



The Roadmap to Respiratory Season Success in Non-Acute Settings



5 key pillars in formulating
an effective respiratory
program strategy



For more information on how we can help you evaluate and take control of your acute and non-acute supply chain, visit:

www.mckesson.com/takecontrol

MCKESSON

The Roadmap to Respiratory Season Success in Non-Acute Settings

Preface	2
Chapter 1: RESPIRATORY LAB Respiratory Season: Prepare for the Perfect Storm of Respiratory Illnesses: COVID-19 adds to testing burden, healthcare organizations to rethink standard strategies	5
Chapter 2: INFECTION PREVENTION Supply Chain's Role in Infection Prevention This Respiratory Season	8
Chapter 3: INFECTION PREVENTION Infection Prevention/Supply Chain Strategies for the Respiratory Season	11
Chapter 4: VACCINATION STRATEGIES Three Ways Supply Chain Can Boost Immunization Rates This Season: Protecting patients through infection prevention	14
Chapter 5: POST-DISCHARGE PROCESS COVID-19 Continuum of Care: How health systems and their supply chains can improve the post-discharge process	20

Why Supply Chain is Critical to Respiratory Success This Season

5 key pillars in formulating an effective respiratory program strategy



As care has increasingly transitioned outside of the hospital, health system supply chain teams have extended their reach to help non-acute facility administrators make appropriate product decisions for the physical health of their patients and the viability of their organizations. They have leveraged the resources of their distributors who can help bridge supply and knowledge gaps throughout the care continuum.

The COVID-19 pandemic, and its convergence with typical respiratory illnesses (e.g., flu, pneumonia, bronchitis, RSV), has escalated the need for strategic supply chain

support this respiratory season. Because COVID-19 patients require care in every setting, from hospitals to homes and all of the places in between (e.g., physician offices, clinics, long-term care centers, skilled nursing facilities), clinicians across sites have found themselves playing a role in fighting the pandemic.

Much of the burden in helping clinicians select effective treatment options is falling upon procurement for the non-acute sites. From administering vaccines to caring for patients suffering long-term complications of the SARS-CoV-2 virus,

non-acute care facilities and homecare agencies have faced the daunting task of stocking and managing products, some of which their staff members haven't experienced or used until now.

Health system supply chain professionals have been collaborating with non-acute care facilities during the pandemic, offering knowledge and experience in formulary development, supply procurement and inventory management. They've engaged the support of their non-acute care distributors to help non-acute site administrators and clinical leaders not only with the supplies themselves, but also with the staff education and training required to use them effectively and safely.

The Journal of Healthcare Contracting has worked with McKesson Medical-Surgical, a leader in non-acute care supply chain strategies, to develop this roadmap with examples of how supply chain can help non-acute care facilities overcome the challenges they are currently facing in patient care delivery. Learn best practices on strategic approaches to help non-acute sites deliver high quality care in an efficient and cost-effective manner.

The Roadmap to Respiratory Season Success in Non-Acute Settings

The COVID-19 pandemic has shaken the foundation of U.S. healthcare delivery and forced organization leaders to rethink their supply chain strategies throughout the care continuum. A health system can develop a cohesive supply strategy that takes into account the specific needs of its non-acute care sites and its patient population. Healthcare organizations can provide safe and effective care delivered at lower costs and with minimal waste. It's important to think broadly about formulating a holistic strategy built around its specific clinical needs, particularly around respiratory illnesses. This strategy should encompass:

- » Infection prevention protocols
- » Vaccination administration
- » Rapid and accurate diagnosis
- » Continuity of care delivery

A health system's supply chain team and distributor can serve as invaluable resources across all of these areas. With

their knowledge of contracts, manufacturers and products, they can help navigate non-acute facilities manage patients with respiratory illnesses like COVID-19, flu, and pneumonia.

- » Develop formularies for immunization, testing, treatment, and infection prevention supplies that meet the needs of each care site, its caregivers, protocols and patient populations.
- » Procure appropriate quantities of products at the right prices to support safe and effective care while lowering costs and minimizing waste. Knowledge of supplier and distributor return policies, particularly when it comes to vaccines, can help guide smart purchasing decisions.
- » Maintain continuity of care by collaborating with hospital discharge planners and non-acute sites to ensure facilities receiving the patients have the necessary equipment and products to support a successful transition.
- » In the event of supply shortages, backorders or other disruptions, identify alternative manufacturers and products that offer clinical and cost parity.
- » Present new products for evaluation by value analysis committees, infection preventionists and other stakeholders.
- » Support clinical staff education and training by connecting acute-care sites with manufacturers and distributor partner resources.
- » Support improved accuracy and efficiency of purchasing and inventory management processes through the implementation of electronic and automated systems.

Respiratory illnesses are a leading cause of death for seniors. There were more than 1.5 million pediatric outpatient visits due to RSV. These statistics are gathered from a normal respiratory season. Layer COVID-19 on top of pneumonia, RSV, strep, and flu and it becomes more urgent that health system supply chain leaders work with their distributors, non-acute facilities and clinicians to create a holistic respiratory program.

¹ <https://academic.oup.com/biomedgerontology/article/57/10/M629/629959>

² ³ <https://www.cdc.gov/nndss/conditions/respiratory-syncytial-virus-associated-mortality/case-definition/2019>

Here are five key pillars in formulating a successful respiratory program strategy:

1. Enable accurate and rapid diagnosis through appropriate testing modalities

Do your non-acute facilities have what they need to differentiate COVID-19 from other common respiratory conditions? Learn how to leverage your relationships with distributors and manufacturers to provide guidance to non-acute care sites on selecting testing methodologies that best meet the needs of their clinicians and patient populations.

2. Help fight infection spread through supply standardization

As evidenced by widespread personal protective equipment (PPE) and disinfectant shortages across the U.S., supplies are a critical component of infection prevention regardless of care setting. By collaborating with infection preventionists, supply chain professionals can work to standardize supplies across the care continuum and match supply ordering to disease trajectories to keep non-acute sites stocked with what they need.

3. Keep a pulse on the marketplace to support infection control protocols

Stringent sanitation and disinfection protocols are necessary to preventing respiratory illnesses spread in long-term care facilities where vulnerable patients are housed in close quarters. Supply chain and infection preventionists can work together to select supplies that not only support these protocols but also help enhance staff compliance. Working with their health system's distributor, supply chain professionals can identify alternative items for evaluation, including new products that have come to market during the pandemic.

4. Boost immunization rates through strategic vaccination ordering and supply management

Supply chain professionals can work with their health system's non-acute distributor and non-acute care leaders on a vaccination ordering and inventory management strategy tailored to each site and patient population. Leveraging a just-in-time (JIT) delivery model, non-acute sites can get only what they need, when they need it. Supply chain can connect facility administrators to GPO contract pricing, return policies, and vaccine storage protocols.

