



Guide to HTU'25 Breakout Sessions & Syllabus

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<p style="text-align: center;">HTU'25 Breakout Sessions Schedule Grid CE-based Education, Micro Education & Professional Development</p>						
<p>MONDAY, Aug. 18 1:30 – 2:30PM 4 Non-Rx; 3 Rx 3 open to suppliers</p>	<p>MONDAY, Aug. 18 3:00 – 4:00PM 4 Non-Rx; 3 Rx 2 open to suppliers</p>	<p>TUESDAY, Aug. 19 10 – 10:30AM (no CE) None open to suppliers</p>	<p>TUESDAY, Aug. 19 10:45 – 11:45AM 4 Non-Rx; 3 Rx 2 open to suppliers</p>	<p>TUESDAY, Aug. 19 1:45 – 2:45PM 4 Non-Rx; 3 Rx 4 open to suppliers</p>	<p>WEDNESDAY, Aug. 20 7:15 – 8:15AM 2 Non-Rx; 3 Rx 1 open to suppliers</p>	<p>WEDNESDAY, Aug. 20 10:00 – 11:00AM 4 Non-Rx; 3 Rx 2 open to suppliers</p>
<p>Category: Professional Development Unlock Limitless Possibility: Designing the Future Together Seb Terry CE: None Location: 217A-D</p>	<p>Category: Professional Development The Limitless Leader Laura Gassner Otting CE: None Location: 217A-D</p>	<p>Category: Micro Education Advisory Services Who's Managing Your Consignment? Taking Control to Reduce Costs & Risks HT: Courtney Krieb, Drew Preslar CE: None Location: 302B</p>	<p>Category: Professional Development Why Not Now? Amy Jo Martin CE: None Location: 217A-D</p>	<p>Category: Operations, Financial, Performance Improvement Empowering Care Teams With the Responsible Use of Artificial Intelligence HCA: Dr. Michael Schlosser CE: HE, N, Rx, SC, COP, AH Other: ASC, P Location: 221AB</p>		<p>Category: Supply Chain Management Burning the Boats on not Standardizing: Implementing a Consolidated Service Center St. Luke's: John Barnes CE: SC, Rx, Other: P Location: 301AB</p>
<p>Category: HealthTrust Solutions Maximizing Savings & Efficiencies by Understanding How to Use HealthTrust Tools HT: Patrick Lowry, Dani Depoy CE: None Location: Hemisfair C1</p>	<p>REPEAT PROGRAM on Tues. 10:45AM Category: Operations, Financial, Performance Improvement Wound Care/Regenerative Tissue—Big Changes Impacting Utilization Intelliscure: Dr. Caroline Fife; Scripps: Dr. Dean Vayser; Lifepoint: Dr. Ben Altmanshofer CE: N, SC, Other: ASC Location: 304C</p>	<p>Category: Micro Education Medical Device Management The Future of Spine Surgery: Positioning Providers for Success in a World of Robotics & Navigation HCA: Thomas Payne, M.D.; Scripps: James Bruffey, M.D.; HT: Keith McReynolds, Drew Torres CE: None Location: 302C</p>	<p>REPEAT PROGRAM (also offered Mon. 3PM) Category: Operations, Financial, Performance Improvement Wound Care/Regenerative Tissue—Big Changes Impacting Utilization Scripps: Dr. Dean Vayser; Lifepoint: Dr. Ben Altmanshofer CE: N, SC, Other: ASC Location: 304C</p>	<p>Category: Value Analysis Visibility Through Continuous Integration: Building Supply Chain Resiliency Memorial Hospital: Elizabeth Shantel Sherman, David Mimmis, Rene Waguespack, Stephanie Wright CE: SC, HE, N, Other: ASC, P Location: 217A-D</p>		<p>Category: Accessible Care Advancing Accessible Care One Community at a Time HCA: Jeremy Brooks-Malkinson; Prime: Darra Edwards; Trinity: Jaime Dirckson; HT: Aigner George CE: HE, N, Rx, SC, Other: ASC, P Location: 304A</p>
<p>REPEAT PROGRAM on Tues. 1:45PM Category: Supply Chain Management The Value of Contracting: Maximizing Purchased Services Sourcing CoxHealth: Chris Bryant; Trinity: Max Washko; HT: Abbi Elzinga; Valfly: Andy Motz CE: SC, HE Location: Hemisfair C2</p>	<p>Category: Operations, Financial, Performance Improvement Passing the Reins: Succession Planning for Physicians & Supply Chain Leaders Franciscan Alliance: Sarah Burdick, Dr. Jonathan Mandelbaum, Dawn Thackston; HT: Jennie Hanson CE: SC, HE, Other: ASC, P Location: Hemisfair C2</p>	<p>Category: Micro Education Special Ops From Fragmentation to Integration: Strategies for Efficient & Sustainable Shared Services HT: Issam Abouzahy, Erin Boten CE: None Location: 304A</p>	<p>Category: Clinical Initiatives / Patient Care Crash Cart Standardization: A Multi-disciplinary Collaboration HCA: Jeff Kaminski, Katrina Sanders, Kevin Welch CE: N, Rx, SC Location: Hemisfair C2</p>	<p>REPEAT PROGRAM on Mon. 1:30PM Category: Supply Chain Management The Value of Contracting: Maximizing Purchased Services Sourcing CoxHealth: Chris Bryant; Trinity: Max Washko; HT: Abbi Elzinga; Valfly: Andy Motz CE: SC, HE Location: Hemisfair C2</p>	<p>Category: Supply Chain Management Custom Procedure Trays—The Service Line Approach to Standardization HCA: Blake McAbee, Caitlin Martin, HCA: Jared Dougherty CE: SC, HE, Other: ASC Location: 301AB</p>	<p>Category: Value Analysis Excel-ing at Value Analysis: Leveraging HealthTrust Data to Perform Financial Supply Chain Analyses HCA: Jared Dougherty Joe Armstrong; HT: Julie London CE: SC, HE Location: 217A-D</p>
<p>Category: Operations, Financial, Performance Improvement Getting Psyched Up: Developing a System-wide Behavioral Health Product Formulary HCA: Laura Hollis, Jared Dougherty, Angela Farmer, Heather Topley CE: SC, N, HE, Other: ASC Location: 302C</p>	<p>Category: Clinical Resources Leveraging Resources for Impact Franciscan Alliance: Jessica Corso; Optum Insight: Karen Morelli; HT: Pam Norman, Connie Sharkey CE: SC, HE, N, Rx, COP: AH Other: ASC, P Location: 301AB</p>	<p>Category: Micro Education MDM / CDS Balancing Quality of Care & Supply Costs in a Value-based Environment HCA: Dana Anderson HT: Jaashish Shah, M.D., Chris Stewart, Kim Wright CE: None Location: 304B</p>	<p>Category: Clinical Initiatives / Patient Care Spine & Orthopedic Implants: Are They Really All the Same? Scripps: Dr. James Bruffey; HCA & Ascension St. Thomas: Dr. Jason Jones; HT: Chris Stewart, Drew Torres CE: SC, N, HE, Other: ASC, P Location: 221AB</p>	<p>Category: Sustainability On the Path to Net Zero—Member Sustainability Success Stories Beth Israel Deaconess: Avery Palardy; St. Luke's: Stephanie Wicks; HCA: Zoe Beck; HT: Jennifer Westendorf CE: N, SC, HE, Rx, Other: ASC Location: 301AB</p>	<p>Category: Supply Chain Management The Pulse of Efficiency: Kanban for Supply Chain Success USA Health: Matthew Berg; UCI Health: Sandra Reichle; HT: Issam Abouzahy, Abbi Elzinga CE: N, SC, HE, Other: ASC Location: 217A-D</p>	
<p>Category: Rx Leadership 2025 Executive Pharmacy Exchange HCA: Jennifer Higdon; Scion: Derek Szesney; Beacon: Jeanne Anderson; HT: Aigner George CE: Rx, HE, Other: ASC, P Location: 221CD</p>	<p>Category: Rx Leadership 2025 Executive Pharmacy Exchange Focus Session Beacon: Jeanne Anderson, Holly Kaczmarek; HCA: Shelley Nesbitt, Jenny Burnette, HT: Kara Fortune CE: Rx, HE, Other: ASC, P Location: 221CD</p>	<p>Category: Micro Education Supply Chain Consulting The Freight Factor: Unlocking Cost Savings & Efficiency in Healthcare Logistics HT: Jason Hanson CE: None Location: 221CD</p>	<p>Category: Rx Leadership Standardization, an Elusive Dream to Catch for Multisite Acute Care Systems HCA: Carley Warren, Laurie Perkins CE: Rx, N Location: 221CD</p>	<p>Category: Rx Leadership There's a New Sheriff in Town: Guiding New Hospital Pharmacy Leaders to Achieve Excellence Ardent: Leigh Anders, Kerry Bowlin, Jennifer Gass CE: Rx, N, SC Location: 221CD</p>	<p>Category: Rx Operations Sterile Compounding & IV Room Inspections in 2025—Are you ready? HCA: Bickie Solomon CE: Rx, P Location: Hemisfair C2</p>	<p>Category: Rx Leadership Unmasking Medication Safety Blind Spots Lifepoint: Erin Moody Morgan Greatman CE: Rx, N, Other: P Location: 305</p>
<p>Category: Rx Clinical Sepsis Smackdown: New Evidence, Smarter Strategies & Winning the Fight Against Infection Chaos HCA: Renee Castillo, Dr. Jeff Murawsky CE: Rx, N, HE, SC, Other: P Location: 302B</p>	<p>Category: Rx Clinical Building Stronger Bones With Technology: Advanced Practice Pharmacists Transform Osteoporosis Care Scripps: Amy Markdale CE: Rx, Other: ASC, Family Practice Physicians Location: 302B</p>	<p>Category: Micro Education Pharmacy 360 Pharmacy: Driving Value With a Full-Circle Approach Beacon: Jeanne Anderson HT: Aigner George, Haley Peel CE: None Location: 301AB</p>	<p>Category: Rx Clinical Better Beta-Lactam Guidance—A Multifaceted Approach Better β-Lactam Guidance – A Multifaceted Approach to Patients With a Documented Allergy Mercy: Krista McCoy, Alex Bryant CE: Rx, N, Other: ASC, P Location: 304A</p>	<p>Category: Rx Clinical Stop or Go? Glucagon-like Peptide 1 Receptor Agonists in the Perioperative Setting HCA: Samantha Leonard, Dr. Filip Ross, Janet Zarnett CE: Rx, N, Other: ASC, P Location: 302C</p>	<p>Category: Rx Clinical Betting on Better Outcomes: The Two-Bag Method for Diabetic Ketoacidosis in Critical Care St. Luke's: Kathy Glem, Mikaela Ewell CE: Rx, N, Other: P Location: 302B</p>	<p>Category: Rx Clinical Can you see me? Contrast Agents, Dyes & Radiopharmaceuticals: A Crash Course for Busy Clinicians HCA: Keith Teelucksingh, Blake McAbee, Kyle Bugg, Bailey Gaudry CE: Rx, N, Other: P Location: 302B</p>
<p>Category: Rx Operations Impact of Hospital Start-Ups, Acquisitions & Diversures on Pharmacy Ops in Specialty Hospitals Lifepoint: Day Scott, Chantel Alexander, Jessica Prieto CE: Rx, HE, SC Location: 304A</p>	<p>Category: Rx Operations I Know What We Did Last Shortage—Mitigating Medication Safety Risks Related to Drug Shortages HCA: Erin Graden, Courtney Fuller, Kendra Spillikin CE: Rx, N, SC, Other: ASC Location: 304A</p>	<p>Category: Micro Education Regard Systemwide Product Conversions: The Challenges, Lessons Learned & Best Practices CoxHealth: John Black, HCA: Jared Dougherty, Angie Farmer. HT: Rick Parrish CE: None Location: 221AB</p>	<p>Category: Rx Operations Finding the Treasure in Expired Drug Waste—A Centralized Management Focus Lifepoint: Todd White, Bryan Jones CE: Rx, SC, HE Location: 304B</p>	<p>Category: Rx Operations On the CuSP of Greatness: Using a Central Pharmacy Production Center to Provide Multisite Support Scripps: Aaron Ginsberg, Olivia Roman CE: Rx, SC, HE, Other: ASC Location: 305</p>	<p>Category: Rx Operations 340B – 2025 Legal Landscape McDermott Will & Emery: Steven Schnelle CE: Rx, HE, Other: ASC Location: 305</p>	<p>Category: Rx Operations The Pharmacologic Clock Is Ticking—Comprehensive Alignment to Timely Formulary Adoption HCA: Erin Graden, Laurie Perkins, Athena Markos CE: Rx, SC, Other: P Location: 302C</p>

