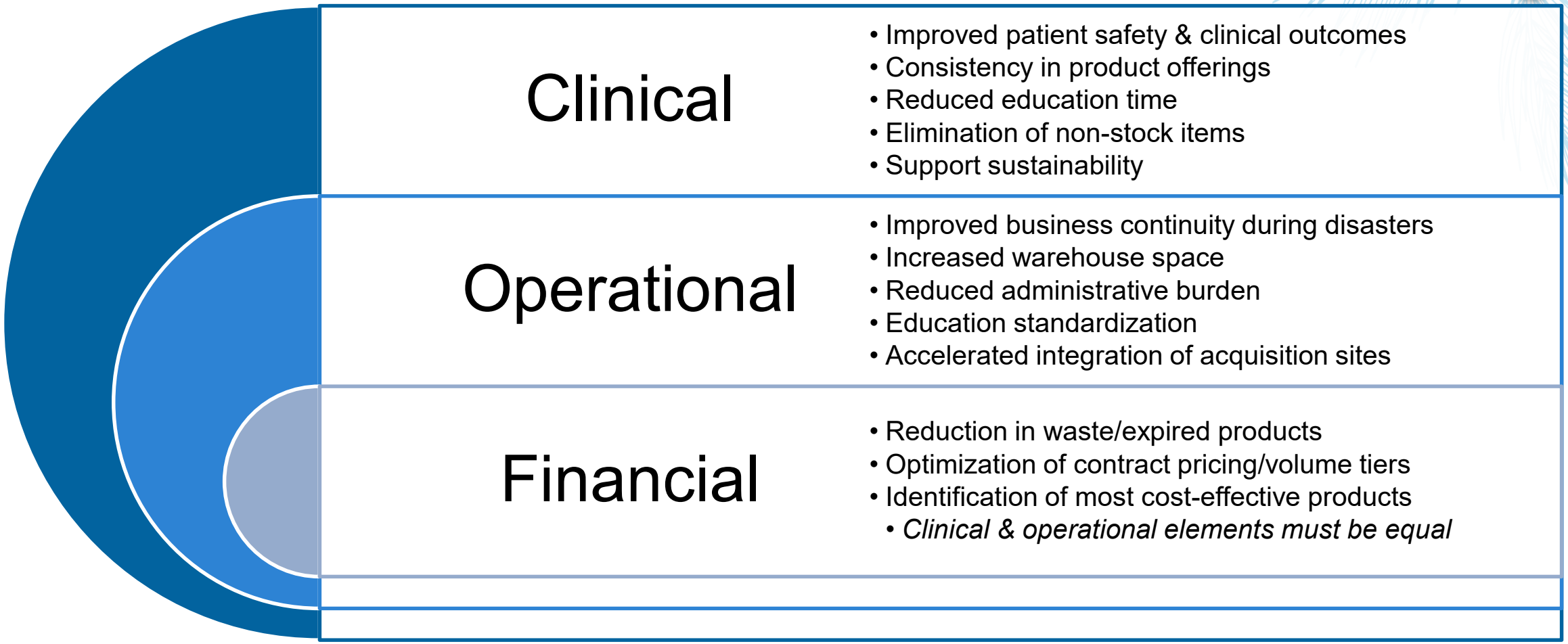
- ***Category Standardization***
- Launched when a new HealthTrust contract results in a savings opportunity for facilities upon conversion and/or standardization within a product category
- 85% compliance goal (or in alignment to defined tiers)

Polling Question #2

What are the benefits of having a national product formulary?

A. Improved patient outcomes
B. Pricing optimization
C. Decreased administrative burden
D. All of the above

Rationale & Benefits of Standardization



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COLLABORATIVE REFRESH

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Assessment Question #1

Which members of the healthcare team are critical to product selection?

A. Environmental Services
B. Supply Chain
C. Nursing
D. Providers
E. All of the above

Assessment Question #1

Which members of the healthcare team are critical to product selection?

