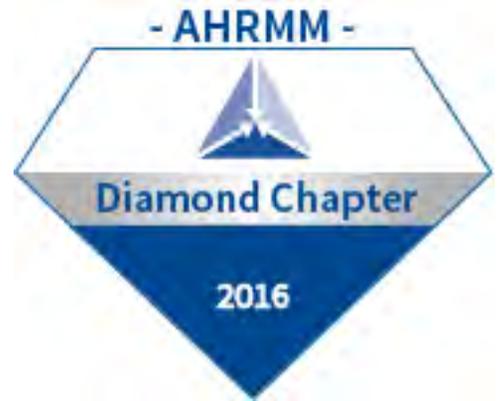




KAHRMM

Kansas Association for Healthcare
Resource & Materials Management



MARCH 2017

INSIDE THIS ISSUE:

- KAHRMM CALENDAR
- PRESIDENT'S MESSAGE
- 2017: CHALLENGE YOURSELF TO MAKE BETTER DECISIONS
- SPECIAL OLYMPICS KANSAS
- CQO AND THE TRIPLE AIM
- KAHRMM MEMBERSHIP
- AHRMM UPDATE: HEALTHCARE HEADLINES
- COLOR CODED WRISTBAND STANDARIZATION
- KAHRMM MEMBERSHIP APPLICATION

President's Message

By Robin Doty

Be prepared, because with spring in Kansas comes challenges. Many in Central and Western Kansas are battling wildfires, and tornado season is upon us. Hospitals are called on when tragedy strikes our communities, which means supply chain needs to have plans in place. Are you a part of your facility's disaster committee? Do you have a list of resources prepared so you can get what you need on short notice? Make sure your department policies are current and your staff knows where the information is located. Know who to contact in your neighboring hospitals for assistance. Your district reps can help you find information, if needed. Remember the "six Ps," Proper Prior Planning Prevents Poor Performance.

Calendar of Events

March 17

Special Olympics, Hays

April

Lunch & Learn, Ottawa

June 11

KAHRMM Board Meeting, Salina

June 12-13

Summer Education Session, Salina

June 23-26

National AHRMM Conference, Washington, D.C.

Sept. 7-8

KHA Conference - Wichita

Oct. 1-7

National Healthcare Supply Chain Week

Oct. 19-20

Central Plains Expo, Wichita

Fall Lunch & Learn, Dodge City



The article below was taken from the February 2017 edition of the "VIZIENT Research and Insights News"

2017: Challenge Yourself to Make Better Decisions

Making decisions is what management is all about. The higher an individual rises in an organization, the tougher the decisions get—the stakes are higher, there are fewer obvious choices, and it's likely the team is riven by conflict over which choice to make. And the bigger health care organizations become, the harder it is to cultivate effective decision making.

"To be clear, it is not just about strategy but also about execution—who is appointed to lead the charge, whether leaders are given broad latitude or held on a tight leash, how success is defined, and when to make midcourse executional corrections," said Bill Woodson, senior vice president at Sg2.

If 2017 is the year to challenge yourself and your organization to make better decisions, consider focusing on the following four dimensions:

Market/tactical decisions. With the 10-year outlook for inpatient volumes at an all-time low, making better decisions about where to pursue growth has never mattered more. The constraints of capital, clinical workforce and management bandwidth require health care leaders to be selective and guided by good data. By drilling deeply enough into clinical programs, zip codes and sites of care, a growth strategy can be devised.

Three years ago, Sg2 introduced the concept of channel strategy—moving beyond physician referrals to embrace all channels that funnel patients into clinical programs and then quantifying the sequence and timing of individual patient journeys. "Rather than relying on educated hunches, data can map and quantify how patients flow (or don't) through the care continuum—spotlighting the bottlenecks that need opening and the exit doors that need closing," added Woodson.