KEY:
 *Yellow boxes = (14) sessions open to suppliers
 *Blue box (1) = 60 min. session. HT Solutions. No CE
 *Pink boxes (7) = 30 min. Micro Sessions. No CE
 *Blue type (4) = CE sessions w/ HT Physician Advisors

46 Total Breakout Sessions
 39, 60-min. Breakouts
 35, CE (18 non-Rx, of which 2 repeat; 18 Rx)
 4, no CE (3 Prof Dev; 1 HT tools)
 7, Micro Education (30 min.)

Abbreviations
 CE - CE credit offered
 COP - Certificate of Participation
 AH - Allied Health
 ASC - Ambulatory Surgery Center
 HE - Healthcare Executive
 N - Nursing
 P - Physician
 Rx - Pharmacy
 SC - Supply Chain

REV. Aug. 8, 2025 - Room locations subject to change. Please double check location on mobile app once on site



HEALTHTRUST UNIVERSITY CONFERENCE

San Antonio

AUGUST 18-20, 2025
HENRY B. GONZÁLEZ CONVENTION CENTER



2025 HealthTrust University Conference

INSTRUCTIONS TO EARN NON-PHARMACY CREDIT → If you are a Nurse, Resource & Materials Management Professional, and/or a Healthcare executive, or need a certificate of attendance...

In the mobile app as “Non-Pharmacy Credit” or directly at:

<https://apps.aorn.org/Pfiedler/Register>

- 1. If you have claimed credit from Pfiedler Education in the past,** [Click the link](#). Pfiedler Education, a division of AORN Signing in.
- 2. To reset your password,** click on “Forgot your password” and follow the prompts. Once you have reset your password, log in. While logged in, [Click the link](#) again.
- 3. If you have never claimed credit from Pfiedler Education in the past,** go to <https://hub.aorn.org>. You will need to create a free account. Once you have created your account, [Click the link](#) again.

Once you are logged in, you will be prompted to enter the code that was provided at the end of the session.

- Enter the code and click Register.
- Click on the Learning Center button.
- Under the Enrolled tab, locate the course and click Launch.
- Complete the evaluation. Click “My Learning” at the top blue tool bar. Click the “Certificates” tab. Locate the course and hover/click the word “Certificate” to see the certificate options available and click on the one that best suits you. You may print or save your certificate. Pfiedler Education will maintain your records for a period of seven years, and you may return any time to access your account.

Deadline for registration is September 30, 2025

Email bvega@pfiedler.com or call Beni at 720-234-1511 for assistance.

Pharmacy CE Claim Instructions: HealthTrust University 2025



Belmont University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education

To receive CE credit for the activity you attended in full, you will need the code provided at the end of the CE session to access the post-activity assessment & evaluation. **Deadline to claim credit is Tuesday, September 30, 2025.**

Questions? Email pharmacyce@belmont.edu

If you have never claimed credit with Belmont in the past, you will need to set up a free eeds account.

1. Go to www.eeds.com. Be sure you are on the “Healthcare Professional” (blue) screen
2. Scroll to the bottom of the page (under video), and click “Create New Account.”
3. Create your free account.
4. New accounts will be reviewed by eeds within 24 business hours.
5. eeds will send an email with instructions for logging in to your account after your account has been activated.

If you have claimed credit through Belmont in the past but before September 2024

Your information from the previous system was transferred to eeds. Now, confirm your eeds account.

1. Go to www.eeds.com. Be sure you are on the “Healthcare Professional” (blue) screen
2. Click “Log In” at the upper-right side of the screen
3. Select log in “With my E-mail Address,” and click Next.
4. Enter the email address you used in the previous Belmont system and click “Login.”
5. Select your last name from the dropdown menu
6. Create a password that has at least six characters, at least one number, at least one letter.
7. Confirm your address, and you will be taken to your account Home Page
8. Follow the steps below, starting at Step 2.

If you have claimed credit through Belmont since September 2024

1. **Login to www.eeds.com.** Be sure you are on the “Healthcare Professional” (blue) screen
 - a. Click “Log In” at the upper-right side of the screen
 - b. Select log in “With my E-mail Address,” and click Next.
 - c. Enter your email address and click “Login.” The default landing page is your account Home page.
2. **Complete the Post-Test Learning Assessment & Evaluation**

The evaluation and the learning assessment. Both must be completed to earn credit. Credit will not be uploaded to CPE Monitor until both tasks are done.

 - a. On the Home page, under “Quick Links,” select “Sign in to Event”
 - b. Enter the activity code provided at the end of the activity, click “Next.”
 - c. Click “Sign-in.”
 - d. In the “To Do” list under “Activity Overview,” click on “Complete Learning Assessment.”
 - e. Click “Begin Post Test Now.” A passing score of 70% is required.
 - f. Click “Complete Course Evaluation.”
3. **Check that your account profile contains your NABP ePID & Date of Birth (DOB).**

Your ePID and DOB are the only identifiers recognized by CPE Monitor. We must have them to upload your credit.