A. Environmental Services
B. Supply Chain
C. Nursing
D. Providers
E. All of the above

Collaborative Team Composition

Co-Leads	Sr. Director, Clinical Resource Analysis Director, Nursing Practice
Standing Monthly Attendees	Supply Chain, Nursing Practice, Infection Prevention, Women's & Children's, Behavioral Health Services
Ad hoc Attendees	Respiratory Therapy, Lab Services, Surgical Services, Emergency Services, Dialysis & Transplant Services
Additional Stakeholders	Performance Improvement, Environmental Services, Capital Equipment Sourcing

Collaborative Process Revisions

- Goal
  - Refine existing operating model & establish governance process
- Milestones
  - Execute governance process
    - Including mechanism for tracking submissions, approvals & denials
  - Define phased approach
  - Define performance management & visibility strategy
- Anticipated Work Products
  - Supply Chain Alert(s)
  - Joint Communications
  - Clinical Integration Plan(s)

"Driving Consistency in Nursing Practice & Care Delivery"

1. National Product Formulary
2. Category Standardization
3. Clinical Standardization

Governance Process

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Starting Small

Are we covering up poor practices or lack of policy adherence by trying to have the product solve the problem?

- Patient Belonging Bags
  - Clear, opaque or colored to cue caregivers not to throw belongings away
- Emesis Bags
  - Desire for different color to hide bag contents
- Tourniquet Colors
  - Different color based on who drew blood sample(s)
- Denture Cup Colors
  - Belief that certain color was more prone to being thrown away
- Patient Plastics
  - Utilized differently in facilities driving requests for one-offs – using basins to transport supplies

Work Product Examples

HCA Healthcare Patient Safety Organization

Supply Chain Shortage Alert

Product Details	**Manufacturer:** BD (Bard)	**Item:** Urinary Catheter Kits
	Estimated Impact: Medium	**Estimated Duration:** Unknown
Summary	BD (Bard) is experiencing a shortage in the availability of sterile gloves for their urinary catheter kits. Based on historic utilization, HCA Healthcare hospitals will begin receiving urinary catheter kits from BD (Bard) **without sterile gloves** in May 2024. BD (Bard) is actively working to remedy the issue to minimize any inconvenience to clinicians and the patients they serve. A full list of impacted products can be found in the attached letter from BD.	
Recommendations	Until kits with sterile gloves are available, HCA Healthcare Supply Chain recommends increasing the par on hand of Sterile Exam Glove – Size Medium (see Resources Section below) to offset the temporary interruption. Sterile gloves must be used as part of the catheterization process to minimize the risk of catheter associated urinary tract infections (CAUTIs). Caregivers should be sure to carefully review product packaging for the below sticker (located in the upper left-hand corner), indicating the absence of sterile gloves from the product. This product does not contain sterile gloves as indicated on the primary packaging. Please obtain appropriate sterile gloves to perform catheter insertion using established aseptic technique. PK7862511  **If needed, BD Reps and Clinical Managers will be able to provide a laminated sign (see right) for supply rooms as a reminder to caregivers.** STOP If preparing to insert a Foley or intermittent catheter obtain sterile gloves.	

Resources	BD Urinary Catheter Kit Glove Supply Dis	Sterile Glove Options
		• Tronex Series
		  ○ #9177STR Sterile Nitrile Regular Length Pair
		• Medline Series
		  ○ MDS198315 Sterile Nitrile Regular Length Pair

Contact	**Contact**	**Email Address**
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	Supply Chain	Jared.Dougherty@healthtrustpg.com
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Product
Standardization
Communication

May 23, 2024

Transparent Securement Dressings

Situation Identified: Across HCA Healthcare, variation exists with regards to the types of transparent IV securement dressings being utilized. Currently, there are 39 different transparent securement dressings being ordered within HCA Healthcare facilities from 4 different vendors.