5. Support safe and effective continuity of care for COVID-19 patients

Patients who have contracted COVID-19 often face a long and complex road to recovery, with many discharged from the hospital to skilled nursing and long-term care facilities. Supply chain professionals can help non-acute sites establish formularies to ensure they have what they need in terms of equipment and supplies to support continuity of care post-hospital discharge. They can connect these sites with their health system's distributor and manufacturers to provide training on products that are unfamiliar to non-acute clinicians. They can also offer guidance on proven ordering and inventory management strategies to support increased efficiency and lower costs.

This respiratory season is like no other – do your non-acute facilities have what they need to protect, diagnose and treat patients in the communities they serve? Each chapter of this roadmap addresses specific concerns and lays out strategies to help clinicians manage the respiratory season.

To learn more about McKesson's ability to work together with health system supply chain professionals on formulating comprehensive strategies to support care in both acute and non-acute settings, please visit www.mckesson.com/takecontrol.

To learn more about McKesson's full respiratory program, please visit mms.mckesson.com/respiratory.



Respiratory Season: Prepare for the Perfect Storm of Respiratory Illnesses

COVID-19 adds to testing burden, healthcare organizations to rethink standard strategies



Respiratory season is a significant burden on the U.S. healthcare industry.

Last year 26M+ flu cases were diagnosed,¹ 1.5M outpatient clinic visits among children under the age of five were attributed to Respiratory Syncytial Virus (RSV)² and hospitals experienced 1.3M visits to emergency rooms (ER) to treat pneumonia.³

While experts hoped COVID-19 cases would drop with the arrival of warm summer weather similar to other respiratory illnesses, and some geographic regions

have experienced a flatline or decrease in cases, other communities are experiencing a spike that is overwhelming local healthcare resources.

As healthcare organizations look toward the upcoming respiratory season, they anticipate the unprecedented convergence of the typical respiratory illnesses -



BUILDING YOUR ROADMAP

CHAPTER 1: RESPIRATORY LAB

flu, pneumonia, bronchitis, RSV – with COVID-19 cases – and it is forcing them to reevaluate their approach to patient diagnosis, management and care.

The need for rapid and accurate diagnosis

The goal of testing is to provide rapid and accurate diagnosis, quickly get patients on the correct course of treatment, and in the case of easily transmitted viral illnesses, such as flu, help limit spread among the community.

Keys to formulating a successful testing strategy

In order to implement a successful respiratory testing program that includes multiple test types (flu, RSV, Strep A and COVID-19), each individual healthcare entity should determine its own testing strategy that is aligned to its patients' needs. This includes which tests to administer, where, when and how. Key areas for consideration:

A unified approach

The number one priority is to develop

“From a supply chain and cost perspective, an organization can turn to its distributor to understand current technologies on the market,” said Harris. “With the on-set of COVID-19 there is a broad range of new diagnostics aimed at helping to address the pandemic.”

“At McKesson, when we see opportunities or issues (e.g. promising new products, potential supply shortages), we inform our customers so they, in turn, can make the knowledgeable decisions for their organizations,” said Harris.

Point-of-Care (POC) Testing Options

ACTIVE VIRAL INFECTION TESTS:

- » **Antigen:** Nasal or nasopharyngeal swab at POC that delivers results in minutes.
- » **Molecular (RNA):** Nasal or nasopharyngeal swab at POC that provides results in minutes.

ANTIBODY TESTS:

- » **Serology:** Blood test to determine if patient was previously infected or exposed.

“Speed and accuracy of COVID-19 testing is particularly important given its highly contagious nature and the significant risks it presents to vulnerable populations, but the demand is outpacing the supply for testing and PPE,” said John Harris, VP, Strategic Accounts, Laboratory, McKesson. “Labs are performing hundreds of thousands of tests per day, which is placing a tremendous strain on the supply chain.”

a holistic approach to testing. At the system level, a healthcare organization may evaluate testing options based on effectiveness, availability and cost.

An organization may consider its specific testing goals to evaluate whether a patient has potentially been exposed to a virus – whether it's to quickly test and secure results at the point-of-care (POC) or to obtain accurate results through “swab and send” testing performed at a central lab.

Diversified options

While a healthcare organization should have an overarching testing strategy, that doesn't mean it can apply a one-size fits all approach. Different care site categories manage different patient populations in different ways and therefore have different testing requirements. While decisions should be driven from the top to maintain strategic alignment, they'll take into account the needs of front-line healthcare workers and their patients, which can vary by location.

Diversifying test options can help an organization address a broad range of requirements, protect staff and patients, and streamline the path to securing results. For example, it might decide that its physician offices perform rapid POC molecular testing for flu but adopt antigen testing for COVID-19 due to availability.

“The organization's distributor can serve as a valuable resource, presenting practices from throughout the industry, and introducing testing options available and considerations for test supply



management (e.g. proper storage, temperature),” said Harris.

Conclusion

Concerns and fears abound among healthcare providers and patients as we approach the upcoming respiratory season at the same time as COVID-19 cases surge in many markets. Now is the time for organizations to formulate their respiratory testing strategies with the understanding that past approaches to testing may not be effective in managing the unprecedented convergence of illnesses on the horizon.

A holistic approach to testing, that takes into account individual care site needs and is guided by industry knowledge supplied by distributors and other business relationships, will help organizations accurately diagnose respiratory patients and begin their



course of care. While this has been important, this year it is critical to the well-being of our nation. The greater number of COVID-19 patients that

clinicians can accurately diagnose, and the faster they can do so, the quicker these patients can isolate to help prevent further spread.

Test Site Considerations

» **Patient flow:** Can testing be safely performed on-site by clinicians? Do they have the necessary PPE to protect themselves and their patients against COVID-19? Do they have the ability and space to separate suspected COVID-19 patients from patients presenting for other conditions?

» **Clinician comfort:** Different testing mechanisms require different workflows, including the collection and processing of samples. Which testing methodology is most appropriate for the site's clinicians so that they can deliver effective results?

» **Product availability:** If there is a shortage of testing and supplies at a site how will the organization address this – stop testing at this site, redirect it elsewhere or switch to a different method of testing?

¹ Flu Season That's Sickened 26 Million May Be at Its Peak, U.S. News & World Report, February 21, 2020, <https://www.usnews.com/news/health-news/articles/2020-02-21/flu-season-thats-sickened-26-million-may-be-at-its-peak>

² Respiratory Syncytial Virus-Associated Mortality (RSV-Associated Mortality) 2019 Case Definition, Centers for Disease Control and Prevention, <https://www.cdc.gov/nndss/conditions/respiratory-syncytial-virus-associated-mortality/case-definition/2019/>

³ Fast Facts Pneumonia, Centers for Disease Control and Prevention, <https://www.cdc.gov/nchs/fastats/pneumonia.htm>



Supply Chain's Role in Infection Prevention This Respiratory Season



How supply chain can help

Collaboration between infection preventionists and supply chain professionals has always been a critical component of preventing HAIs, with both teams working together to acquire the supplies their healthcare facilities need to protect patients and clinicians from dangerous pathogens. In the coming months, it will be more important than ever for these two teams to work together on infection prevention strategies throughout the continuum of care.