 - a. Navigate to the “My Account” tab on the left-side menu, select “Manage My Licenses.” If your NABP ePID is not listed as the License Type & License No.:
 - i. Click “edit” at the end of your license listing (or Add New License if nothing is listed).
 - ii. In the “License Type” dropdown, select “NABP e-Profile ID”

- iii. In the "License No." field, enter your NABP ePID.
 - iv. Do not add your state license number(s). This will interfere with credit uploads to CPE Monitor.
- b. In the upper right corner of any screen, click on your name. If your date of birth is missing, please email pharmacyce@belmont.edu to add it. (You may disregard this if you've contacted us in the past to add your DOB or claimed credit through Belmont at any point in the past.)

Posting Credit to NABP CPE Monitor & Certificates

1. Upon successful completion of the steps above, Belmont will upload your credit to CPE Monitor.
2. **Check your NABP profile** to verify that your credit has posted within 7-10 days of completing the steps above. If your credit **hasn't** posted by then, notify Belmont at pharmacyce@belmont.edu. **It is your responsibility to ensure that your credit has successfully posted.**
3. Belmont runs reports in its LMS & CPE Monitor on a regular basis. If Belmont finds errors in your submission that prevented your credit from posting, Belmont will send a **maximum of three notifications** to your email address on file in eeds from pharmacyce@belmont.edu.
4. Belmont University College of Pharmacy & Health Sciences **does not issue paper/electronic statements of credit** for CE activities. Per ACPE, **the official record of credit can be located in the learner's e-profile in CPE Monitor at <https://nabp.pharmacy/programs/cpe-monitor/>.**

Any learner, Joint Provider, faculty member, other institution, or other individual of the public wanting to file a complaint with respect to any aspect of a CPE program or individual presentation provided or jointly provided by the Belmont University College of Pharmacy Continuing Education (CE) Office may contact, in writing, the CE Administrator at pharmacyce@belmont.edu. The complaint will be reviewed and a response will be returned within 30 days of receiving the written statement. Every attempt, within the BUCOP CPE Office's policies and procedures, will be made to satisfy the complainant. If not satisfied, the complainant may make an appeal to the Dean of the Belmont University College of Pharmacy for a second level of review.

Accreditation Information

Accreditation Council for Pharmacy Education

Belmont University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. These knowledge-based programs will provide up to 6 contact hours (0.6 CEUs) of live continuing education credit to pharmacists who attend the entirety of an individual session during each time block and complete the activity evaluation for each session attended.

American College of Healthcare Executives (ACHE)

Healthcare executives can earn up to 6 hours of Qualified Education credit for designated sessions through the American College of Healthcare Executives (ACHE).

Association for Healthcare Resource & Materials Management

Designated sessions were approved by AHRMM for up to 6 contact hours of continuing education.

California Board of Registered Nursing

Association of PeriOperative Registered Nurses is provider-approved by the **California Board of Registered Nursing, Provider Number 13019 for a maximum of 6 contact hours.**

Obtaining full credit for this offering depends upon completion, regardless of circumstances, from beginning to end. Licensees must provide their license number for record keeping purposes. The certificate of course completion issued at the conclusion of this course must be retained in the participant's records for at least four (4) years as proof of attendance.

Commercial Support

Healthcare organizations engaged in continuing medical, nursing and allied health education have adopted standards to promote balanced and evidence-based content. Continuing education sessions are not supported by commercial funds and comply with the intent of these standards.

HIPAA Statement

HealthTrust Performance Group and accreditation partners make every effort to comply with HIPAA. In order to protect patient privacy, speakers have been requested to de-identify patient cases.

Activity Planning Committee

From HealthTrust Performance Group, Nashville, Tennessee

Lisa Garman – *Vice President of Marketing & Communications, Marketing*
No relevant financial relationships with ineligible companies to disclose

Shellie Meeks – *Senior Manager, Member Education & Communications, Marketing*
No relevant financial relationships with ineligible companies to disclose

Faye Porter – Director, Member Education & Communications, Marketing
No relevant financial relationships with ineligible companies to disclose

John Young, M.D., MBA, CPE, FACHE – former Chief Medical Officer, HealthTrust (at the time of session submissions and content planning)
No relevant financial relationships with ineligible companies to disclose

Subject Matter Expert Reviewers

From HealthTrust Performance Group, Nashville, Tennessee &/or Remote

Clinical/Nursing

Kathy McCardell, BSN, RN – Director, Radiology & CV Services, Clinical Operations
No relevant financial relationships with ineligible companies to disclose

Holly Moore, MSN, RN – Sr. Director, Clinical Data Solutions
No relevant financial relationships with ineligible companies to disclose

Pam Norman, BSN, RN – Director, Clinical Services
No relevant financial relationships with ineligible companies to disclose

Tara Roth, MHA, MSN, BSN, CENP – Director, Nursing Services, Clinical Operations
No relevant financial relationships with ineligible companies to disclose

Connie Sharkey, PharmD, MS – Director, Clinical Services
No relevant financial relationships with ineligible companies to disclose

Jennifer Strachota, MS, BSN, RN, CNOR – Senior Director, Clinical Resource Management
No relevant financial relationships with ineligible companies to disclose

Jody Upton, MSN, MSM, RN -- Director, Clinical Services
No relevant financial relationships with ineligible companies to disclose

Aaron Walters, MBA, BSN, RN – Sr. Director, Clinical Resource Management
No relevant financial relationships with ineligible companies to disclose

Jennifer Westendorf, DNP, RN, CNOR – AVP, Environmental Performance & Surgical Services
No relevant financial relationships with ineligible companies to disclose

Kim Wright, RN – Clinical Pharmacy Member Support Director, HealthTrust IHP
No relevant financial relationships with ineligible companies to disclose

Pharmacy

Kathleen Bourget, PharmD – *Director, Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Jason Braithwaite, PharmD, MS, BCPS – *Sr. AVP, Clinical Pharmacy Operations & Business Development*
No relevant financial relationships with ineligible companies to disclose

Rodney Brumbelow, PharmD, BCPS — *Clinical Pharmacy Member Support Director, HealthTrust IHP*
No relevant financial relationships with ineligible companies to disclose

Laura Crow, PharmD – *Director Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Saif Husain, PharmD, MBA – *Director, Clinical Pharmacy and Specialty Operations*
No relevant financial relationships with ineligible companies to disclose

John Maneno, PharmD – *Director of Clinical Information, Pharmacy Services*
No relevant financial relationships with ineligible companies to disclose

Brad Merrill, PharmD – *Director, Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Haley Peel, PharmD, BCPS – *Director, Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Adam Sanders, PharmD, BCPS – *Director, Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Emily Singleton, PharmD, CAHIMS – *Senior Manager of Clinical Information, Pharmacy Services*
No relevant financial relationships with ineligible companies to disclose

Amanda Sherred, PharmD, MSHSA – *Director, Clinical Pharmacy Member Support*
No relevant financial relationships with ineligible companies to disclose

Sam Triplett, PharmD, BCMAS – *Manager of Clinical Information*
No relevant financial relationships with ineligible companies to disclose

Chris Yoder – *Director 340B Program*
No relevant financial relationships with ineligible companies to disclose

Supply Chain/Healthcare Executive/Advisory Services

Vicki Alberto – VP, Clinical Resource Management

No relevant financial relationships with ineligible companies to disclose

Cathy Florek, MBA – Vice President, Supply Chain Board & GPO Operations

No relevant financial relationships with ineligible companies to disclose (no longer with HealthTrust, but reviewed initial submissions)

Kara Fortune, PharmD – Sr Director, Pharmacy Solutions

No relevant financial relationships with ineligible companies to disclose

Ken Gagnon, PharmD, BCPS – AVP Pharmacy Services & Strategic Partnerships

No relevant financial relationships with ineligible companies to disclose

Aigner George, PharmD – AVP Pharmacy Solutions

No relevant financial relationships with ineligible companies to disclose

Courtney Kleeb, RN, BSN, MHA – Sr. Director, Perioperative Surgical Solutions/Advisory Services

No relevant financial relationships with ineligible companies to disclose

Jennel Lengle, MSN, RN – VP Supply Chain Board & GPO Ops

No relevant financial relationships with ineligible companies to disclose

Julie London, RN, BSN – Sr. Director, Clinical Resource Management, Advisory Services

No relevant financial relationships with ineligible companies to disclose

Domini Pelkey, RN, BSN, MBA – AVP, Clinical Resource Management, HCA Supply Chain

No relevant financial relationships with ineligible companies to disclose

Missy Pennington, RN, B.B.A. – AVP, Clinical Resource Analysis, HCA Supply Chain

No relevant financial relationships with ineligible companies to disclose

Rick Phillips, R.T.(R)(MR)(CT)(ARRT), CRA – Vice President, Advisory Services

No relevant financial relationships with ineligible companies to disclose

Drew Preslar, MBA – AVP, Advisory Services

No relevant financial relationships with ineligible companies to disclose

Angie Sims – Vice President, Strategic Accounts

No relevant financial relationships with ineligible companies to disclose

Eric Swaim – SVP Strategic Sourcing

No relevant financial relationships with ineligible companies to disclose

Stephanie Thompson, PharmD, MBA – *VP, Clinical Services*
No relevant financial relationships with ineligible companies to disclose

Other—Lab/Purchased Services/Financial Ops/IT/Commercial

Dan Cleeton, CPA - *Corporate Vice President, Finance*
No relevant financial relationships with ineligible companies to disclose

Nicholas Giovino – *AVP, Strategic Sourcing Commercial Products – Indirect*
No relevant financial relationships with ineligible companies to disclose

Patrick Lowry, MBA –*VP Customer Solutions*
No relevant financial relationships with ineligible companies to disclose

Becky O’Neal, MLS, MBA – *Sr. Director, Laboratory Solutions*
No relevant financial relationships with ineligible companies to disclose

Guy Wagner, MBA – *Senior Vice President, Strategic Sourcing*
No relevant financial relationships with ineligible companies to disclose



Breakout Sessions for CE-based Education & Professional Development

BREAKOUT SESSIONS – MONDAY, Aug. 18, 2025

Note: Information up to date as of August 8. Presenters and CE credit proposed subject to change.