Scope and Impact: HealthTrust has identified an opportunity to standardize to twelve (12) SKUs, further unifying practice in alignment with the Clinical Services Group (CSG) Venous Access Device (VAD) Mock Policy and bringing additional cost savings to HCA Healthcare. Given the expanded nature of market and Division float pools and continued stabilization of the nursing workforce, this standardization will allow for consistency in application of IV securement dressings without facility nuances and additional education needs. **Divisions must standardize to either CHG or non-CHG dressings as part of this National Product Formulary (see table on page 2).**

In times of supply interruptions, such as natural and human-made disasters, product standardization ensures that products are available at all warehouses, allowing for greater organizational flexibility in sharing across Divisions.

According to the Journal of Infusion Nursing (2024) standard 36.1, VADs are to be secured to prevent complications associated with VAD dislodgement and VAD motion at the insertion site. Evidence notes that securement methods, such as adhesive securement devices, integrated securement devices, subcutaneous anchor securement system, or tissue adhesive should be used. This standardization effort to transparent securement dressings from Solventum is designed to address standardization in alignment with INS guidelines. For additional detail regarding dressing change frequencies and standard practices, see the CSG Nursing Practice SharePoint page.

Recommended Actions: Engage Clinical Resource Directors and Supply Chain Directors to standardize to a limited number of product SKUs in pursuit of a standard profile of acceptable dressings across HCA Healthcare facilities. Clinical Resource Directors and Supply Chain Directors will have your facility-specific item formulary and cross-reference and can assist in addressing supply and educational needs. You should expect to see these items within 60 days.

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Keetha Kratzer	Infection Prevention	Keetha.Kratzer@HCAHealthcare.com

For additional information, contact your facility or division Clinical Resource Director and/or Supply Chain Director.

HCA Healthcare

Integration Hospital Ac… Injury Preve…

Version 3 – February…

Clinical Services Group

Safety & Risk Prevention

1 Clinical Services Group

Primary Authors: Alexandra Salazar & Krystin H…

RASCI	Role
Responsible	Nurse Director, Nurse Manager, CNC, Wound Care Nurse (WOCN), Skin Care Champion
Accountable	CNO, DCNE
Supportive	Facility Safety Leader, DVPQ, Facility/Market Educator, Division VP of Education, VP Nursing Operations, Facility Quality Leader
Consulted	Facility Infection Prevention Leader, DLIP
Informed	Facility Risk Leader, Division Safety Leader

Background

Pressure injuries continue to present a growing problem. According to organizational data obtained through the 2022 International Pressure Ulcer/Injury Prevalence (IPUP/IPIP) Survey, Stage 1, Stage 2, Deep Tissue Injury, and Unstageable pressure injuries comprise the largest percentages across HCA Healthcare. Regardless of pressure injury stage, patients experience an increased length of stay and increased risk of morbidity and mortality.

Pressure Injury Stage	Number of Patients with HAPI	% HAPI patients by stage	National Average LOS
Stage 1	234	28.3%	8.46 days
Stage 2	250	30.2%	9.98 days
Stage 3	47	5.7%	12.64 days
Stage 4	13	1.6%	15.46 days
Unstageable & Deep Tissue Injury	283	34.2%	10.97 days

Note. HAPI=Hospital Acquired Pressure Injury; LOS=Length of Stay

Scope

The information within this Integration Plan is applicable to all patients admitted to inpatient services regardless of care location (including FSERs).

Considerations

An effective pressure injury prevention program requires organizational commitment. Key foundational components include: engaged leadership, clear roles and responsibility, continuous measurement and evaluation of change, interdisciplinary collaboration, and hardwiring of practices.
In collaboration with partner organizations, the National Pressure Injury Advisory Panel (NPIAP) has published a clinical practice guideline which outlines programmatic structure, prevalence measurement and pressure injury prevention, and treatment tactics and considerations.