Support infection prevention protocols

The development and implementation of infection prevention protocols is one way to prevent the spread of disease. Supply chain professionals can position themselves as an extension to clinical quality and control teams by helping with value analysis and standardization. The support of supply chain into non-acute settings is critical this season as frontline care sites will be key in helping to prevent, diagnose and treat respiratory diseases, including COVID-19.

Supply chain professionals who understand their healthcare organization's infection prevention protocols across facilities can better help them procure appropriate supplies, explains Patti Baicy, RN, CNOR(E), Director of Clinical, McKesson Medical-Surgical Extended Care.

As clinicians contend with COVID-19 on top of seasonal respiratory

illnesses, and continue their fight against other HAIs, supply chain and infection prevention (IP) should collaborate to provide supplies aligned with organizational IP protocols, and state/federal government regulations.

Healthcare organizations are currently facing an unprecedented respiratory season as cases of COVID-19 converge with typical seasonal illnesses (flu, pneumonia, bronchitis, RSV). At the same time, they should continue to manage non-respiratory, healthcare acquired infections (HAI) as approximately 1 in 31 patients every day acquire at least one infection associated with hospital care (e.g. CLABSI, CAUTI, SSI).¹

Because HAIs can occur in any care setting, a healthcare organization's infection prevention strategy should reach beyond the acute care hospital and into urgent care, physician offices, long-term care centers and all the way through to home care. Clinicians in any of these settings bear the burden of preventing HAIs on top of treating patients for any number of other conditions. The COVID-19 pandemic has added significant pressure to this already strained care delivery system.



“This includes the whole continuum of care – starting from acute care all the way through to home health and hospice and anything in between. Every care setting has unique IP requirements that should be considered,” said Baicy. “Supply chain can help infection preventionists make sure they have the appropriate products in their facilities to meet protocols based on CDC and FDA guidance.”

“Because of shortages in the industry, this means they will have to be flexible and creative,” continues Baicy. “For example, there is such a shortage of disinfectant wipes due to global demand (consumer and healthcare) that clinicians may have to use alternative supplies that still provide the appropriate levels of disinfection, such as a disinfectant spray with a reusable washcloth or disposable task wipe. Working together, supply chain and infection prevention can identify those products that comply with the organization’s protocols.”

As Phenelle Segal, RN, CIC, FAPIC, President, Infection Control Consulting Services, explains, the supply pressures of the COVID-19 pandemic have forced healthcare facilities to engage in many practices that go against standard infection prevention protocols, such as reusing N95 respirator masks and reprocessing single use items. While these actions have been necessary, Segal urges facilities not to lose sight of standard practices to prevent HAIs beyond COVID-19.

“Because we have been so turned upside down by COVID-19, we risk losing sight of infection prevention that goes beyond just protecting ourselves and patients from respiratory droplets,”

said Segal. “We have to make sure that we maintain standard practices aligned with our IP protocols and keep HAIs in the forefront of our minds as to how to prevent them. We still have to make sure we are performing sterile techniques when operating, reprocessing instruments and inserting invasive devices, such as central lines, foley catheters and IVs. Communication with clinical staff is critical to remind them that patients are still coming into hospitals and outpatient centers for treatment that are not COVID related.”

where infectious diseases are emerging and can help supply chain understand what is spreading in their specific areas. The more proactive supply chain professionals can be with understanding disease trends in their organization’s care areas, the more successful they will be in collaborating with infection preventionists to provide clinicians with the supplies they need for prevention, diagnostic testing and treatment.

“Health systems can’t be complacent; they have to keep evaluating the trajectory of diseases,

IP Protocol Best Practices

- » Document your processes and place them in a centralized area, update as necessary depending on disease conditions
- » Publish your infection prevention protocols in areas where patients will see them, such as your website and patient portals, to help patients feel confident in seeking medical services

Match supply ordering to disease trajectories

There are so many unknowns going into the respiratory season: How many flu cases will emerge? Will the second surge in COVID-19 cases be as severe as the first or even worse? How will clinicians be able to differentiate these illnesses from colds, pneumonia and respiratory syncytial virus (RSV)?

In this complex and ever-changing environment, supply chain leaders should lean on county, state and government resources, such as local health departments and the U.S. Centers for Disease Control and Prevention (CDC), for information. These agencies track

including the pandemic, monitor their supplies and monitor the companies from which they are obtaining their supplies,” said Segal. “When consulting with healthcare organizations, I find the acute care facilities are in a better position with regards to matching supplies with clinicians’ needs. The non-acute settings have a tougher time, whether it is an outpatient surgical center, doctor’s office or nursing home.”

The government requirements for emergency supply reserves are changing daily; therefore, supply chain is also challenged with keeping up on these evolving regulations, particularly



BUILDING YOUR ROADMAP

CHAPTER 2: INFECTION PREVENTION

for those healthcare organizations that operate in multiple states. For example, the Governor of California signed a bill requiring all hospitals in the state to stockpile 45 days' worth of personal protective equipment (PPE) as a precaution against COVID-19 and other future disease outbreaks.² In the state of Maryland, all nursing homes are required to maintain a 30-day private stockpile of PPE by November 30, 2020 and must increase that amount to a 60-day private stockpile by January 31, 2021.³

"In addition, the Department of Health and Human Services (HHS) has come out with the Prep Act, which means the federal government can override state testing for COVID-19," said Baicy. "There is a lot to keep up with on the federal and state levels from a supply chain perspective. It's a daily task to keep up on the guidance. This is especially difficult for multi-state organizations because they have to understand the regulations in all of the states in which they operate."

By keeping informed of the changes in laws affecting healthcare, supply chain can ensure their facilities are appropriately stocked to meet new regulatory requirements. While supply chain helps ensure that clinicians have PPE and other supplies on hand to safely and effectively manage respiratory patients while preventing other HAIs, Segal cautions against Stockpiling, especially supplies that

are not authorized for use in the USA and subsequently possibly ineffective.

"It's a very fine line," said Segal. "I'm finding a lot of the facilities I consult with are stockpiling supplies and it turns out the supplies are not authorized to be used as they intend to use them. Therefore, the relationship between any type of healthcare provider and its suppliers is more important now than ever.

"We have to make sure that we maintain standard practices aligned with our IP protocols and keep HAIs in the forefront of our minds as to how to prevent them."

**– Phenelle Segal,
RN, CIC, FAPIC, President,
Infection Control
Consulting Services**

One option available to help with accurate ordering is the McKesson PPE Estimator. Its calculations are based on publicly available guidance from CDC and other clinical authorities, and on practical customer application and feedback. The Estimator is available via the McKesson Business Analytics (MBA) tool. Contact McKesson at mckesson.com/takecontrol and request a demonstration of the PPE estimator.