Clinical decisions. Hospitals and clinics can always be managed more efficiently and get better prices from suppliers. Opportunities for improvement are abound; however, in the end, it is clinical decision making that will ultimately make the difference, determining whether health care providers can tame their own runaway cost inflation, at the risk of having more punitive solutions imposed on them. Which test to order, what treatment to

recommend, where to refer the patient, how to staff on weekends, when to do nothing at all—these are the decisions (made mostly by physicians) that drive 18 percent of the U.S. economy.

"We are tracking the emergence of some breakthrough opportunities that will help clinicians make better decisions on behalf of their patients and enable health care organizations to achieve more consistency and reliability in clinical decision making," continued Woodson. Some of these opportunities are organizational. "We see an increase in large systems that are effective conveners and funders of local health care delivery networks—providing the clinical leadership, data infrastructure and economic framework needed to drive a common standard of excellence."

Other opportunities are technological. Application of artificial intelligence and deep learning in diagnostics and clinical decision support will help radiologists pull richer clinical information from a CT scan and pathologists do more with a sample. This is NOT about replacing physician judgment with the blind protocols of a computer. It is about enhancing physician judgment with better information, so physicians can be freed from routine tasks and, instead, focused on complex decision making where they are most needed.

Organizational decisions. The consolidation of the past 15 years has produced health care organizations of impressive scope that have mostly failed, as of yet, to yield improvements in quality or reductions in cost. To be fair, health care organizations built rapidly via acquisition frequently take time to get their executional legs under them. This is made more complex by the fact that health "systems" typically don't directly employ all the assets they need to drive performance, and more complex still by the largely not-for-profit structures in health care that engender a less-corporate style of decision making.

Still, there are some hopeful signs from large organizations beginning to make tough, often long-deferred, decisions. It has always been known, for example, that three joint replacement programs at a small scale located a few miles apart make little sense and—more to the point—will likely drive uneven clinical results and higher costs. Powerful forces have largely kept organizations from rationalizing services. But this is beginning to change for the better.

Personal decisions. Of course, the root of better tactical, clinical and organizational decisions lies in the personal—how individual leaders make their own decisions. Perhaps the most essential of these is how and where to spend your time: which meetings to attend; which decisions to make personally and which to delegate; how to balance attention between the urgent issue of the moment and long-range concerns.

In recent years, a lot has been learned about how humans make decisions. On the plus side, we are masters at pattern recognition—synthesizing a continuous wash of information to develop theories about how the world around us works. And our skills at pattern recognition just get better with experience. Unfortunately, there is strong evidence that as we age, the pattern-recognition models we've built in our heads become more rigid and out-of-date. We're not just resistant to challenging our ways of thinking, in many respects we are cognitively unable to do so. We need to be cognizant of our growing mental rigidity and tendency toward overconfidence in our own instincts.

“While making better decisions may not always be the right decisions—we can't control everything in our environment, in which change and uncertainty continue to swirl,” said Woodson. “But we can make better decisions, based on the best analysis and insight available, that have the best odds of paying off.”

Special Olympics Kansas ***By LuAnne Kramer***

Special Olympics is an exceptional organization that provides a multitude of programs in many countries and in all 50 states of the U.S. It helps individuals with and without disabilities acquire new skills, improve health and fitness levels, develop and foster friendships, and achieve acceptance among their peers and in their communities.

The Special Olympics Athlete Oath is “Let me win, but if I cannot win, let me be brave in the attempt.” (Quote taken from the Special Olympics Kansas website). We can all learn something from these remarkable individuals; and I guarantee, sharing time with them will warm your heart. It is an amazing experience you won't soon forget.

The article below is Part 1 of excerpts taken from the December 2016 AHRMM Report: “CQO AND THE TRIPLE AIM; SUPPLY CHAINS STRATEGIC CONNECTION”. Other excerpts will arrive in future KAHRMM Newsletters.

INTRODUCTION

The role of the healthcare supply chain professional continues to evolve as the health care field continues to undergo significant change including the move from volume to value, a care continuum that is shifting to the non-acute care space, alternative payment models, and a fundamental shift where the patient, and not the supply, is at the center of care.