3 Clinical Services Group

Primary Authors: Alexandra Salazar & Krystin Hayes

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Collaborative Meeting Format

- Follow-up Topics
  - Blood tube formulary with BD
    - Standardized waste tube approved by IRL
    - Diversion devices convert to waste tube
  - Urine collection kits
    - Need practice huddle card
  - Philips Alar/Nasal SpO_2 sensor
    - Impact on Pressure Injuries in Capital Division?
  - IV Pumps
    - Waiting for Baxter to indicate availability of Spectrum IQ and Novum IQ pumps to complete testing
    - BD to provide pumps for testing
  - Beds
    - Contracts under final revisions
  - April Formulary Updates
    - Cold Packs
    - DVT Vascular Compression Devices and Sleeves
    - L-Shaped Wound Care Ruler
- New Topics
  - Medline SurePrep vs. Cavilon
    - Complaints of significant residue with Medline product
  - Peds & Special Population Dressing Change Kit
    - Only utilized by GC (sparse) and SAN
    - Currently includes CHG
      - Request to have kit with povidone
  - IV Securement Dressings
    - BD StatLock competitor (3M)
      - Cost savings with 3M vs. 3M+BD
      - Trial needed?
    - Standardize to CHG dressing for ports or identify replacement?
  - May NPF Launches
    - IV Securement Dressings, w/ and w/o CHG (May 23, 2024)
    - Abdominal Binders (May 23, 2024)
    - Podous Boots (May 23, 2024)
  - Continued Areas of Focus
    - Pillows (Targeting early June launch)
    - Minor Procedure Trays (Targeting early June launch)
    - Surface Disinfectants – Ready-to-Use Wipes, Sprays, & Solutions

- Prioritized agenda
  - Based on HealthTrust GPO Work Plan and Clinical Advisory Board Meetings
    - Pre-vote conversations
    - Post-vote standardization plans
- Closely follow GPO contracting schedule for internal launches
- Integrate observations from field-facing teams
- Action Items and Deliverables per team

Assessment Question #2

Which methods can be effective in communicating supply chain decisions?

A. Shortage/Backorder Alerts
B. Carrier Pigeons
C. Product Launch Emails
D. Smoke Signals
E. A & C

Assessment Question #2

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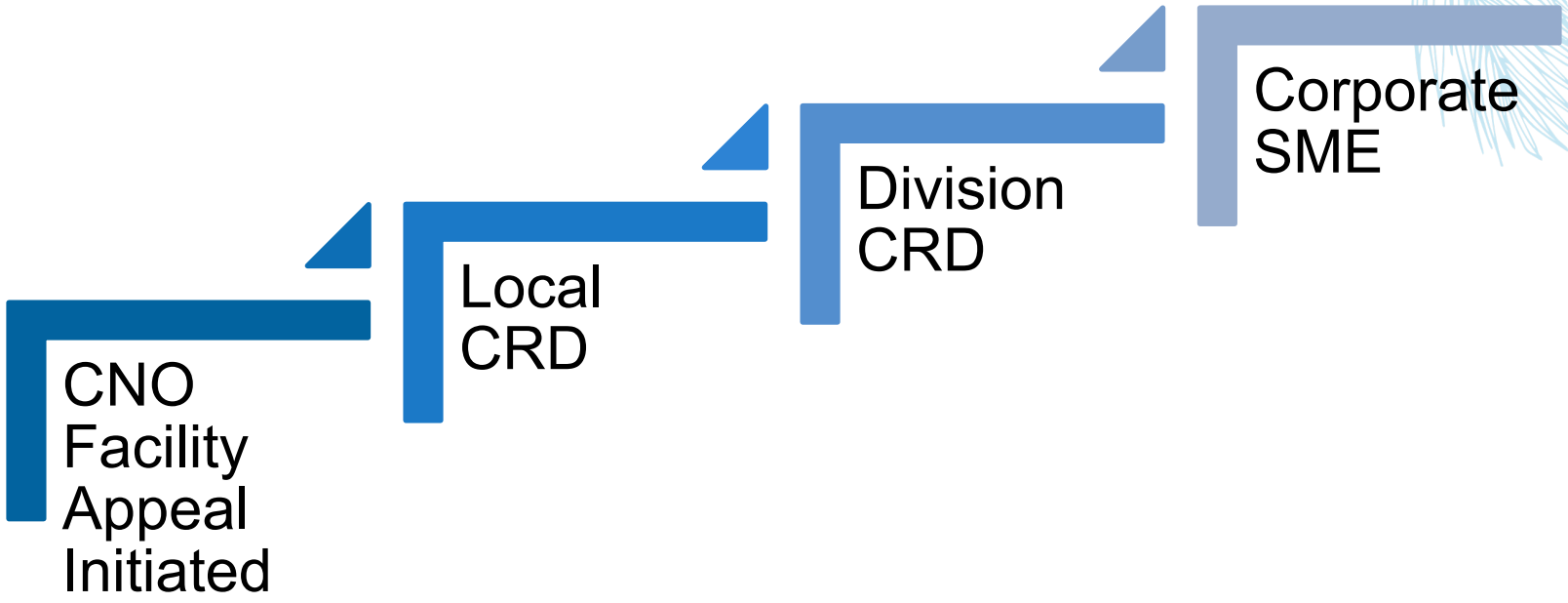
E. A & C

