

# Leveraging Resources for Impact

#### THIS SESSION IS NOT OPEN TO SUPPLIERS

Applying for CE credit or need a Certificate of Participation? Be sure to snap a pic of the code shown at the end of this session.

**CE Deadline: 09/30/25** 



## **Moderator & Panelists**





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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:

- Identify common barriers to accessing and/or leveraging evidencebased information through published studies
- Recognize strategies for using evidence-based information and resources to support change management and decision-making in the clinical setting.
- Recall real-world examples from member organizations utilizing evidence-based information and clinical resources to support successful initiatives.



## **EIDM**

- Best available research and evidence
- **Professional** expertise
- Values and preferences of stakeholders

## **Evidence-informed Decision-making**

## What does evidence-informed decision-making mean to you?

"EIDM results in efficient use of scarce resources, encourages stakeholder involvement resulting in more effective programs and decisions, improves transparency and accountability of organizations, improves health outcomes and reduces harm."

Source: Clark EC, et. al., Strategies to implement evidence-informed decision making at the organizational level: a rapid systematic review. BMC Health Serv Res. 2024;24:405. doi: 10.1186/s12913-024-10841-3.



### **Barriers to EIDM**





- Competing priorities
- Access issues
- Training deficiencies
- Time constraints
- Varying perspectives



- Cost of journal access
- Organizational culture
- Service line differences
- Silos vs. collaboration
- Fragmented data



- Lack of unbiased evidence
- Level of support
- Communication gaps
- Conflicts of interest
- Lack of formalized process

#### Sources:

- 1. McNett M, Tucker S, Zadvinskis I, et al. A Qualitative Force Field Analysis of Facilitators and Barriers to Evidence-Based Practice in Healthcare Using an Implementation Framework. Glob Implement Res Appl. 2022;2(3):195-208. doi: 10.1007/s43477-022-00051-6.
- 2. Correa VC, Lugo-Agudelo LH, Aguirre-Acevedo DC, et al. Individual, health system, and contextual barriers and facilitators for the implementation of clinical practice guidelines: a systematic metareview. *Health Res Policy Syst.* 2020;18(1):74. doi: 10.1186/s12961-020-00588-8.
- 3. Apoubian A, Nasiripour AA, Tabibi SJ, Bahadori M. Evaluation of Facilitators and Barriers to Implementing Evidence-Based Practice in the Health Services: A Systematic Review. *Galen Med J.* 2020;9:e1645. doi: 10.31661/gmj.v9i0.1645.



## **Assessment Question #1**



What are common barriers to accessing and/or utilizing clinical resources?

- A. Competing priorities
- B. Organization culture
- C. Lack of unbiased evidence
- D. All of the above



## **Answer: Assessment Question #1**



What are common barriers to accessing and/or utilizing clinical resources?

- A. Competing priorities
- B. Organization culture
- C. Lack of unbiased evidence
- D. All of the above



## **Types of Resources**



What resources do you use and for what purpose?

What steps do you take if there is a lack of unbiased evidence?

#### What's your biggest challenge?

- General knowledge base/experience
- Contract analysis and opportunity assessment
- Benchmarking

- Peer reviewed, high quality clinical research
- Product pricing/category reviews
- Market share analytics

- Clinical societies and guidelines
- Clinician insights
- Peer networking



## **Assessment Question #2**

HTU25

What are examples of resources utilized for evidence-informed decision-making?

- A. Peer-reviewed, high-quality evidence
- B. Clinician insights
- C. Peer networking
- D. All of the above



## **Answer: Assessment Question #2**

What are examples of resources utilized for evidence-informed decision-making?

- A. Peer-reviewed, high-quality evidence
- B. Clinician insights
- C. Peer networking
- D. All of the above



## Leveraging Resources to Support Change



#### **Common themes**

1 Evidence gathering

4 Financial impact

2 Clinical leader collaboratives

5 Partnership

3 Multidisciplinary approach

- 6 Consistency/communication
- 7 Follow-up



## **EVIDENCE-**INFORMED **DECISION-MAKING** IN ACTION



Source: Franciscan Alliance. Not for reuse without permission. Source: Northern Light Health. Not for reuse without permission.



## Situation-Background-Assessment-Recommendation (SBAR)



Situation

Background

Assessment

Recommendation

- Stating the problem concisely
- Info relevant to the situation

- Considering and analyzing options
- Recommended action

- What is going on?
- What is the context?

- What do I think the problem is?
- What would I do?

Sources: Institute for Healthcare Improvement. SBAR Tool: Situation-Background-Assessment-Recommendation. Available at: <a href="https://www.ihi.org/library/tools/sbar-tool-situation-background-assessment-recommendation">https://www.ihi.org/library/tools/sbar-tool-situation-background-assessment-recommendation</a>.

Agency for Healthcare Research and Quality. Tool: SBAR. Available at: https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/sbar.html.



### Franciscan Alliance





**Fecal Management** System (FMS)

Source: Getty Images. Used with permission of HealthTrust.