Conclusion

Infection preventionists play a critical role in supply chain decisions, providing knowledge on clinical needs, as well as evaluating product effectiveness and use. Supply chain, in turn, has helped guide these supply purchases by offering insights into the marketplace, including product and pricing information, availability and new options introduced by manufacturers. The collaboration between these two teams has been invaluable as healthcare organizations have navigated supply shortages caused by the COVID-19 pandemic.

Moving forward, it is even more critical for supply chain and infection preventionists to work closely together to assess the needs of clinicians as they cope with COVID-19 on top of seasonal respiratory illnesses, while working to minimize the risk of other HAIs.

In the next article, we will present best practices for infection prevention/supply chain collaboration when integrating infection prevention products between acute and non-acute sites, strategies to help manage supply shortages and where standardization can help, and considerations when evaluating the many new infection prevention products that have come to market during the pandemic.

Visit <https://mms.mckesson.com/content/coronavirus-update/ip-best-practices> to learn more ways to help control the spread of respiratory disease.

¹ HAI and Antibiotic Use Prevalence Survey, <https://www.cdc.gov/hai/eip/antibiotic-use.html>.

² Gov. Newsom Signs Bill Requiring Hospitals To Stockpile 45 Days' Worth of PPE, California Globe, September 30, 2020, <https://californiaglobe.com/section-2/gov-newsom-signs-bill-requiring-hospitals-to-stockpile-45-days-worth-of-ppe/>

³ AMENDED DIRECTIVE AND ORDER REGARDING NURSING HOME MATTERS Pursuant to Executive Orders Nos. 20-06-10-01, 20-04-29-01, and Various Health Care Matters of March 16, 2020, Maryland Department of Health, <https://health.maryland.gov/bonha/Documents/2020.10.27.01%20-%20MDH%20Order%20-%20Amended%20Nursing%20Home%20Matters%20Order.pdf>



Infection Prevention/Supply Chain Strategies for the Respiratory Season



The last place an individual should acquire an illness is in a healthcare

facility, but in reality, healthcare acquired infections (HAI) pose a significant threat to patients. Invasive interventions, such as central line or catheter insertion, increase the risk for some of the most costly and common HAIs (e.g. CLABSI, CAUTI, SSI), while a change in seasons brings on greater risk for respiratory illnesses (e.g. flu, pneumonia, bronchitis, RSV).

This respiratory season, the opportunity for infectious disease spread has been heightened by the COVID-19 pandemic. Healthcare facilities are struggling to battle this new threat to patient and staff safety, on top of their typical HAI burden. As evidenced by the personal protective equipment (PPE) shortages, supplies are a critical component in helping to prevent COVID-19 transmission; therefore, collaboration between infection preventionists (IP) and supply chain professionals is essential.

The first article of this series described how supply chain staff can strengthen infection preventionists' efforts to help protect patients and clinicians from dangerous HAIs by supporting compliance with infection prevention protocols

and matching supply ordering to disease trajectories. This article explores additional best practices in supply chain/infection prevention collaboration and strategies to help manage supply shortages and leverage standardization, and considerations when evaluating the many new infection prevention products that have come to market during the pandemic.

Care continuum supply integration

Patients can acquire a HAI anywhere throughout the healthcare continuum – from hospitals to home care and everywhere in between (e.g. physician offices, long-term care facilities, clinics).



BUILDING YOUR ROADMAP

CHAPTER 3: INFECTION PREVENTION

That's why it's important for supply chain to work with infection preventionists to help develop sanitation and disinfecting protocol for all care sites.

As Phenelle Segal, RN, CIC, FAPIC, President, Infection Control Consulting Services, explains, supply chain professionals with expertise and experience in the acute care space can extend their strategies outside of the hospital, helping infection preventionists in the selection of products that support protocols in the non-acute.

"Different sites have different needs, and they also have different ways in which to obtain supplies," said Segal. "Acute care hospitals have been extremely fortunate in that they have a large pool of suppliers. Non-acute facilities are typically more limited in their supplier connections. Supply chain has an opportunity to bridge supply sources across acute and non-acute care sites, while still meeting the unique infection control needs of the individual facility."

Supply shortages caused by the COVID-19 pandemic have driven all categories of healthcare facilities to seek out alternative product solutions for infection prevention, such as PPE and disinfectants. Patti Baicy, RN, CNOR(E), Director of Clinical, McKesson Medical-Surgical Extended Care, notes how this is another opportunity for supply chain teams and infection preventionists to put collaboration into action.

"Because of shortages in the industry, they have to be flexible and creative and use products they may not have been used before," said Baicy. "For example, disinfectant

wipes are scarce because of global demand (consumer and healthcare) for these products, including the raw materials used to manufacture them. Healthcare facilities may need to consider an alternative product that it listed on EPA List N, such as using a disinfectant spray with a reusable washcloth or disposable task wipe."

"It's important to keep an open mind when it comes to new products that have come to market, particularly if they are trending toward helping with COVID, and look at as many options as we possibly can."

– Phenelle Segal, RN, CIC, FAPIC, President, Infection Control Consulting Services

While the need for supply alternatives is a reality this respiratory season, Baicy cautions facilities that they should still align product choices with infection prevention protocols. She notes how they can use funds provided under the CARES Act to purchase PPE and other necessary supplies.

"Make sure your workers are using the most appropriate product for the task assigned," said Baicy. "Looking at gloves, we have to make sure food service is using food service gloves, housekeeping is using housekeeping

gloves and we are saving medical exam gloves for clinical use."

Supply standardization

Another way that supply chain and infection preventionists can boost infection prevention efforts this season is through product standardization across the non-acute continuum, including surface wipes, disinfectants and cleaning agents, hand soap and sanitizers, and PPE. This can help support clinical parity and may lower infection rates and potential readmittance for HAIs.

"Standardization is one of the most important aspects of supplies for infection prevention, including both acute and non-acute facilities," said Segal. "During site visits we will often find five or six different types of products, particularly cleaning agents. The problem is that if you don't standardize you have to follow the manufacturer's instructions for use (IFU) for each individual product and it becomes confusing."

"Product standardization is particularly important during the COVID-19 pandemic because of the education and other steps that have to be taken in order to use these items correctly," Segal added. "N95 face masks have to be fit tested, so if you have five different brands of N95 you will have to fit test each brand on each employee who will wear it. With the supply shortages we have faced this year, standardization is more of an idealistic vision than a practical one. However, we are still doing our best to achieve it where we can."