Communication Best Practices

- Corporate Responsibilities
  - Launch package with pictures and product info
  - Standardized approaches to alert practicing clinicians of product changes
  - Alignment with Clinical Education for product training and incorporation in onboarding, if needed
- Division Responsibilities
  - Determine review cadence with Division and Facility teams
  - Align with supplier contact for transition, training and additional support
  - Alert corporate team of supplier challenges and clinician feedback

Appeal Process

- Reviews based on clinical rationale or patient safety concern that cannot be reconciled
- Facility submissions routed to local Clinical Resource Director (CRD) must contain Chief Nursing Officer (CNO) Approval



Assessment Question #3

For which product category would it be appropriate to develop a formulary?

A. Skin Grafts
B. Urinary Catheters
C. Specialty Wound Dressings
D. Ventricular Assist Devices

Assessment Question #3

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FORMULARY & STANDARDIZATION CASE STUDIES

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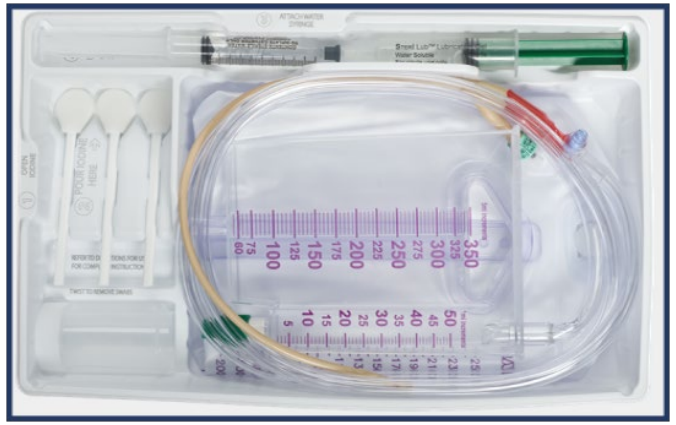
Urinary Devices – Overview



Category

Urology, General

Entity	Purchase Qty.	Savings/(Increase)
ASD	37,451	$ (6,384)
American Group	597,682	$ (597,782)
Atlantic Group	612,065	$ (801,711)
National Group	495,651	$ (648,572)
Grand Total	**1,742,849**	**$ (2,054,449)**

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Data Source: HCA Healthcare. Not for reuse without permission of HCA Healthcare.

Urinary Devices – Clinical Evidence

- Urinary catheters remain one of the most common medical devices in the healthcare environment
  - 12%–16% of adult hospital inpatients will have an indwelling catheter during admission
  - Daily risk of development of bacteriuria varies from 3% to 7% when an indwelling urethral catheter remains in situ
- Catheter-associated UTIs (CAUTI) are associated with increased mortality & length of stay
  - Attributable costs range from $603 to $1,764

