Non-acute care: With challenges come opportunities

New USP standard regarding hazardous drugs may be next test of supply chain's ability to equip and protect caregivers across the care continuum

Question: Has servicing your health system's non-acute sites evolved from "nagging concern" to "business imperative?"

If so, it's little wonder, says Greg Colizzi, vice president, marketing, health systems, McKesson Medical-Surgical. Ninety-five percent of patient visits are now estimated to occur in the non-hospital setting, according to The Advisory Board Company Health Care Industry Trends, 2017, said Colizzi, speaking at a recent Supply Chain Leadership Forum in Kansas City hosted by McKesson.

Supply chain teams across the country are being tasked with bringing order, efficiency and, of course, cost-savings, to this clientele. That calls for establishing – and enforcing – formularies, automating purchasing, and ensuring timely delivery of supplies and equipment. And, of course, supply chain often must do all this without hiring additional FTEs.

USP <800>: Guidelines for clinicians that handle NIOSH hazardous drugs

The challenges of servicing this complicated, fragmented healthcare sector will be front and center in December, when the new USP General Chapter <800> goes into effect. USP <800> is designed to ensure the safe handling of hazardous drugs in the acute and non-acute environment, participants at the Forum pointed out. In order to avoid serious health risks and potential fines, health systems should be creating policy and procedures to protect their staff.

USP is a not-for-profit, science-driven organization that has an established process for convening independent experts to develop and maintain healthcare quality standards.

Growing evidence shows that acute and chronic health effects can occur due to occupational exposure to over 200 hazardous drugs commonly used in healthcare settings, according to the organization. USP <800> defines responsibilities of personnel handling hazardous drugs; increasing engineering controls; use of appropriate, tested

PPE; establishing procedures for deactivating, decontaminating and cleaning; and providing spill control and appropriate cleaning products wherever NIOSH drugs are stored, handled and administered.

Supply chain will play an important role in helping systems meet USP <800> standards, said Angie Choiniere, RPh, pharmacy accreditation and regulatory compliance, Ochsner Health System, New Orleans, speaking at the Forum. "We must make our employees aware of the hazards in our system, and train them how to protect themselves and those around them."

Supply chain can help identify compliant products:

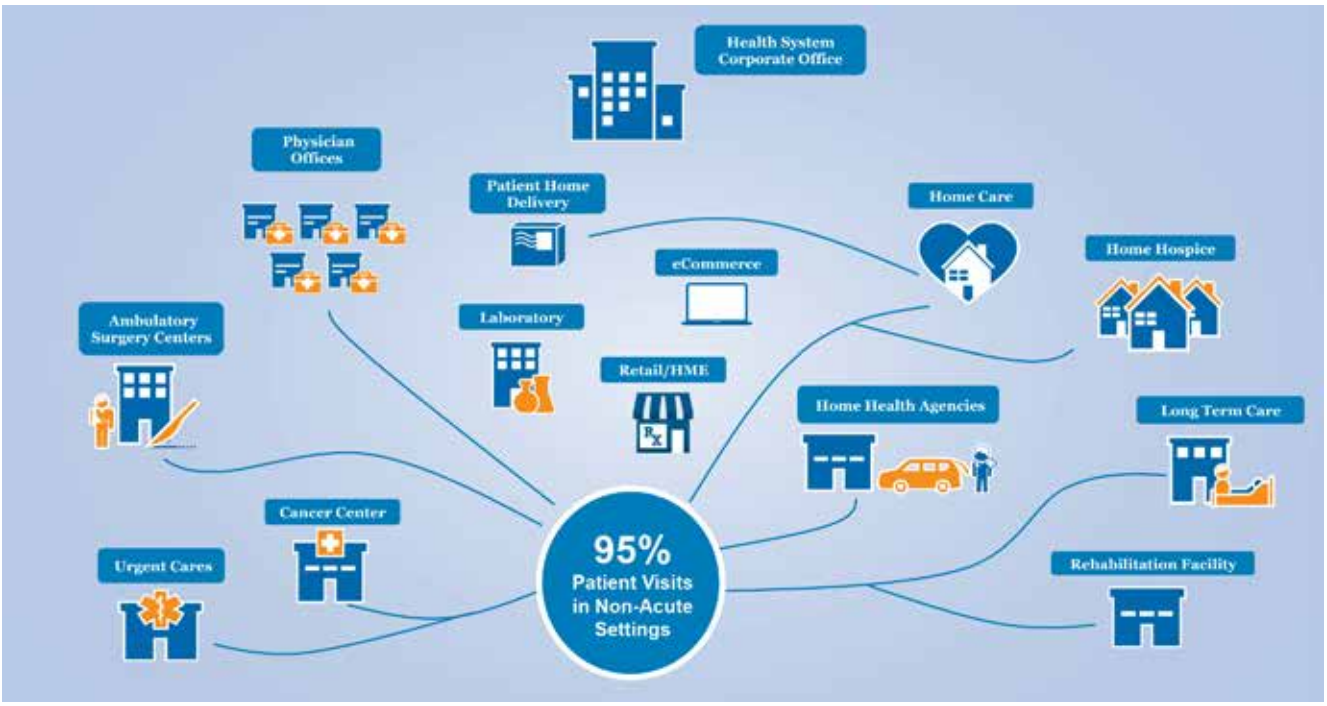
- Hazardous-drug residue surface-testing products.
- Surface decontamination and disinfectant products.
- Spill kits with capacity to clean 1000ml.
- Closed-system transfer devices.
- Face shields.
- Respirators.
- Eye protection.
- Headwear and footwear.
- Impermeable gowns.
- Chemo-rated latex exam gloves.
- Chemo-rated nitrile exam gloves.
- Chemo-rated polyisoprene exam gloves.
- Chemo-rated surgical gloves.
- Absorbent mats
- Zipper sealing bags of various sizes