Baicy points to gowns as another example of where supply



standardization can benefit facilities this respiratory season, stating;

“It goes back to having the correct protection level for healthcare workers according to the Association for the Advancement of Medical Instrumentation (AAMI) rating system. Perhaps in the past your facility stocked a basic isolation gown that was not AAMI rated, as well as AAMI level 1 and 2 gowns. In this scenario, there is risk for the workers not getting the level of protection they need. For a non-acute facility, it might make sense to standardize on a single gown that meets the AAMI rating your clinical staff members require in their roles.”

New product introductions

The COVID-19 pandemic has brought with it a wide range of new products aimed at infection prevention. The choices can be overwhelming for acute and non-acute facilities alike. Working together, infection preventionists and supply chain professionals can evaluate the options to determine if they make sense for their organizations from a variety of perspectives (e.g. clinical, workflow, cost).

“It’s important to keep an open mind when it comes to new products that have come to market, particularly if they are trending toward helping with COVID, and look at as many options as we possibly can,” said Segal. “In infection prevention, we want to see the science including studies and data behind the claims. We look at the actual item, the detailed information

provided and its intended purpose before making a decision.”

Healthcare facilities frequently ask Segal to evaluate new products; most recently those aimed at protecting against COVID-19. In one instance, a speech pathology client asked her to assess a face mask where the area around the mouth is clear, believing this could help with patient speech evaluation and therapy.

“We looked at the mask and found it didn’t provide enough protection for someone like a speech pathologist who is working right up against someone’s face,” said Segal. “As IPs it’s important to adjust our way of thinking based on each potential use case. This includes what we need to know and what we need to investigate before providing the facilities or healthcare companies with guidance for considering product trials or purchase.

For supply chain professionals and infection preventionists, the range of products available to help prevent the spread of COVID-19 and other respiratory illnesses includes not only new products, but also existing ones with new applications. One is Theraworx Protect Foam, an advanced hygiene solution that can be safely applied around the eyes, nose and mouth, complying with the Centers for Disease Control and Prevention (CDC) guidelines on facial cleansing.

A study conducted by researchers at the Johns Hopkins University School of Medicine found SARS-CoV-2, the virus that causes COVID-19, can enter the

body through the eyes (ocular surface cells including conjunctiva), and that the eyes can also serve as a reservoir for person-to-person transmission of this virus. The research highlights the “importance of safety practices including face masks and ocular contact precautions in preventing the spread of COVID-19 disease.”¹

“It’s very important for supply chain and IP to stay up to date on what has hit the market,” said Baicy. “But they should also be very diligent about vetting those products and making sure they have the right claims and testing.”

Conclusion

Infection control is top of mind for healthcare leaders this season as they attempt to protect patients and staff members against COVID-19, on top of typical seasonal respiratory illnesses and other HAIs. Because patients with COVID-19 and other infectious respiratory ailments present for diagnosis and treatment not only at hospitals, but anywhere along the continuum of care, a healthcare organization’s infection prevention strategy should encompass all of these care sites. As with the acute care environment, collaboration between supply chain professionals and infection preventionists is critical to arming clinicians with the supplies they need to provide effective and safe care, anywhere.

Visit mms.mckesson.com/content/clinical-resources/infection-prevention to learn more ways in how to help control the spread of respiratory disease.

¹ Zhou L, Xu Z, Castiglione GM, Soiberman US, Eberhart CG, Duh EJ. ACE2 and TMPRSS2 are expressed on the human ocular surface, suggesting susceptibility to SARS-CoV-2 infection. *Ocul Surf*. 2020 Jun 13;18(4):537-544. doi: 10.1016/j.jtos.2020.06.007. Epub ahead of print. PMID: 32544566; PMCID: PMC7293510.



Three Ways Supply Chain Can Boost Immunization Rates This Season

Protecting patients through infection prevention



This respiratory season, many healthcare organizations are turning to their supply chain teams for help with vaccination strategies. As the experts in supply forecasting, contracting, ordering and distribution, supply chain professionals can help to ensure that vaccinations and ancillary items (e.g., syringes, gloves, other PPE) are available where they are needed. This includes not only acute care hospitals, but also non-acute settings (e.g., physician offices, clinics, long-term care facilities). As supply chain leaders look to deliver value, they can assist facilities with communicating the benefits of vaccinations to patients and allaying concerns regarding the safety of care sites during the pandemic.

There are numerous respiratory diseases that we can protect against now through immunization (e.g., flu, pneumonia, bronchitis, RSV). Vaccinations are a potent tool to help prevent the spread of dangerous illnesses. Globally, immunizations help prevent 2 million to 3 million deaths each year.¹ Yet, there are many individuals who do not take advantage of this infection prevention measure.



Historically, minority populations and lower-income families are less likely to receive immunizations.² Layer on the COVID-19 pandemic and vaccination rates have significantly dropped in 2020, as much as 95 percent for certain vaccines.³ These declines have occurred among the most vulnerable patients, newborn babies and older adults, who have failed to stay up-to-date on all recommended immunizations, such as hepatitis B, Hib, rotavirus and measles vaccines for babies, and flu, shingles and pneumococcal for adults.⁴

“Anything you can do to help boost your immune system, especially as we get into flu and respiratory season, is a necessity right now,” said Heather Youngblood, Senior Category Manager, Pharmaceuticals for McKesson. “With the so-called ‘twindemic’ of flu and COVID-19, our respiratory systems may be under attack like never before. If we can help alleviate at least one of those diseases with a vaccine – like flu – then we are strengthening our bodies immune system which may fight off or diminish the effects of a viral attack.”

Here are three ways that supply chain can play an important role in immunizing the community.

1. Operational and inventory plan for vaccines

When developing an operational and inventory plan for vaccines this season, Trevor Keeler, Director of Pharmaceutical Field Sales at McKesson Medical-Surgical, urges healthcare organizations to collaborate with all of their business partners in the planning process: Group purchasing

organizations (GPO), distributors and manufacturers. That way they can understand up-front critical factors such as supply availability, pricing, payment terms and return policies. Because supply chain serves as the liaison for these relationships, they can help bridge the gap between internal clinical stakeholders and these external collaborators.

Supply chain should start by reviewing last year’s trends and seasonality for the health system’s acute and non-acute facilities. Next, they should look ahead to anticipate potential swings in vaccine demand, such as a bad flu season, back to school immunizations or patients catching up on doctors’ appointments during holiday breaks.

“It’s really important to help ensure the parties involved in this planning process are working together,” said Keeler. “It’s not effective when a facility is working directly with a manufacturer to plan contracts or utilization if they don’t alert their distributor. Supply chain can help bring teams together and keep them involved during the planning process to streamline operations, supply facilities with what they need, and reduce unnecessary cost and waste.”

Just-in-time (JIT) distribution

In non-acute settings, a just-in-time (JIT) strategy can help reduce vaccine expiration, product waste and obsolescence, says Keeler. This

model is especially beneficial for running vaccination clinics. With next day delivery of vaccines and related supplies, a facility can enhance limited storage and refrigeration space, and reduce carrying costs to free up revenue.