Source: Patel et al., 2023

Urinary Devices – Essential Practices

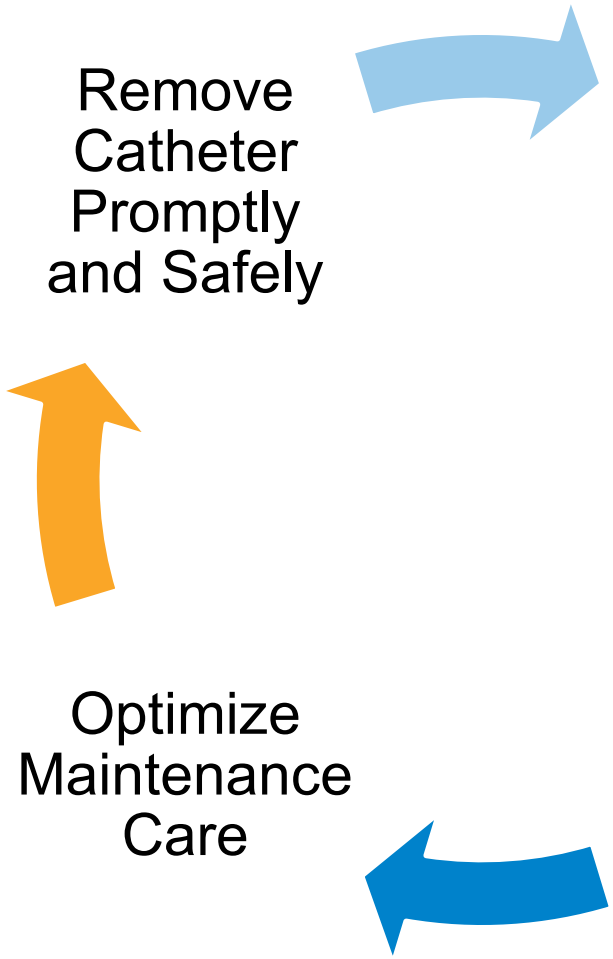
1. Provide appropriate infrastructure for preventing CAUTI

2. Provide & implement evidence-based protocols to address multiple steps of the urinary catheter life cycle

3. Ensure that supplies necessary for catheter insertion are available & conveniently located

Source: Patel et al., 2023

Urinary Devices – Life Cycle



Use: Appropriateness Guidelines to Determine Initial Placement

Avoid: Recatheterization

Use: Aseptic Technique

Use: Closed System, Hand Hygiene, Appropriate Securement Device(s)

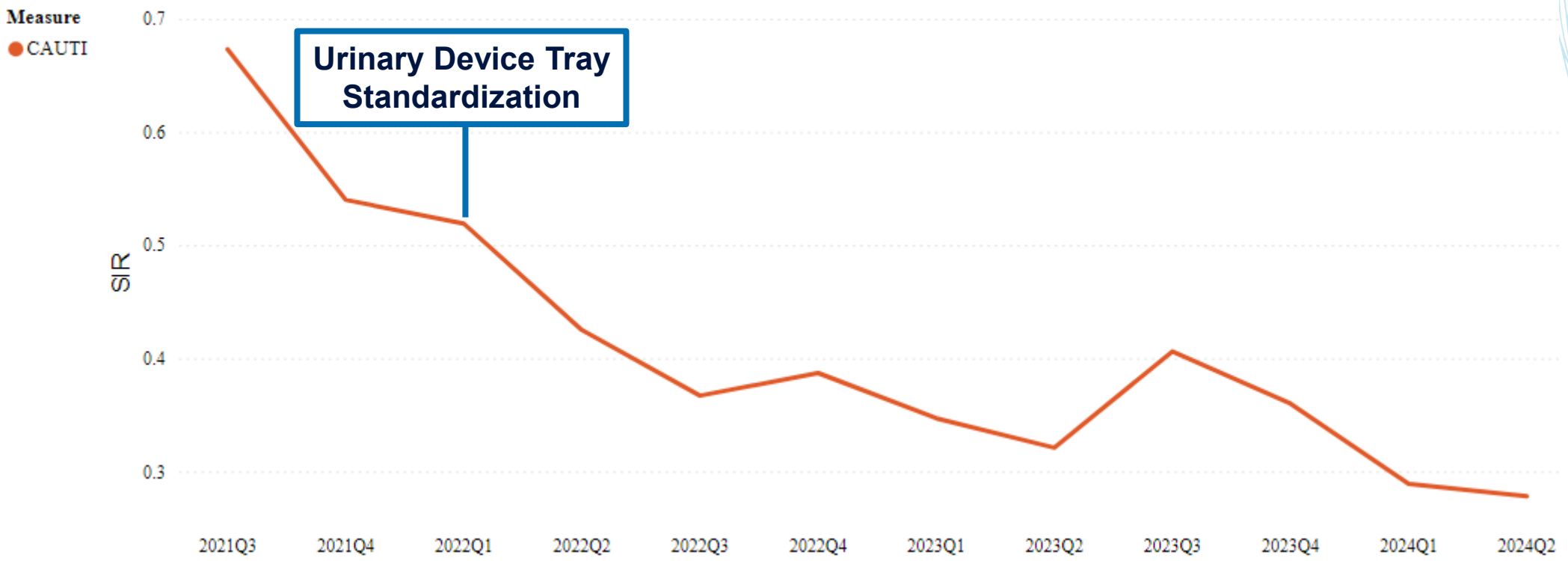
Avoid: Urine Testing or Antibiotics for Asymptomatic Patients