KEY
CE-based Education Sessions | HT Members & HT Staff; **Suppliers, only where highlighted**
Professional Development Sessions | All Attendees, including Suppliers (No CE credit)
Crimson type | **Part of a track**

1:30 – 2:30PM Time Block

MONDAY, Aug. 18 | 1:30 – 2:30PM
Category: Professional Development (No CE)

The Passion Effect: Unlocking Passion, Performance & Transformation
With Seb Terry

OPEN TO SUPPLIERS

See registration site for full program details and presenter’s bio.



MONDAY, Aug. 18 | 1:30 – 2:30PM
Category: HealthTrust Solutions (No CE)

Maximizing Savings & Efficiencies by Understanding How to Use HealthTrust Tools

NOT OPEN TO SUPPLIERS

No CE Credit is available for this session
Open to any HealthTrust member or employee

Course level: Basic

Due to the rising cost of healthcare, optimizing HealthTrust contracts to find actionable savings is critical to a health system's bottom line. Maximize savings and efficiencies by understanding how to use HealthTrust tools and solutions that can empower you to make more informed decisions, stay up to date with relevant contract information and amplify your overall savings. Join the presenter for a deep dive into the latest enhancements and learn how to utilize analytics and the online catalog to find real-time insights and actionable savings.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall how to access the most relevant contract activity and identify savings opportunities through enhancements to HealthTrust tools.
- Identify more accurate and actionable savings by utilizing tools, including tier and conversion opportunities and data improvements.
- Describe steps to reduce analysis time using price performance indicators for key categories, discover spend trends and more quickly act on real savings.

Presenters

Patrick Lowry, VP, Customer Solutions

Dani Depoy, Assoc. Manager, Commercial Products, GPO Customer Solutions



MONDAY | 1:30 – 2:30PM

Category: Supply Chain Management

REPEAT PROGRAM

The Value of Contracting: Maximizing Purchased Services Sourcing

OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive

Course level: Intermediate

Do you struggle to control your purchased services spend? Does the complexity of purchased services overwhelm you? Learn how two IDNs took control of their purchased services by developing and implementing a turnkey program. With a heightened focus on the value contracting plays in effectively managing costs, discover how these organizations developed processes and policies to support the implementation and the sustainability of their programs for the long term, negotiating better purchased services contracts and identifying and capitalizing on savings opportunities in multiple categories. Join us and learn how these processes for managing spend, risk and stakeholders might benefit your organization.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the structure and support for the foundation needed to develop and implement a purchased services program from infancy to maturity.
- Identify key elements for a robust platform for purchased services program management, including program development, meeting structure and cadence, contracts, the staff and support team needed, and a roadmap.
- Recall critical benchmarks when reviewing purchased services categories and how to delve deep into data to identify hidden opportunities.

Biographies

Andy Motz is the Vice President of Advisory Services for Valify Solutions Group. His experience includes serving as Chief Procurement Officer for a Midwest health system and over 10 years of Supply Chain consulting with Deloitte and Navigant at academic medical centers, community hospitals and large IDNs. As a purchased services sourcing consultant, Motz strategically positions his clients to negotiate contracts that achieve better pricing, service levels and quality outcomes. He earned a Bachelor of Arts in Mathematics from Mount St. Joseph University.

Chris Bryant, MBAHM, is the Director of Strategic Sourcing (Purchased Services) at CoxHealth, where he oversees third-party procurement, negotiates contracts, monitors vendor performance and implements strategies that optimize service delivery while driving value and excellence for the health system. He is a seasoned professional with more than 20 years of experience leading teams and departments at all levels. Bryant specializes in building high-performing teams using GROW coaching techniques to achieve operational excellence. He obtained a BS degree from Missouri Southern State University and an MBA in healthcare administration and management from Western Governors University.

Abigail Elzinga is the Director, Shared Services Transformation for HealthTrust and a dynamic healthcare supply chain leader with a passion for driving operational excellence and innovation. With experience spanning consulting, project management and strategic supply chain leadership, she has worked with some of the nation's top health systems to optimize processes and eliminate inefficiencies. Elzinga's journey includes impactful roles at multiple GPOs and as a Supply Chain Director in Colorado. Currently, she supports the Special Operations team, focusing on accelerating solutions for healthcare organizations. She earned a BBA from the University of Colorado Denver Business School.

Max Washko, MBA, is the VP, Supplier Relationship Management for Trinity Health, where he is responsible for overseeing Purchased Services (both clinical and non-clinical), Distribution, Affiliate Program, and Supply Chain M&A. In this role, he and his team apply sourcing best practices to support key organizational initiatives. Prior to his time at Trinity Health, Washko held supply chain roles with large organizations across industries, including manufacturing and consumer packaged goods. He earned Bachelor of Arts and Master of Business Administration degrees from Michigan State University's Eli Broad College of Business.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Health Forum LLC, an affiliate of the American Hospital Association (2025). Fast Facts on U.S. Hospitals, 2025 <https://www.aha.org/statistics/fast-facts-us-hospitals>
2. Ezell, Colby, P3 Cost Analysis. "10 Safe & Easy Cost Reduction Strategies for Hospitals" (2022) <https://www.costanalysts.com/hospital-cost-reduction-strategies/>

- Gooch, Kelly & Kuchno, Kristin (2024) "What 13 CEOs told Becker's about their 2025 strategies"
<https://www.beckershospitalreview.com/strategy/what-13-ceos-told-beckers-about-their-2025-strategies.html>



MONDAY | 1:30 – 2:30PM

Category: Operations, Financial, Performance Improvement

Getting Psyched Up: Developing a Systemwide Behavioral Health Product Formulary

NOT OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Nursing, Healthcare Executive

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Behavioral healthcare volume continues to rise across the nation and systems have continued to address the healthcare needs of a growing population. However, opportunities to deliver cost efficient and consistent supplies to meet the needs outside of the standard acute care system persist. Product requirements and safety precautions present challenges for which healthcare Supply Chain teams must attempt to manage and maintain financial viability amid an ever-changing regulatory landscape. Healthcare leaders must partner with GPOs to identify relevant items to add to a standard formulary to support safety measures, regulatory compliance and fiscal responsibilities. Join us to discover how one organization leverages supplier, internal and GPO data to develop a product formulary and standardize supplies across a healthcare system serving an at-risk patient population.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize key elements to inform standardization efforts and a new Supply Chain formulary.
- Recall the unique roles needed to evaluate, develop and implement a new behavioral health formulary.
- Identify helpful tips to leverage data and communication strategies to support Supply Chain standardization efforts.

Biographies

Laura Hollis, DNP, MSN, RN, NE-BC, is the AVP of Behavioral Health Nursing Operations for HCA Healthcare supporting the TriStar Division. With over 20 years of nursing experience, she has been able to serve patients and teams in multiple roles as an innovative transformational leader. Hollis joined HCA in 2016 and moved to the HCA Corporate Behavioral Health team in August of 2023. Prior to HCA, she worked for Vanderbilt University Medical Center. She is LEAN certified and a Nurse Executive (NE-BC) who received her MSN and DNP degrees from Vanderbilt University.

Jared Dougherty, DNP, MBA, RN, CENP, CCRN-K, is the Senior Director of Clinical Resource Analysis for HCA Healthcare Supply Chain, where he leads the selection of all supply chain products used in nursing,

perinatal, wound care, infection prevention and burn care clinical settings. His clinical areas of expertise are cardiovascular critical care, mechanical circulatory support and outpatient cardiology services. Dougherty's doctoral work focused on the cultivation of resilience in nurse managers and his research areas of interest include quality improvement and patient safety, improvement science and mechanical circulatory support.