“JIT works great but only if your distributor is aware of your increased utilization at an item level. With this

knowledge the company can plan its distribution center capabilities accordingly to help meet your needs,” said Keeler. “Be sure to alert your distributor 30-60 days ahead of your planned vaccination clinic so they can increase the required stock of vaccines and ancillary supplies.”

Pre-booking plan

Many health systems use pre-booking with their distributor to plan and acquire flu shots. This same approach can be used to plan for the administration of other vaccines. Supply chain should start by reviewing last year’s trends and seasonality for the health system’s acute and non-acute facilities. Next, they should look ahead



BUILDING YOUR ROADMAP

CHAPTER 4: VACCINATION STRATEGIES

to anticipate potential swings in vaccine demand, such as a bad flu season, back to school immunizations or patients catching up on doctors' appointments during holiday breaks.

In the case of flu or other vaccines, supply chain should collaborate with the distributor early in the planning process to help ensure facilities have access to a broad portfolio of vaccinations to cover children, adults and seniors in the community. Consolidating purchases under a single distributor that has a broad portfolio of vaccine products can help the healthcare organization standardize its ordering, align on the number of deliveries and take advantage of a flexible return policy.

products? Are products refundable if unused? What are the stipulations related to expiration dates and other provisions around the percentage of returnable products based on the total product purchase? It's really important to get the answers to these types of questions from your distributor."

They should also be sure to ask their distributor about special payment terms, such as flexible and extended payment options, that may be available for flu and other vaccine types.

A health system's GPO is another essential resource when planning for vaccines. Working with GPO's, supply chain leaders can determine which vaccines are on the health system's GPO contract(s) to help

(PPE) and other supplies impacting healthcare organizations, it is more important than ever for supply chain to create an in-depth plan for vaccine administration products, such as PPE, needles, alcohol prep pads, and cleaning and disinfecting supplies. To help ensure an adequate supply to meet vaccine demand, supply chain should place an order for these products at the same time as it orders vaccines.

"Work with your distributor to understand your facility's current allocation on high usage items such as PPE," said Keeler. "Understand how that allocation of products could affect your ability to maintain patient vaccination goals. Determine if your distributor is able to support increased utilization of the products you need to effectively administer vaccines to your patient populations."

When communicating with patients, remind them of the efficiency of having vaccines administered at the same time as a physical, follow-up appointment or other doctor's visit. Advise them that different vaccinations can be safely administered during a single appointment in accordance with manufacturers' guidelines to help reduce the number of times they have to enter a facility.

"I can't emphasize enough the importance of understanding vaccine return policies because it's something that is often overlooked," said Keeler. "When purchasing top vaccine items there is a risk of overestimating the need. Ask the appropriate questions: What is your availability to return

ensure facilities have what they need for various populations (e.g., children, adults, seniors).

Ancillary item availability

During the current pandemic environment with shortages of personal protective equipment

2. Patient engagement through communication

With patients reluctant to enter healthcare facilities in fear of contracting COVID-19, healthcare organizations face a major challenge this season in vaccinating their populations. A recent Harris Poll found more than two-thirds (68%) of American adults said that they or someone they know has put off care due to the pandemic.⁵ Supply chain professionals can help support infection preventionists (IP) in developing and operationalizing a plan to support patient concerns. One way is to share infection prevention and COVID-19 protocols, including temperature checks prior to entering the facility's lobby, separate waiting rooms for healthy and sick patients,



and redirected patient flows to help reduce healthy patient contact with sick individuals.

“This has been a very prominent focus over the last 6-9 months,” said Youngblood. “We’ve found our customers’ patients feel more at ease to return to their provider’s office when the office explains what additional safety protocols have been put in place.”

When communicating with patients, remind them of the efficiency of having vaccines administered at the same time as a physical, follow-up appointment or other doctor’s visit. Advise them that different vaccinations can be safely administered during a single appointment in accordance with manufacturers’ guidelines to help reduce the number of times they have to enter a facility.

“While pediatric patients follow regimented immunization schedules, adult patients tend not to make time for their own well visits and vaccinations,” Youngblood added. “Therefore, when a patient is seen by a provider it’s critical they get the appropriate immunizations, including routine vaccinations and seasonal ones such as the flu.”

3. Protection for extended care residents

During the COVID-19 pandemic, extended care residents have been among those patients hit hardest by the virus because of underlying conditions and the close proximity of staff and patients in these settings. According to AARP, as of March, 2021, more than 174,000 residents and staff of nursing homes and other long-term care facilities COVID-19 deaths have been reported.⁶



It is a similar situation with the flu and pneumonia. Individuals living in extended care facilities tend to be older (over age 65) and/or living with long-term medical conditions, both of which put them at greater risk for hospitalization and complications

from these respiratory illnesses.^{7,8} The difference is that flu and pneumococcal vaccinations are widely available and effective.

Supply chain can help protect vulnerable extended care residents through shared best practices around



BUILDING YOUR ROADMAP

CHAPTER 4: VACCINATION STRATEGIES

the handling of pharmaceuticals in acute and post-acute care facilities. It starts with creating a standard of excellence for vaccine administration that is repeatable across multiple sites, explains Youngblood. She states:

“The goal of these facilities is to keep their patients out of the hospital and support improved quality of life. This starts with administering vaccines for preventable diseases. Establishing protocols helps reduce the guess work for incoming staff and patients with regards to vaccine administration.”

– Heather Youngblood, Senior Category Manager,
Pharmaceuticals for McKesson

“Many of these long-term care or skilled nursing facilities have sister sites so it’s vital to establish a set of simple yet effective protocols that can be used across sites. Right now, there are penalties for facilities sending patients back into the hospital for preventable diseases, which is reactionary care. Healthcare organizations should be proactive when it comes to care and vaccinate their patient populations to help prevent harmful and costly complications.”

Youngblood says a standard of excellence for vaccine administration should include the following four components;

Regulatory compliance

When developing an approach to

vaccinating extended care residents and other vulnerable populations in non-acute settings, be sure to comply with state and federal regulations, most notably the Centers for Medicare & Medicaid Services

(CMS) F-883 tag for influenza and pneumonia immunizations. CMS requires all long-term care facilities participating in Medicare and Medicaid programs to educate residents and staff on influenza and pneumonia vaccines, offer residents these immunizations and keep documentation of their administration.

Staff and resident education

Work with extended care facility administrators to help educate both staff and residents on the different vaccine options available. For example, there are three different flu vaccine modalities: Intranasal sprays (preservative free), multi-dose vials (contains preservatives) and pre-filled syringes (preservative

free and do not need to acquire separate needles).

More importantly, the healthcare organization should educate staff members on how to safely administer vaccinations to patients, explains Youngblood. She states:

“Educating staff is a huge component of creating a vaccine protocol because there is incredibly high employee turnover in the skilled nursing space. The healthcare organization should have in place a protocol that any staff member, whether new or seasoned, can pick up at any time and understand immediately where that patient is with regards to past immunizations and what he/she needs. Keeping caregivers up to date and educating them on facility protocols for immunizations may have a huge impact on patient safety.”