Use: Catheter Reminders, Stop Orders, Nurse-Driven Removal Protocols, Early Voiding Trials

Source: Patel et al., 2023

Urinary Devices – Infection Trend

Standardized Infection Ratio Trend by Measure



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Urinary Devices – Work Products

TITLE: Urinary Device Insertion, Maintenance, and Removal	POLICY NUMBER:
PAGE: 1 of 4	EFFECTIVE DATE: November 2023

HCA Healthcare

SCOPE:

This policy, and information within, is applicable to all patients with urinary devices within HCA Healthcare acute care hospitals.

PURPOSE:

Outline the insertion, access/de-access, maintenance, and removal practice expectations for urinary devices, including both internal and external devices.

DEFINITIONS:

Aseptic Non Touch Technique (ANTT): A specific and comprehensively defined type of aseptic technique with a focus on Key-Part and Key-Site Protection; achieved by integrating Standard Precautions (e.g., hand hygiene and use of personal protective equipment) with appropriate aseptic field management, non-touch technique, and sterilized supplies. It is designed for all invasive clinical procedures and management of invasive medical devices.

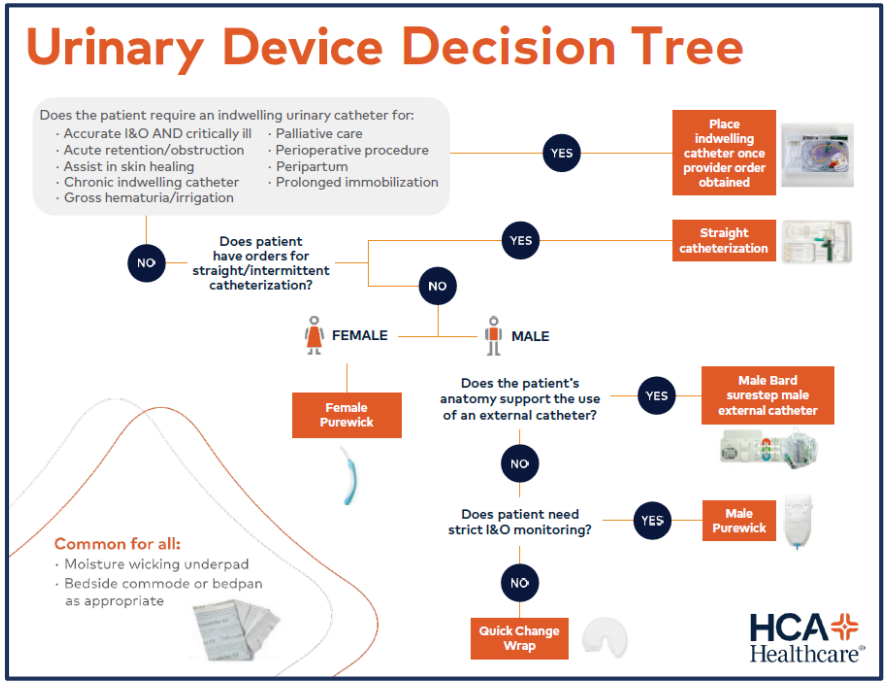
External Urinary Device: A continuous urinary drainage device applied externally to incontinent patients for purposes of urine measurement and moisture management.