Angie Farmer, RN, BSN, is the TriStar Division Clinical Resource Director for HCA HealthCare Supply Chain in Nashville where she leads a team of eight clinical leaders and assists them to support 16 acute care facilities. She has 26 years of nursing experience and was previously in a clinical supply chain value analysis role. Farmer has utilized her roles in clinical value analysis to develop relationships and processes that contribute to patient care and financial resiliency. Her clinical area of expertise is in perioperative services. Farmer obtained a BSN from Austin Peay State University.

Heather Topley is the Supply Chain Director at Skyline Medical Center, a Level 1 Trauma and Comprehensive Burn Center. In this role, she manages the supplies for the Med/Surg areas, ICU departments, Cath Lab, Interventional Radiology and the OR. With 20 years of supply chain experience with HCA, she also helped manage the supplies at Skyline Madison Campus, a 121-bed Behavioral Health facility that has since merged with Centennial Parthenon Pavilion. Topley's main objective is quality patient care and effective collaboration with her colleagues to achieve this.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Dixit, A., Routroy, S., & Kumar-Dubey, S. (2019). A systematic literature review of healthcare supply chain and implications of future research. *International Journal of Pharmaceutical and Healthcare Marketing*, 13(4), 405-435. <https://doi.org/10.1108/IJPHM-05-2018-0028>
2. Dobrzykowski, D. (2019). Understanding the downstream healthcare supply chain: Unpacking regulatory and industry characteristics. *Journal of Supply Chain Management*, 55(2), 26-46. <https://doi.org/10.1111/jscm.12195>
3. Schneller, E., Abdulsalam, Y., Conway, K., & Eckler, J. (2023). Strategic management of the healthcare supply chain. *Jossey-Bass*.
4. Senna, P., Reis, A., Marujo, L.G., Ferro de Guimarães, J.C., Severo, E.A., & dos Santos, A.C.D.S.G. (2023). The influence of supply chain risk management in healthcare supply chains performance. *Production Planning & Control*, 35(12), 1368-1383. <https://doi.org/10.1080/09537287.2023.2182726>



MONDAY | 1:30 – 2:30PM

Category: Pharmacy Leadership

2025 Executive Pharmacy Exchange

OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Healthcare Executive

UAN: 0863-9999-25-037-L04-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Advanced

Each year, the complexity of the pharmacy landscape and how to effectively manage it increases. Strategizing and working through system structures and how goals are achieved is critical to reach success. The Executive Pharmacy Exchange allows for industry topics selected by pharmacy leaders via a pre-conference survey to be addressed by a panel of peers who will share a variety of experiences and practice pearls. This session will be followed by a working session that will focus on one topic (workforce) and allow for interactive breakout groups.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall key challenges of leading a pharmacy enterprise in today's landscape.
- Recognize strategies to address the key challenges facing the pharmacy at the system and facility level.
- Identify opportunities to apply to practice and/or advance the pharmacy enterprise.

Biographies

Moderator:

Aigner George, PharmD, CDE, is the Assistant Vice President of Pharmacy Solutions for HealthTrust, where she is dedicated to engaging with client members in consulting and leadership, working with more than 100 healthcare facilities in the provision of advisory services. With 20 years of healthcare experience, she has been involved in various aspects of pharmacy operations, facilitating initiative implementations which include operations, formulary management, safety and quality initiatives, supply expense management, leadership development and transformation. George earned a Doctor of Pharmacy degree from Hampton University.

Panelists:

Jeanne Anderson, PharmD, MBA, serves as the Executive Director of Pharmacy Services at Beacon Health System, overseeing pharmacy operations across multiple locations. With more than 20 years of experience, she is a proven leader in optimizing pharmacy services, driving operational efficiencies and implementing strategic healthcare initiatives. Since joining Beacon in 2013, Anderson has held key roles, including Pharmacy Manager and Director of Pharmacy. Her notable achievements include leading the integration of Beacon Specialty Pharmacy, optimizing 340B program savings and spearheading innovative pharmacy design projects. Anderson earned a Doctor of Pharmacy degree from Ferris State University and an MBA from Indiana University South Bend. (99 words)

Jennifer Higdon, MS, MBA, PharmD, is the AVP, Pharmacy Operations & Expense Management for HCA/HealthTrust Supply Chain. She is responsible for division pharmacy teams, Central Order Entry services, supply expense management, operations, regulatory compliance and pharmacy distribution. Higdon has more than 25 years' of experience in the areas of pharmacy clinical services, operations, compliance, and expense management, with past roles within the TriStar Division, including Director of Medication Safety, Director of Clinical Pharmacy, and, most recently, VP of Pharmacy Services. She holds an MBA from Western Governor's University, a PharmD from Samford University McWhorter School of Pharmacy, and an MS in Pharmacy from the University of Florida.

Derek Szesny, Pharm D, MPH, BCGP, is Vice President of Pharmacy & Clinical Supply Utilization at ScionHealth, overseeing enterprisewide pharmacy services across acute and outpatient settings. He leads clinical supply utilization strategies, optimizes contracting and aligns pharmacy and supply chain

operations with financial and quality objectives. With expertise in multi-site management, system integration and financial stewardship, Szesny has led successful spend management initiatives, contract negotiations and operational improvements. He earned Doctor of Pharmacy and Master of Public Health degrees from the University of Kentucky and completed a post-doctoral scholar position with the University of Kentucky College of Pharmacy and Kindred Healthcare Executive Fellowship.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Whitley, et al. Role of Pharmacy Analytics in Creating a Data-Driven Culture for Frontline Management. *Hosp Pharm*. 2020 May 20;56(5):495-500. doi: 10.1177/0018578720920799
2. Vest, MH, et al. Transforming data into insight: Establishment of a pharmacy analytics and outcomes team. *AJHP*. 2021 Jan 1;78(1):65-73. <https://doi.org/10.1093/ajhp/zxaa411>
3. Schneider PJ, Pedersen CA, Ganio MC, Scheckelhoff DJ. ASHP National Survey of Pharmacy Practice in Hospital Settings: Operations and Technology – 2023. *Am J Health-Syst Pharm*. 2024. <https://doi.org/10.1093/ajhp/zxae118>
4. Pedersen CA, Schneider PJ, Ganio MC, Scheckelhoff DJ. ASHP National Survey of Pharmacy Practice in Hospital Settings: Workforce – 2022. *AM J Health-Syst Pharm*. 2023;80:719-741.
5. ASHP Practice Advancement Initiative 2030. American Society of Health-System Pharmacists <https://www.ashp.org/-/media/assets/pharmacy-practice/pai/docs/PAI-Recommendations.pdf>
6. Amerine LB, Granko RP, Brummond PW, et al. ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive. *Am J Health-Syst Pharm*.



MONDAY | 1:30 – 2:30PM

Category: Pharmacy Clinical

Sepsis Smackdown: New Evidence, Smarter Strategies & Winning the Fight Against Infection Chaos

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing, Healthcare Executive, Supply Chain

UAN: 0863-9999-25-038-L01-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Intermediate

Sepsis continues to be a leading cause of death, requiring timely, evidence-based interventions to improve outcomes. This presentation explores the latest updates in sepsis management guidelines, emphasizing the importance of evidence-based empiric antibiotic strategies tailored to infection sources and patient factors. Attendees will gain practical insights into overcoming common challenges, including effective interdisciplinary coordination and decision-making under pressure. By integrating these strategies, clinicians can optimize sepsis care, enhancing both patient outcomes and team performance in critical situations. Don't miss this opportunity to refine your approach to sepsis management.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize key concepts and updated evidence in sepsis management as outlined in guidelines.
- Identify evidence-based empiric antibiotic strategies for treating sepsis and implications for clinical practice.
- Recall strategies to address challenges in applying sepsis management protocols, including interdisciplinary coordination and decision-making under time pressure.

Biographies

Renee Marie Castillo, PharmD, BCCCP, is a Clinical Pharmacist, Cardiothoracic and Neurosurgical ICU and the Coordinator of the PGY-1 Pharmacy Residency Program at MountainView Hospital in Las Vegas, NV. Castillo has authored local, division and corporate-wide implemented pharmacy guidance, policies and procedures and order sets. She has established and leads the division-wide pharmacy critical care committee. She obtained her PharmD from the University of California, San Francisco and completed her PGY-1 Pharmacy Residency at the University of California, Irvine Medical Center and a PGY-2 Critical Care Pharmacy Residency at the University Medical Center of Southern Nevada.