#### Situation

- To determine optimal FMS
- Background
  - Limited clinical research with bias toward stent style FMS
- Assessment
  - Reviewed Wound, Ostomy and Continence (WOC) Nurse Society continence management guidelines
  - Trials conducted at 3 acute locations
- Recommendation
  - Conversion support from GI and general surgery and use of stent style device



## Franciscan Alliance, continued





## Fecal Management System (FMS)

Source: Getty Images. Used with permission of HealthTrust.

#### Re-assessment

- Placement issues and poor patient outcomes reported
- Recommendation
  - Conversion back to previous product while undergoing review
  - SMEs determined decision tree for management
  - Call for standardization and new policy and procedure drafted
  - Education and conversion to new product
  - Close monitoring of patient outcomes



## **Northern Light / Optum**





**Nitrile Exam Gloves** 

Source: Getty Images. Used with permission of HealthTrust.

#### Situation

- Opportunity in moving the currently used nitrile exam gloves to another from the same manufacturer
- Offered through the ROi (Resource Optimization and Innovation) formulary
- Initially, conversion would only be for the outpatient departments that do not handle chemo

#### Background

- Proposed glove had only been tested successfully against 9 chemo agents versus the incumbent being tested on 52
- Both gloves meet ASTM D6978 (chemo), D6319 (medical) use application), D6124 (residual powder) standards as well as USP800 compliant (safe handling of hazardous drug)



## Northern Light / Optum, continued





**Nitrile Exam Gloves** 

Source: Getty Images. Used with permission of HealthTrust.

#### Assessment

- Connected with HealthTrust Clinical Services and industry partners to understand the various ASTM and USP guidelines and regulations
- Engaged with infection prevention expert and directors of pharmacy and pharmacy infusions/oncology
- Opportunity expansion from an outpatient only focus to include inpatient departments

#### Recommendation

- Trial the proposed gloves in both inpatient and outpatient settings
- Systemwide Value Analysis Committee voted on conversion to the proposed glove based on trial feedback



### Franciscan Alliance





**IV Safety Catheter** 

#### Situation

 Product request submitted by SMEs from vascular access team for conversion to long-term indwelling closed loop safety IV catheters

#### Background

- Lacks unbiased research to support decrease of peripheral IV (PIV) site infection and cost reduction
- Vendor involvement

Source: Getty Images. Used with permission of HealthTrust.



## Franciscan Alliance, continued





**IV Safety Catheter** 

Source: Getty Images. Used with permission of HealthTrust.

#### **Assessment**

- Value analysis reviewed
- Trial started in 3 locations
- Spend analytics and networking with others across HealthTrust membership
- Increased spend and no clinical advantages
- Difficulties with procurement and storage of new product,
   with continuation of legacy product

#### Recommendation

 Due to workflow and forecasted cost, FA did not move forward with implementation



## **Northern Light / Optum**





Coronary
Percutaneous
Transluminal Coronary
Angioplasty (PTCA)
Drug-Coated Balloon
(DCB)

Source: Getty Images. Used with permission of HealthTrust.

#### Situation

Interventional cardiologists requested to use a coronary DCB

#### Background

- Lacking procedural/reimbursement codes
- Lack of unbiased, non-manufacturer sponsored literature

#### Assessment

- Engaged with HealthTrust clinical resources and other resources
- Engaged with facilities Institutional Review Board, Compliance and Finance Business Partners to gain insight on efficacy and full impact of using the product and obtain direction on adoption

#### Recommendation

- Pending further review
- Examining for efficacy, safer patient outcomes and savings



## **Assessment Question #3**



Based on the case examples shared, which of the following strategies support change management using evidence-based information and clinical resources?

- A. Evidence gathering
- B. Rely solely on vendor collateral
- C. Multidisciplinary collaboration
- D. Both A & C



## **Answer: Assessment Question #3**



Based on the case examples shared, which of the following strategies support change management using evidence-based information and clinical resources?

- A. Evidence gathering
- B. Rely solely on vendor collateral
- C. Multidisciplinary collaboration
- D. Both A & C



### References



- Clark EC, Burnett T, Blair R, Traynor RL, Hagerman L, Dobbins M. Strategies to implement evidenceinformed decision making at the organizational level: a rapid systematic review. BMC Health Serv Res. 2024;24:405. doi: 10.1186/s12913-024-10841-3.
- McNett M, Tucker S, Zadvinskis I, et al. A Qualitative Force Field Analysis of Facilitators and Barriers to Evidence-Based Practice in Healthcare Using an Implementation Framework. Glob Implement Res Appl. 2022;2(3):195-208. doi: 10.1007/s43477-022-00051-6.
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- Laera E, Gutzman K, Spencer A, et al. Why are they not accessing it? User barriers to clinical information access. J Med Libr Assoc. 2021;109(1):126-132. doi:10.5195/jmla.2021.1051





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## Clinical Services

#### Resources

- Knowledge Library
  - www.hpginsights.com
- HealthTrust Huddle
  - huddle.healthtrustpg.com
  - App Store: HealthTrust Huddle
- Email us at clinical.services@healthtrustpg.com