"Today we are able to control what's going out the door, always mindful of our spend."

– Chris Voorhees, CMRP

And because the standards apply to all healthcare personnel who receive, prepare, administer, transport or otherwise come in contact with hazardous drugs, supply chain will have to reach into all areas of the health system – not just pharmacy, but nursing, lab/phlebotomy, specialty clinics (such as urology), EVS, Sterile Processing and couriers, etc.

One participant at the forum mentioned that she is already fielding calls from lawyers seeking more information on USP <800>. She drew a parallel between the phone calls and potential class action lawsuits such as those seen on TV advertisements.



What's more, supply chain will be responsible for researching manufacturers' claims concerning the ability of their products to help the health system comply with the new standard, pointed out Choiniere.

Supply chain executives can look to their non-acute distributor for help in identifying and acquiring cost-effective products to comply with USP <800>.

A 'good journey' taking control of their non-acute continuum

At the Supply Chain Leadership Forum, Chris Voorhees, CMRP, administrative director, materials and support services at Hunterdon Healthcare in Flemington, New Jersey, shared how her system migrated from a self-distribution model to a hybrid one, relying on her distributor to service Hunterdon's 100+ offsite locations, spread out over four counties.

Four years ago, Voorhees found her department struggling with rapid growth at Hunterdon. "We added as many as 17 or 18 sites in one year, with no additional FTEs," she said. The Hunterdon team found it difficult to keep the shelves stocked for both the acute-care and non-acute locations.

In her research, Voorhees came upon two eye-openers. First, she found that a relatively small number of products – maybe 600 – were being couriered to the offsite locations. And second, she discovered that the offsite locations were often using the same products as the acute-care hospital, when they didn't necessarily need to. Nitrile gloves were an example.

Working with their non-acute distributor, they formed a team to drive standardization into the non-acute sites. Voorhees said that the team made a comparative analysis of products, including private label.

"Today we are able to control what's going out the door, always mindful of our spend," she said. "We use McKesson Business Analytics to see what the offsite locations are using and how much they're spending. Through the McKesson Business Analytics Tool, we are able to drive standardization. Through McKesson, we are able to lock in and enforce a formulary.

"It's been a good journey." ■

Your lab strategy

As health systems expand, so do the number of locations where lab testing is performed. Often, health systems allow newly acquired sites or practices to continue testing as they always have. But that approach comes with a cost, both in terms of patient care and dollars spent.

Lab tests represent 2% of healthcare spending and influence 70% of the medical decisions, according to the Health Industry Distributors Association.

By creating a uniform testing criteria throughout the system, a patient with diabetes, for example, will receive consistent diagnoses and treatment recommendations regardless of the facility he or she visits, said John Harris, director of strategic accounts, laboratory, for McKesson Medical-Surgical, speaking at the recent Supply Chain Leadership Forum in Kansas City. Having a well-vetted near-patient lab strategy can also help the health system achieve some of their key quality measures and increase patient satisfaction by offering real-time test results, he added.

Supply chain can play a role in lab strategy as well.

"In the non-acute space, you have an opportunity to whittle down the number of products used and to help enforce a standard of care throughout the organization," Harris said. "That's why we see more and more systems creating a non-acute lab strategy."

Note: *For a straightforward explanation of USP <800>, read McKesson's "Best practices for the safe handling of hazardous drugs – How to prepare for USP <800>," at https://mms.mckesson.com/content/clinical-resources/regulatory-roundup/usp-general-chapter-800/*

Shop for products compliant with USP General Chapter <800> at https://mms.mckesson.com/content/clinical-resources/regulatory-roundup/usp-general-chapter-800/usp-general-chapter-800-product-catalog/