Jeff Murawsky, M.D., FACP, is the Division Chief Medical Officer for the Far West Division of HCA Healthcare. In his current role, he oversees clinical and quality operations, physician integration and alignment for the Division's eight hospitals and additional access points. Previously, Dr. Murawsky served as the Chief Medical Officer for Sunrise Hospital and Medical Center in Las Vegas, Nevada. He received a Doctor of Medicine degree from Loyola University Stritch School of Medicine. Dr. Murawsky is Board Certified in Internal Medicine and a published author in health services research and a Fellow in the American College of Physicians.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Evans L, Rhodes A, Alhazzani W, et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. *Intensive Care Med.* 2021;47(11):1181-1247
2. Santacroce E, D'Angerio M, Ciobanu AL, et al. Advances and challenges in sepsis management: modern tools and future directions. *Cells.* 2024;13(5):439
3. Evans L, Rhodes A, Alhazzani W, et al. Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021. *Intensive Care Med.* 2021;47(11):1181-1247.



MONDAY, Aug. 18 | 1:30 – 2:30PM

Category: Pharmacy Operations

Impact of Hospital Start-Ups, Acquisitions & Divestures on Pharmacy Ops in Specialty Hospitals

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Healthcare Executive, Supply Chain

UAN: 0863-9999-25-039-L04-P

Course level: Intermediate

The complexities of pharmacy operations become particularly pronounced during acquisitions, divestitures or the establishment of new hospitals—especially in the rehabilitation and behavioral health sectors. This presentation explores the risks and challenges these transitions present. It will also provide a detailed examination of the critical components involved designing and implementing pharmacy operations for a new hospital. Through a systematic approach, this presentation aims to equip healthcare leaders with the tools to navigate these transitions effectively, ensuring continuity of care, operational efficiency and enhanced patient outcomes in specialized healthcare settings.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify risks and challenges associated with pharmacy operations during the establishment of new hospitals, acquisitions or divestitures.
- Recognize systematic strategies to apply to pharmacy operations, focusing on compliance, medication safety, workflow integration and staff readiness during transitions.
- Recall practical tools and best practices to ensure operational efficiency, continuity of care and improved patient outcomes during complex transitions.

Biographies

Day Scott, PharmD, MBA, CPh, is the Assistant Vice President of Pharmacy Operations for Lifepoint Health where she leads initiatives supporting new hospital implementations and managing critical transitions across facilities. With over a decade of experience as a hospital pharmacy director and a background in academia, Scott is dedicated to empowering Directors of Pharmacy to overcome challenges while implementing enterprise standards that enhance operations and patient care. She obtained a Doctor of Pharmacy degree from Florida A&M University, as well as an MBA from Purdue University Global.

A. Chantel Alexander, PT, PharmD, is the Director of Pharmacy Operations for the Health Support Center at Lifepoint Health. She has practiced physical therapy in various settings to include inpatient rehabilitation, school system, skilled nursing facilities and occupational health. As a pharmacist, Alexander has worked in retail, LTACH, specialty medication and inpatient hospital settings. In 2017 she joined Lifepoint Health's Baptist Memorial Rehabilitation Hospital team, where she has held positions that include Pharmacy Manager and Director roles within Pharmacy, Therapy and Quality Management. Alexander earned a BS in Physical Therapy and a Doctor of Pharmacy degree from the University of Tennessee, Health Science Center.

Jessica Prieto, PharmD, is the Director of Pharmacy at Jefferson Regional Specialty Hospital in White Hall, Arkansas. She began her career as a clinical pharmacist in a small community hospital and has focused on serving rural communities. As a first generation Mexican-American, Prieto strives to encourage young minorities to choose career paths in the medical field. She earned a Doctor of Pharmacy degree from the University of Arkansas for Medical Sciences School of Pharmacy.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Institute of Medicine (US) Roundtable on Evidence-Based Medicine; Yong PL, Saunders RS, Olsen LA, editors. The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary. Washington

(DC): National Academies Press (US); 2010. 9, Care Culture and System Redesign. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK53910/>

2. Sallam M. Enhancing Hospital Pharmacy Operations Through Lean and Six Sigma Strategies: A Systematic Review. *Cureus*. 2024 Mar 29;16(3):e57176. doi: 10.7759/cureus.57176. PMID: 38681323; PMCID: PMC11056219.
3. Urban Institute. (n.d.). Addressing health care market consolidation and high prices. Retrieved from https://www.urban.org/sites/default/files/publication/101508/addressing_health_care_market_consolidation_and_high_prices_1.pdf
4. Vector Medical Group. (n.d.). MERGER AND ACQUISITIONS IN HEALTHCARE. Retrieved from <https://vectormedicalgroup.com/app/uploads/The-Complete-Merger.pdf>
5. Tichy EM, Tadrous M, Suda KJ, et al. National Trends in Prescription Drug Expenditures and Projections for 2023. *American Journal of Health-System Pharmacy*, Volume 80, Issue 14, 15 July 2023, Pages 899–913, <https://doi.org/10.1093/ajhp/zxad086>



3:00 – 4:00PM Time Block

MONDAY, Aug. 18 | 3:00 – 4:00PM
PROFESSIONAL DEV TRACK (No CE)

The Limitless Leader
With Laura Gassner Otting
OPEN TO SUPPLIERS

See registration site for full program details and presenter's bio.



MONDAY, Aug. 18 | 3:00 – 4:00PM
Category: Operations, Financial, Performance Improvement
REPEAT PROGRAM

Wound Care/Regenerative Tissue—Big Changes Impacting Utilization
NOT OPEN TO SUPPLIERS

CE Credit approved for: Nursing, Supply Chain
Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Many wounds, especially those in the lower limbs, become chronic and may lead to significant pain, morbidity, immobility and decreased quality of life. The field of regenerative medicine is burgeoning, with multiple skin substitute grafts and cellular and tissue-based products marketed for their treatment in wound care. There is a lack of robust evidence on their efficacy, and methodological quality and biases in studies impact interpretation of outcomes. A recent Medicare coverage determination proposes approving coverage for products with peer-reviewed evidence supporting their use when conventional therapy has failed. Discover how to guide and assess reimbursement appropriately with a roadmap of how to implement within your organization.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize types of regenerative tissue products and common uses in the treatment of chronic wounds.
- Identify contracted regenerative tissue products now covered by Medicare.
- Recall the financial impact for reimbursement of various wound care products at the facility level.

Biographies

Moderator

Caroline Fife, M.D., FAAFP, CWS, a wound care specialist for 35 years, earned her medical degree at Texas A&M University School of Medicine and is the Chief Medical Officer of Intellicure, LLC, a Texas-based health information technology company. She is the Executive Director of the U.S. Wound Registry, recognized by CMS as a qualified clinical data registry, which performs comparative effectiveness research on wound care treatments. She is a professor of Geriatrics at Baylor College of Medicine in Houston, serves on the American Diabetes Association Amputation Prevention Coalition, the Global CLI based board of directors, the Wound Care Collaborative Community Real World Evidence subcommittee, and she is also a HealthTrust Physician Advisor.

Panelists

Bert Altmanshofer, DPM, is a podiatrist for Lifepoint Health and a HealthTrust Physician Advisor who specializes in fungal nails, wound care, plantar fasciitis, diabetic foot care, ingrown toenails and general foot care for more than 30 years. He has been active in the Pennsylvania Podiatric Medical Association and chairman of the Pennsylvania State Board of Podiatric Medicine and Licensing. Dr. Altmanshofer founded the Conemaugh Nason Wound Clinic and is a member of the Conemaugh Nason Medical Center's Board of Directors. He earned his BS in Biology from Juniata College in Huntingdon, PA, and obtained his DPM from Ohio College of Podiatric Medicine in Cleveland, OH.

Dean Vayser, DPM, FACFAS, is a podiatrist in San Diego, California, and a member of the Division of Orthopedics at Scripps Clinic. He provides general medical and surgical care of the foot and ankle with a strong interest in diabetic limb salvage surgery and chronic wound management. Dr. Vayser is fluent in both English and Russian and moved to Southern California in 1978 after immigrating from Odessa, Ukraine. He is also a HealthTrust Physician Advisor.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Snyder D, Sullivan N, Margolis D, Schoelles K. Skin substitutes for treating chronic wounds. Rockville, MD: Agency for Healthcare Research and Quality (US); February 2, 2020.

2. Chen P, Vilorio NC, Dhatariya K, et al. Effectiveness of interventions to enhance healing of chronic foot ulcers in diabetes: a systematic review. *Diabetes Metab Res Rev.* 2024;40(3):e3786.
3. Zelen CM, Serena TE, Gould L, et al. Treatment of chronic diabetic lower extremity ulcers with advanced therapies: a prospective, randomised, controlled, multi-centre comparative study examining clinical efficacy and cost. *Int Wound J.* 2016;13(2):272-282.
4. Snyder RJ, Shimosaki K, Tallis A, et al. A prospective, randomized, multicenter, controlled evaluation of the use of dehydrated amniotic membrane allograft compared to standard of care for the closure of chronic diabetic foot ulcer. *Wounds.* 2016;28(3):70-77.