Vaccine storage protocol

Developing a storage protocol that can be deployed across acute and non-acute settings is a significant challenge as different vaccine types require different storage conditions, and each facility has its own storage space and limitations. Best practices in this area include working with the distributor to determine vaccine delivery times and places; designating one individual who will handle the delivery and put away of vaccines in each location; and keeping vaccines in a separate refrigerator, or if that option is unavailable, storing the vaccines in a separate bin within the shared refrigerator.

“Inventory management for vaccines is a challenge in any setting,” said Youngblood. “Rotating vaccines



according to dating, maintaining stock levels and removing expired vaccines, when performed manually, can be a full-time job if there is no protocol to follow. It's crucial to maintain the integrity of the vaccines at proper temperatures because it helps the facility control product waste. In some cases, they may return vaccine products for credit to help support revenue growth, which is critical in any extended care setting

Vaccine administration protocol

Documentation and monitoring are key components of safe and effective vaccine administration. Prior to administering a vaccine to an extended care resident, staff should review his/her vaccination history, screen for contraindications and precautions, and provide vaccine information to the resident so that he/she understands the immunization and can ask questions. When administering the vaccine, staff should follow the recommended guidelines set forth by the manufacturer, record the vaccine in the medical record and monitor the resident for potential side effects.

“The goal of these facilities is to keep their patients out of the hospital and support improved quality of life,”

said Youngblood. “This starts with administering vaccines for preventable diseases. Establishing protocols helps reduce the guess work for incoming staff and patients with regards to vaccine administration.”

Conclusion

There is plenty of evidence to suggest that vaccines save lives. The challenge this season is educating patients on the importance of keeping up with immunizations and helping to ensure vaccines are available when and where they are needed. Supply chain professionals play a central support role in helping clinicians administer vaccinations with their knowledge of manufacturers, products and contracting, as well as their relationships with key business partners, including distributors and GPOs.

In summary, supply chain can help in the following ways:

- » **Establishing a vaccine inventory plan:** Leverage your distributor to access the vaccine portfolio. Utilize just-in-time (JIT) delivery benefits to help reduce costs, save space and get what you need when you need it. Ensure that your distributor has a

good return policy that includes the handling of expired vaccines.

» Communicating to patients:

Work with your clinicians to help communicate the importance of vaccinations, that vaccines are available, and that your healthcare facilities have precautions in place to keep them safe.

» Protecting the most vulnerable:

Extend your supply chain best practices across your non-acute continuum, including the most vulnerable patients. Establish immunization protocols in extended care settings that are easy for staff members to understand and follow.

“The relationship between the distributor and practice will become increasingly critical as we anticipate the arrival of a COVID-19 vaccine, especially in the early days once it goes into distribution and we understand the demands,” said Youngblood. “Cultivate and maintain a strong working relationship with your distributors’ account manager or whoever is managing your business so that your communication and actions are in step as we move forward into this new environment.”

¹ Global Immunization: Worldwide Disease Incidence, <https://www.chop.edu/centers-programs/vaccine-education-center/global-immunization/diseases-and-vaccines-world-view>

² Issue Brief: The impact of COVID-19 on US Vaccination Rates, <https://www.nfid.org/keep-up-the-rates/issue-brief-the-impact-of-covid-19-on-us-vaccination-rates>

³ Issue Brief: The impact of COVID-19 on US Vaccination Rates, <https://www.nfid.org/keep-up-the-rates/issue-brief-the-impact-of-covid-19-on-us-vaccination-rates>

⁴ Retail scripts of vaccines, acute drugs decline sharply amid COVID-19 pandemic, <https://www.fiercepharma.com/marketing/retail-scripts-vaccines-and-acute-drugs-decline-sharply-amid-covid-19>

⁵ J&J wants everyone to know that taking care of their health can't wait—even during a pandemic, <https://www.fiercepharma.com/marketing/j-j-wants-everyone-to-know-taking-care-their-health-can-t-wait-even-a-pandemic>

⁶ AARP Nursing Home COVID-19 Dashboard Public Policy Institute, Updated March 11, 2021; <https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html>

⁷ Havers F, Sokolow L, Shay DK, et al. Case-control study of vaccine effectiveness in preventing laboratory-confirmed influenza hospitalizations in older adults, United States, 2010-2011. *Clin Infect Dis* 2016; 63(10): 1304-11.

⁸ Marrie TJ. Pneumonia in the long-term-care facility. *Infect Control Hosp Epidemiol*. 2002 Mar;23(3):159-64. doi: 10.1086/502030. PMID: 11918125.



COVID-19 Continuum of Care:

How health systems and their supply chains can improve the post-discharge process



One of the greatest challenges of treating COVID-19 patients is their broad range of symptoms and outcomes, creating new opportunities for supply chain leaders. While some patients are asymptomatic or suffer only minor symptoms and recover quickly, others become critically ill, requiring hospitalization and care upon discharge to treat serious complications. These patients may be treated in post-acute settings: Long-term care facilities, skilled nursing facilities, or at home by a home health agency.



Ensuring safe and effective continuity of care for COVID-19 patients after they leave the hospital is a major challenge for healthcare organizations. Because these patients each have their own unique health issues, the discharge planner on the hospital side and the clinicians in the non-acute facility or home care agency must work closely to ensure their needs are met throughout the care continuum. Maintaining consistency of therapies, medications, nutritional formulas and supplies, regardless of the care setting, is critical to supporting healthy outcomes.

Barriers to effective continuity of care

The process of discharging a COVID-19 patient from an acute-care hospital to a non-acute facility or his/her home effectively and safely is no simple task. With hospitals experiencing surges in COVID-19 cases that exceed intensive care unit (ICU) bed capacity and clinical staff resources, a growing number of seriously ill patients are being transitioned to alternative care settings.

In most cases, non-acute care clinicians have never had to manage patients with this level of clinical complexity. For example, while they care for patients requiring supplemental oxygen, the respiratory needs of some COVID-19 patients often exceed a facility's resources.

"Whereas a facility may have only had a handful of patients on two liters of oxygen in the past, they are now administering flows higher than six liters, probably closer to 15, to prevent COVID-19 patients from being re-hospitalized," said Patricia Reni, registered respiratory therapist

(RRT), homecare account manager for McKesson. "This requires an entirely new skill set and thought process among clinicians."

Staffing issues in non-acute care sites are exacerbating the burden - nearly 1 in 4 nursing homes in 20 states where virus cases are surging have reported staff shortages.¹

"We are seeing more nurses and nursing assistants leaving the industry because of the COVID-19 pandemic, including Baby Boomers who are retiring in record numbers," said Patti Baicy, RN, clinical director, post-acute care, McKesson. "At the same time, long-term care facility administrators are facing burnout due to lack of staff and a litigious environment".

play an important role in care continuity, the health system's supply chain team and distributor should be an integral part of transition planning.