In 2008, the Institute for Healthcare Improvement established the noble goal of “improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations.”

In 2013, the Association for Healthcare Resource & Materials Management launched the Cost, Quality, & Outcomes Movement where cost, while important, is no longer the primary element supply decisions are based upon. Rather it is one of many elements to be considered when organizations take a holistic approach to supply chain. Below are IHI's five suggested components of a system that fulfills the Triple Aim. Building upon the CQO and the Triple AIM infographic AHRMM developed in 2015, AHRMM has expanded the strategic role supply chain plays within each of these five components.

SUPPLY CHAIN'S STRATEGIC CONNECTION

Analytics are playing a larger role in guiding health care procurement decisions. As a result, we are seeing a shift in focus from product costs to an emphasis on product quality and patient outcomes. Supply chain creates partnerships within all areas of the health care delivery system, providing data-driven analytics that consider product costs, the quality of care delivered, and the reimbursement outcomes that support a culture of evidence-based practice. In addition to the health care delivery system relationships, supply chain establishes relationships with various business and trading partners external to the organization. No other group interacts with every major stakeholder internally and externally.

Because of this, supply chain professionals have the unique ability to identify relationships and make connections others may not see. Relationships that can bring value that otherwise would have gone unrecognized. One key relationship is with the supplier and manufacturing communities. These trading associates have the ability to provide educational, product and procedural information to the patient through a variety of forums, including literature and videos. With patient care rapidly expanding into the non-acute care space and a care delivery system that encompasses the continuum of care rather than a point of care, what is the role of the supply chain professional?

Supply chain professionals have a tremendous opportunity to collaborate with their trading, clinical, and social services colleagues to ensure a consistency in products, services and education along this continuum with the goal of improved patient outcomes. Therefore, they must find out where and by whom in their organization these discussions with community stakeholders are occurring, and to become a part of the conversation.

KAHRMM Membership By Corey Schmidt

Hi all, it is starting to feel like spring. And that brings us closer to some KAHRMM upcoming events. Be sure to renew your membership if you haven't already, to take advantage of everything our group has to offer. So far, we only have 45 members who have renewed for 2017. Last year, we pushed over the 100-member mark. Let's work to exceed that this year. This year, an added value for membership is a free registration to our Summer Session. Mark your calendars now, and plan to join us for an always fun and educational time in Salina.

I hope to see a record turnout!

[Download the current KAHRMM Membership Roster here.](#)

AHRMM Update

The article below were taken from the Feb. 28, 2017, "AHRMM Weekly E-news."

HEALTHCARE HEADLINES

Survey Finds Better Supply Chain Management Leads to Better Quality of Care

Better hospital supply chain management leads to better quality of care and supports patient safety, according to a new Cardinal Health survey of hospital staff and decision makers. The survey also found that supply chain tasks are impacting frontline clinicians. Visit Cardinal Health for more information.

Source: *HPN Daily Update*— February 28, 2017

Hospital's Program Reduces Nuisance Alarms 30 Percent

Nurses at Palomar Health in California were part of a study designed to reduce alarm fatigue. The results of that study were reviewed in a recent webinar from the Association for the Advancement of Medical Instrumentation.

Source: *HFM This Week*— February 24, 2017

CMS Extends Transitional Policy for Non-Grandfathered Coverage

The Centers for Medicare & Medicaid Services last Thursday announced it will extend its transitional policy for non-grandfathered coverage in the small group and individual health insurance markets to policy years beginning on or before Oct. 1, 2018, provided that all such policies end by Dec. 31, 2018.

Source: *AHA News Now* – February 23, 2017

NIH Testing Vaccine to Protect Against Mosquito-Borne Diseases

The National Institute of Allergy and Infectious Diseases has launched a clinical trial to test an investigational vaccine designed to protect against a range of mosquito-transmitted diseases – such as Zika, malaria and West Nile and dengue fevers – by triggering an immune response to mosquito saliva.