MONDAY, Aug. 18 | 3:00 – 4:00PM

Category: Operations, Financial, Performance Improvement

Passing the Reins: Succession Planning for Physicians & Supply Chain Leaders

OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Basic

Succession planning is the process of identifying and developing potential replacements in advance of workforce attrition. The state of senior physician and supply chain leader succession planning is considered to be generally lacking in many healthcare systems, with a significant portion of these seasoned experts not having a formal plan in place to transition their knowledge or patient load when they retire or leave their practice. Medical organizations and regulatory bodies are increasingly promoting the importance of succession planning, highlighting its impact on patient care and health system stability. Specific strategies for talent management are essential to continuity of quality care, operational efficiency and cost control. To ensure successful transition, high performing systems integrate knowledge transfer planning and mentorship programs. Join presenters from one health system as they share the challenges that had to be overcome in the demanding and highly-regulated industry that is healthcare in effectively transferring complex and wide-ranging knowledge across clinical, operational, relational, and organizational contexts.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the risks and negative impacts of a lack of or ineffective succession planning.
- Identify the challenges faced between seasoned physicians and supply chain leaders and how to mitigate them.
- Recall key strategies for developing a successful succession program.

Biographies

Moderator

Jennie Hanson serves as Regional Vice President, HR, for HealthTrust. In this role, she is responsible for leading HR strategy and delivery on behalf of 30,000 HealthTrust employees. She joined HCA Healthcare

in 2016 as the Director of Key Talent Development, with a focus on talent strategy, career management and pathway navigation for the organization’s executive leaders. Hanson has more than two decades of experience leading businesses to deliver organizational objectives. Previously, she was President of West Notifications and President of GE Healthcare–Lunar. Hanson earned a BS degree from Brown University in Applied Math Economics.

Panelists

Sarah Burdick is the Administrative Director of Strategic Sourcing for Franciscan Alliance, where she oversees over 500M+ in annual contract spend. With over 20 years of experience in healthcare supply chain, Sarah has a proven track record in building high-performing teams and developing successful sourcing strategies. She holds a Bachelor of Science degree from Texas A&M University and currently resides in Mishawaka, IN.

Jonathan A. Mandelbaum, M.D., is the Medical Director of Supply Chain for Franciscan Health. He is an Indiana and American Board-certified surgeon practicing in Indianapolis specializing in laparoscopic and bariatric surgery. He earned his medical degree from Indiana University, with Internship and Residency at The Ohio State University Hospitals. Additionally, Dr. Mandelbaum has been a HealthTrust Physician Advisor since 2016, Indiana Pacers team surgeon since 2015, and he has been recognized as a “Top Doc” by Indianapolis Monthly in General Surgery for 19 years.

Dawn Thackston, RN, BS, MS, is the Director of Value Analysis for Franciscan Alliance where she leads the Supply Chain Value Analysis program. As a leader with strong clinical knowledge, she has served on multiple advisory committees, developed education programs, clinical protocols and pathways, while also providing national guidance on patient care. Thackston has successfully developed and led a clinically integrated supply chain model to manage physician preference items, clinical spend utilization and standardization initiatives, and built strategic business partnerships to enhance value for the organization and its patients. She is a registered nurse with more than 35 years of experience and has earned both a bachelor and master degree in Business from Indiana Wesleyan University.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Succession Planning. Journal of Oncology Practice. 2008;4(3):119-120. doi:<https://doi.org/10.1200/jop.0832506>
2. Ensure the Future of Your Practice Through Early Succession Planning. J Oncol Pract. 2009;5(3):136-138. doi:10.1200/JOP.0932505
3. Steelman K, Fleifel D, Waheed M, Vaidya R. Mentorship in a Surgical Residency: A Comprehensive Review of the Literature. Cureus. 2023;15(8):e43422. Published 2023 Aug 13. doi:10.7759/cureus.43422



MONDAY, Aug. 18 | 3:00 – 4:00PM

Category: Clinical Resources

Leveraging Resources for Impact

NOT OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive, Nursing, Pharmacy

UAN: 0863-9999-25-040-L04-P

Certificate of Participation: Allied Health

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Intermediate

Gaps exist in how clinical knowledge is accessed and used. Leveraging evidence-based information through published studies and clinician experience while also keeping a patient's values and current condition in mind, are key to delivering sound patient care. Our panel will identify barriers to accessing resources, highlight the steps toward successful initiative implementation, and will delve into how they used readily available resources for impactful changes within their health systems. This multidisciplinary approach combines clinical evidence, data-driven outcomes, and physician engagement to deliver high-value care.

Learning Objectives | *At the end of this session, participants should be able to:*

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

Biographies

Connie Sharkey, PharmD, MS, is a Director of Clinical Services at HealthTrust, where she provides support for HealthTrust members and colleagues through evidence analyses, physician insights, and the HealthTrust Huddle online community. Previously, Sharkey served as a manager on the Knowledge Center team at HCA, where she conducted evidence-based literature evaluations, provided initiative support, precepted managed care pharmacy residents, and presented clinical education sessions to colleagues across the organization. She received a Doctor of Pharmacy degree from Belmont University College of Pharmacy and completed a PGY-1 pharmacy residency at Jackson-Madison County General Hospital.

Jessica Corso, BSN, RN, CWOCN, is a Category Sourcing Administrator in supply chain for Franciscan Alliance, Inc., where she has managed and leveraged HealthTrust and local contracts for clinical commodities, point of care testing, and clinical purchased services for the past four years, while maintaining functional relationships with suppliers. Corso obtained a BSN from Indiana University, then began her graduate nursing career at Franciscan Health Lafayette East (formerly St. Elizabeth Regional Health). She later attended the R.B. Turnball Jr., M.D. School of Wound Ostomy and Continence Nursing Education at Cleveland Clinic and is a certified wound, ostomy, continence nurse.

Karen J. Morelli, RN, BSN, is a Supply Chain Value Analysis professional with Optum Insight. She has 32 years' prior experience as a nurse with practiced specialties that include Med/Surg, ICU, Telemetry, Education, Occupational Health and Management. Morelli supports an IDN in the Northeast and is passionate about excellent patient care through evidenced-based product selection and standardization.

Morelli obtained a BSN from UMaine Orono, then began her graduate nursing career at Waldo County General Hospital in Belfast Maine.

Pamela Norman, RN, BSN, is a Director of Clinical Services at HealthTrust where she manages the Innovation Center, provides clinical support to members and Strategic Sourcing to aid in evidence-based decision-making, and leverages the voice of HealthTrust's Physician Advisors. Previously, she served as Director, Children's Services at Gulf Coast Regional Medical Center and Manager, Children's Services at Centennial Children's Hospital. She has been in leadership for 14+ years and has led teams in the strategic expansion of pediatric service lines, including additions of PICU, Level 3 NICU, regional transport, and outpatient sedation. She received a BS in Nursing from the University of South Florida.

Evidence-based References and/or Industry Resources:

1. Clark EC, Burnett T, Blair R, Traynor RL, Hagerman L, Dobbins M. Strategies to implement evidence-informed decision making at the organizational level: a rapid systematic review. *BMC Health Serv Res.* 2024;24:405. doi: 10.1186/s12913-024-10841-3.
2. McNett M, Tucker S, Zadvinskis I, et al. A Qualitative Force Field Analysis of Facilitators and Barriers to Evidence-Based Practice in Healthcare Using an Implementation Framework. *Glob Implement Res Appl.* 2022;2(3):195-208. doi: 10.1007/s43477-022-00051-6.
3. Correa VC, Lugo-Agudelo LH, Aguirre-Acevedo DC, et al. Individual, health system, and contextual barriers and facilitators for the implementation of clinical practice guidelines: a systematic metareview. *Health Res Policy Syst.* 2020;18(1):74. doi: 10.1186/s12961-020-00588-8.
4. Ayoubian A, Nasiripour AA, Tabibi SJ, Bahadori M. Evaluation of Facilitators and Barriers to Implementing Evidence-Based Practice in the Health Services: A Systematic Review. *Galen Med J.* 2020;9:e1645. doi: 10.31661/gmj.v9i0.1645.
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MONDAY, Aug. 18 | 3:00 – 4:00PM

2025 Executive Pharmacy Exchange Focus Session: Technician Recruitment & Retention

Category: Pharmacy Leadership

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Healthcare Executive

UAN: 0863-9999-25-041-L04-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Advanced

The Executive Pharmacy Exchange (EPE) is approaching its fifth anniversary at HealthTrust University Conference. Consistently each year, the topic of workforce management has been a primary focus and continues to be a significant industry issue. While the EPE creates realistic problem and solution sharing, this Focus Session will allow direct attendee participation and discussion in problem-solving around workforce management issues.

Pharmacy technician vacancies are more than double in comparison to pharmacist vacancies with turnover rates being similar. Turnover is an increasing trend since 2014. Technician turnover is mainly identified in positions external to their organizations (e.g., pursuing higher pay), followed by leaving healthcare all together (e.g., for higher pay and lessened workload).