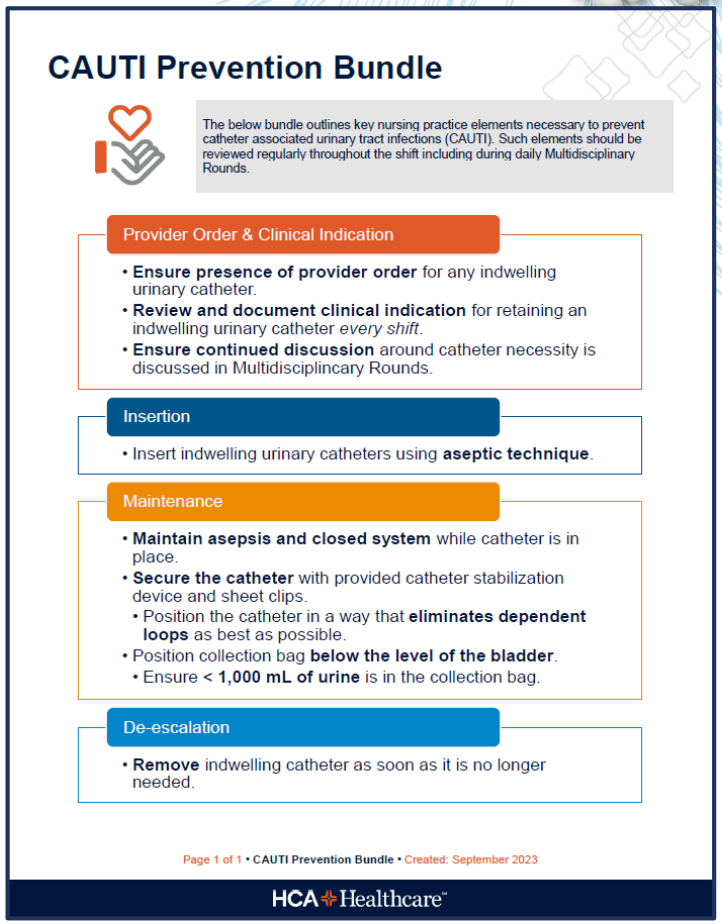
Indwelling Urinary Catheter: A continuous urinary drainage catheter inserted into the urinary bladder through the urethra and held in place by a water-filled balloon.

Intermittent Urinary Catheter: An intermittent urinary drainage catheter inserted into the urinary bladder through the urethra and removed upon bladder drainage.

POLICY:

1. Alternative methods of urine collection or bladder decompression, such as use of external devices or intermittent urinary catheterization, should be considered prior to insertion of an indwelling urinary catheter (see Appendix A).
2. It is the responsibility of the ordering and inserting clinicians to assess the patient for appropriateness of indwelling urinary catheter insertion. Indications for insertion include:
   a. Accurate I&O and critically ill
   b. Acute retention/obstruction
   c. Assist in skin/wound healing
   d. Chronic retention
   e. Gross hematuria/irrigate
   f. Perioperative procedure
   g. Prolonged immobilization
3. All members of the healthcare team should follow the catheter associated urinary tract infection (CAUTI) prevention bundle in alignment with scope of practice (see Appendix B).
4. It is the responsibility of every clinician to ensure proper maintenance of urinary catheters and devices.





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SUMMARY

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Take-Home Points

- Standardization can be difficult, but worthwhile!
  - Remember that not everything can be standardized. Accomplish what can be accomplished.
- It takes a village
  - Identify key stakeholders early and communicate often during the selection process to build trust. Standardization is not just a Supply Chain process.
- Appeals are not bad...they are a learning opportunity
  - Use these as a measure of buy-in to formulary/standardization efforts.

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