Source: *AHA News Now* – February 22, 2017

KAHRMM Membership

By Corey Schmidt

The article below is taken from the KHA website under the Critical Issues Tab and the topic of Patient Issues.

Color-Coded Wristband Standardization

KHA member hospitals adopted a wristband standardization program, which uses three specific colors on patient wrist bands to identify a patient's care status. The colors were chosen based on a nationwide initiative to standardize patient wrist bands and include the use of yellow for fall risk, red for allergy and purple for "Do Not Resuscitate." This initiative also allows hospitals the option to use two additional colors - pink for limited extremity and green for latex allergy. For a CD of the KHA Wristband Standardization Toolkit, contact Deborah Stern or use an order form.

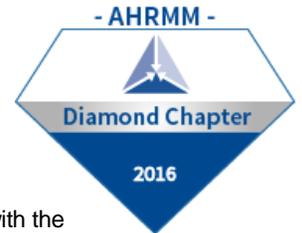
- Wristband Standardization Toolkit
- Wristband Vendors
- Wristband Standardization Policy and Procedure
- Wristband Standardization PowerPoint Presentation
- Wristband Standardization Patient RefusalForm
- Staff Education Brochure on Wristbands
- Patient Safety Brochure on Wristbands



KAHRMM

Kansas Association for Healthcare
Resource & Materials Management

Allied with the
Kansas Hospital Association



Allied with the

2017 Membership Form

Active, voting memberships are available to persons professionally engaged in health care purchasing, resource or materials management; group purchasing organizations; as well as medical manufacturers, vendors or distributors. Membership may also be obtained by those professionals in other healthcare related settings not mentioned.

KAHRMM ___\$45.00 ___\$55.00 (after March 31, 2017) **Renewal or New Member** (circle)

KAHRMM is a chapter affiliate of AHRMM, and has been recognized as a diamond chapter, the highest designation, for 5 years straight.

KAHRMM / AHRMM One-check option: AHRMM membership is not required for KAHRMM membership; however, as a service to our membership, KAHRMM will coordinate your AHRMM membership renewal payment. Select your KAHRMM and AHRMM membership options, and send one check to KAHRMM for the total amount. When your AHRMM membership is due to renew, send your AHRMM membership renewal notice / invoice to the KAHRMM Treasurer and your AHRMM dues will be paid.

Note: Due to the initial AHRMM membership questionnaire, new AHRMM applicants are encouraged to join on-line at the AHRMM website (www.AHRMM.org). After your first year of AHRMM membership is complete, use the One-check option to renew your AHRMM membership.

AHRMM Membership Categories (Select one category - see AHRMM website for membership category descriptions)

Supply Chain Provider ___\$165.00 Affiliate / Supplier ___\$240.00 Military ___\$165.00
Supply Chain Executive ___\$220.00 Young Professional Associate ___\$135.00
Full-time Student ___\$109.00 Retiree ___\$109.00

AHRMM FELLOW: Year Earned _____ AHRMM CMRP: Year Earned _____
Additional Certifications _____

TOTAL AMOUNT: _____ (total amount should include AHRMM dues if renewing AHRMM membership)

I hereby apply for membership in KAHRMM and/or AHRMM and certify that I meet the membership requirements.

Name: (please print) _____ **Title:** _____

Name of Hospital or Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Home Phone:** _____

Cell Phone: _____ **Fax Number:** _____

E-mail _____ **County** _____

Applicant's Signature: _____ **Date Submitted** _____

Hospital Employee: Y / N

Healthcare Vendor: Y / N

PLEASE MAKE CHECKS PAYABLE TO **KAHRMM**, AND MAIL TO:

Geary Community Hospital
Attn: Chrissy Fink, RN, CMRP
Materials Management
1102 St. Mary's Road
Junction City, KS 66441