Here are the three ways they can help:

1. Collaborate with clinicians to secure the right products and training

A major challenge in care transition is ensuring the long-term care facility or home health agency has the necessary accessories and consumables available when the patient arrives post-hospital discharge. For instance, a patient who has undergone tracheostomy for mechanical ventilation is discharged with a trach tube, which requires

"Fragile patients may require vitamin enriched nutritional supplements to facilitate recovery. Therefore, it is crucial that supply chain and healthcare professionals engage to develop a list of needed supplies to hand-off to the non-acute providers prior to discharge."

– Patti Baicy, RN, clinical director, post-acute care, McKesson

How health systems and their supply chains can help

Non-acute care facilities are overwhelmed by COVID-19 patients – both the volume of cases and the complexity of conditions. With their wealth of clinical and operational resources, health systems can help support the transition of patients to post-acute settings. Because pharmaceutical and medical products

compatible inner cannulas and resuscitation bags.

"A long-term care facility might have oxygen and a suction machine, but it is all of the ancillary components that tend to get lost in the shuffle," said Reni.

To ensure patients remain on an appropriate course of treatment throughout their recovery period, the health system supply chain team, clinicians and post-discharge planner



BUILDING YOUR ROADMAP

CHAPTER 5: POST-DISCHARGE PROCESS

can assemble a list of all of the items that the post-acute facility will need to have in stock when the patient is admitted there.

“Nutrition is a big consideration,” said Baicy. “Fragile patients may require vitamin enriched nutritional supplements to facilitate recovery. Therefore, it is crucial that supply chain and healthcare professionals engage to develop a list of needed supplies to hand-off to the non-acute providers prior to discharge.”

“The health system’s supply chain team and distributor have knowledge and expertise to help non-acute clinicians understand what they currently have on their formularies, which items align to patient care needs, and which items can be eliminated.”

– Patricia Reni, registered respiratory therapist (RRT),
homecare account manager for McKesson

As clinicians in non-acute settings are required to use more advanced equipment and supplies to care for higher acuity patients, education and training are keys to success. Supply chain can connect post-acute facilities with manufacturer and distributor resources to help clinicians get up to speed and comfortable with product usage.

“More patients are coming into non-acute facilities with peripherally inserted central catheters (PICC) for infusion, including antibody therapy, so we are getting more and more requests

from clinicians for education around these products,” said Reni. “We can help facilitate educating the clinicians on the products coming in with patients from the hospital and provide training or connect the facility with the product manufacturer for training.”

2. Streamline ordering with focused formularies

Supply chain professionals can help clinicians in non-acute sites create product formularies (e.g., medical/

surgical supplies, pharmaceuticals, nutritional products, etc.) based on the patient’s disease state and post-acute treatment setting (e.g., long-term care facility, skilled nursing facility, at home by a home health agency).

“It is overwhelming to go onto manufacturers’ websites, see thousands of products and have to decide what to choose,” said Reni. “The health system’s supply chain team and distributor have knowledge and expertise to help non-acute clinicians understand what they currently have on their formularies, which items align

to patient care needs, and which items can be eliminated.”

Non-acute facilities are increasingly transitioning from manual supply ordering to electronic and automated processes. For example, an integrated online ordering portal allows supply chain teams and facility administrators to build lists of products approved for purchase. They can decide how broad or narrow the scope of the formulary should be to support patient care while at the same time limiting purchases to only those items that are needed. Using the portal, the facility can place orders for various categories of products all in one place (e.g., medical/surgical supplies, pharmaceuticals).

“Staff ordering products in the non-acute space are strapped for resources and don’t have time for complexity,” said Baicy. “With staff turnover and shortages individuals who have never done ordering may be called upon to do it, so their facilities need to make it as simple as possible. Electronic ordering via an online portal makes the process easy and efficient. It also provides an electronic audit trail to support compliance initiatives.”

3. Use proven inventory management practices to increase efficiency and lower costs

Supply chain professionals and distributors can also offer non-acute facilities guidance on effective inventory management practices. Reni notes how a distributor has the capability to supply the facility with the products it needs in timely and a



cost effective manner. Working with distributors to understand product availability and unit of measure options can help provide cost savings to the organization.

“Post-acute facilities have been under extreme cost pressures during the pandemic and this method of product dissemination may provide savings,” said Reni.

Home care faces its own set of challenges when it comes to providing COVID-19 patients with the right medical/surgical supplies and pharmaceuticals. Home medical equipment (HME) dealers are one channel for equipment delivery, particularly for larger items such as hospital beds, while home health agencies can also order products and deliver them to the patient’s home.

“The most substantial change that we are witnessing is an increase in patient home delivery of pharmaceuticals and medical/surgical supplies,” said Reni. “A consolidated supply delivery direct to the patient’s home is much more convenient and safer than a patient or his/her family members having to go into a medical equipment provider or pharmacy for their prescribed products.”

Reni adds that the home care market is increasingly adopting technology to help facilitate communication with patients, particularly around supply delivery and management.

“Throughout all parts of the healthcare continuum people are beginning to understand that we need increased technology use to support

effective and efficient care,” said Reni. “We have a solution where a patient can communicate via an app on their smart phone with his or her healthcare providers to facilitate resupply, support therapy compliance and address issues such as damaged or incomplete orders. In today’s world, practically everyone has a mobile phone, regardless of their age. This type of technology not only enhances care but can also help a patient at home feel less isolated.”

Healthcare systems and supply chain teams can support continuity of care, help drive healthy outcomes and minimize the risk for hospital readmissions by offering their knowledge and support on supply selection, use and training.

McKesson has experts and a distribution program designed for post-acute facilities and their specific patient requirements that can help you manage your COVID-19

“We have a solution where a patient can communicate via an app on their smart phone with his or her healthcare providers to facilitate resupply, support therapy compliance and address issues such as damaged or incomplete orders.”

Conclusion

The COVID-19 pandemic has placed unprecedented pressures on healthcare organizations charged with caring for COVID-19 patients, particularly those that suffer long-term complications. Overwhelmed hospitals have had no choice but to transition patients out of their step down unit and into the post-acute space, where facility staff typically have little or no experience caring for subacute patients.

post-discharge process. McKesson can connect non-acute care facility administrators and staff members with experienced distributor and manufacturer resources. Non-acute facilities can also implement supply chain best practices, such as targeted formulary development, and electronic ordering and inventory management, to improve care delivery while streamlining processes and reducing cost and waste.

¹ Not just COVID: Nursing home neglect deaths surge in shadows, AP, November 19, 2020, <https://apnews.com/article/nursing-homes-neglect-death-surge-3b74a2202140c5a6b5cf05cdf0ea4f32>



McKESSON