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize key strategies to promote retention rates for pharmacy technicians.
- Recall elements to successful technician advancement, education and career ladder development.
- Identify innovative ideas for effective recruitment and retention of pharmacy technicians.

Biographies

Moderator

Kara Fortune, PharmD, is the Sr. Director, Pharmacy Solutions at HealthTrust Performance Group where she is focused on helping hospitals and health systems accelerate clinical, operational and financial performance. She is a pharmacy preceptor and serves as President of The University of Tennessee College of Pharmacy Alumni Association Board of Directors where she received her doctorate. Fortune has her Well-Being Ambassador Certificate from ASHP and she completed a pharmacy practice residency at the VA Tennessee Valley Healthcare System and an oncology pharmacy specialty residency at Methodist University Hospital.

Panelists

Jeanne Anderson, PharmD, MBA, serves as the Executive Director of Pharmacy Services at Beacon Health System, overseeing pharmacy operations across multiple locations. With more than 20 years of experience, she is a proven leader in optimizing pharmacy services, driving operational efficiencies and implementing strategic healthcare initiatives. Since joining Beacon in 2013, Anderson has held key roles, including Pharmacy Manager and Director of Pharmacy. Her notable achievements include leading the integration of Beacon Specialty Pharmacy, optimizing 340B program savings and spearheading innovative pharmacy design projects. Anderson earned a Doctor of Pharmacy degree from Ferris State University and an MBA from Indiana University South Bend.

Holly Kaczmarek, PharmD, is the Pharmacy Director at Elkhart General Hospital where she specializes in Pharmacy Operations and is known for her ability to analyze data, streamline processes and refine day-to-day functions for accuracy, quality, compliance and patient safety. Kaczmarek has more than 25 years of experience in hospital and home care pharmacy and has received multiple honors, including the Exceptional Commitment to Quality Award. She earned a PharmD at South Dakota State University and is a member of ASHP. Passionate about helping children succeed, Kaczmarek participates in her community's Five Star Life Program.

Jenny Burnette, VP of Pharmacy Services for Central West Texas.

Shelley Nesbitt, PharmD, CPh, is the Director of Pharmacy for HCA Healthcare’s Florida Palms West Hospital, where she is responsible for Inpatient Hospital Pharmacy Services. She previously served as a Clinical Instructor of Pharmacy Practice for Palm Beach Atlantic Gregory School of Pharmacy and later as a Clinical Assistant Professor of Pharmacy Practice. Prior to HCA, Nesbitt’s 19 years of experience include working as a Pharmacy Director in a public hospital system, with five years as the Clinical Director of Operations. She obtained a Doctorate in Pharmacy from the Nova Southeastern University College of Pharmacy.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Schneider PJ, Pedersen CA, Ganio MC, Scheckelhoff DJ. ASHP National Survey of Pharmacy Practice in Hospital Settings: Operations and Technology – 2023. *Am J Health-Syst Pharm.* 2024. <https://doi.org/10.1093/ajhp/zxae118>.
2. Pedersen CA, Schneider PJ, Ganio MC, Scheckelhoff DJ. ASHP National Survey of Pharmacy Practice in Hospital Settings: Workforce – 2022. *AM J Health-Syst Pharm.* 2023;80:719-741.



MONDAY, Aug. 18 | 3:00 – 4:00PM

Category: Pharmacy Clinical

Building Stronger Bones With Technology: Advanced Practice Pharmacists Transform Osteoporosis Care

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy

UAN: 0863-9999-25-042-L01-P

Other Target Audiences who may be interested (no CE): Family Practice Physicians, Ambulatory Surgery Center

Course level: Intermediate

Discover innovative advancements in osteoporosis care from a pharmacist-run clinic. This presentation will detail how expanding the role of pharmacists has led to improved patient outcomes, increased provider access and reduced healthcare costs. Attendees will learn how leveraging advanced technology and implementing streamlined, standardized workflows can expedite treatment initiation, minimize waits and optimize medication management. Presenters will showcase how advanced practice pharmacists can transform osteoporosis care and become key drivers to elevate patient care and create a more efficient and effective healthcare system.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the role of advanced practice pharmacists in optimizing medication management, enhancing adherence and standardizing the care of osteoporosis.
- Identify the cost-saving benefits and improved access to care achieved by expanding the role of pharmacists in osteoporosis management.

- Recall strategies to leverage technology using an advanced practice pharmacist-run osteoporosis clinic to improve patient outcomes, streamline workflows and reduce delays in treatment initiation.

Biography

Amy McKaskle, PharmD, APH, BCACP, is the Manager of Ambulatory Clinical Pharmacy Services at Scripps Health. She joined Scripps in 2016 as one of the first Advanced Practice Pharmacists, where she established ambulatory clinical pharmacy services in hypertension and osteoporosis before moving into her current leadership role. Previously, McKaskle worked at Kaiser Permanente in Northern California in many different clinical ambulatory care roles. She earned a PharmD degree at the University of California, San Francisco, where she subsequently completed a post-graduate residency with a focus on ambulatory care.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Camacho PM, Petak SM, Binkley N, Diab DL, Eldeiry LS, Farooki A, Harris ST, Hurley DL, Kelly J, Lewiecki EM, Pessah-Pollack R, McClung M, Wimalawansa SJ, Watts NB. American Association of Clinical Endocrinologists/American College of Endocrinology Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis 2020 Update. *Endocr Pract.* 2020 May;26(Suppl 1):1-46. doi: 10.4158/GL-2020-0524SUPPL. PMID: 32427503.
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3. Setareh A. Williams, PhD, Benjamin Chastek, MS, Kevin Sundquist, MS, Sergio Barrera-Sierra, MD, Deane Leader, Jr, PhD, MBA, Richard J. Weiss, MD, Yamei Wang, PhD, Jeffrey R. Curtis, MD. Economic Burden of Osteoporotic Fractures in US Managed Care Enrollees. *Am J Manag Care.* 2020;26(5):e142-e149. doi: 10.37765/ajmc.2020.43156
4. Compass Rose™ Implementation in a Large Academic Medical Center. doi: 10.1016/j.rcsop.2024.100462
5. Sequential and combination therapy with romosozumab
 - <https://doi.org/10.1007/s00774-025-01590-2>
6. Images from Scripps Health Epic EHR (deidentified) and also information from galaxy.epic.com:
 - Galaxy - Specialty Pharmacy Osteoporosis Program
 - Galaxy - Overview of Compass Rose Comprehensive Care Management
 - Compass Rose | Epic Roadmaps
 - Galaxy - Compass Rose Programs Setup and Support Guide
 - Plan Your Remote Patient Monitoring Strategy.pdf
 - Galaxy - Overview of Tapestry – Medical Management

MONDAY, Aug. 18 | 3:00 – 4:00PM

Category: Pharmacy Operations

I Know What We Did Last Shortage—Mitigating Medication Safety Risks Related to Drug Shortages

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing, Supply Chain

UAN: 0863-9999-25-043-L05-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Healthcare professionals deal continuously with drug shortages. Tasked to swiftly address shortages with limited information, they must ensure continuity of care for patients by pivoting quickly to alternate products or therapies. This can lead to gaps in the processes normally taken for product evaluation and stakeholder education. Despite best efforts, this can introduce risks that can go unrecognized until an error or delay in therapy occurs. Presenters will cover the importance of sharing knowledge with teams specific to the systems and workflows affected within the supply chain and medication management cycle and how, with proper awareness and tools, risks related to drug shortages can be reduced.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify strategies to incorporate risk mitigation plans into the drug shortage response plan.
- Recognize potential risks to systems and workflows that can occur with a drug shortage.
- Recall risks and mitigation strategies related to medication safety during drug shortages.

Biographies

Erin Graden, PharmD, is the Director of Consolidated Pharmacy Services for HCA Healthcare where she supports COE, pharmacy distribution and supply chain, drug shortages and other initiatives. She previously worked in community pharmacy practice where she served as the Director of Pharmacy for an independent, rural community healthcare system, responsible for establishing pharmacy services to support critical access, long-term care, assisted living, outpatient clinic, county health, and retail pharmacy settings. Graden is a graduate of the North Dakota State University College of Pharmacy in Fargo, North Dakota.

Courtney Fuller, PharmD, is the Director, Consolidated Pharmacy Services for HealthTrust where she manages the Richmond COE Pharmacy team, overseeing pharmacy operations in the Consolidated Service Center while also supporting corporate pharmacy initiatives. Previously, Fuller worked at Henrico Doctors' Hospital as an Assistant Director of Pharmacy. She later moved through various Director of Pharmacy roles at Henrico campuses, where she gained a wealth of experience, including operations of a multi-campus facility, diversion prevention, medication safety, automation, and informatics. Fuller graduated from Virginia Commonwealth University's Medical College of Virginia (MCV) School of Pharmacy and subsequently completed a General Hospital Residency at MCV Hospitals.

Kendra Spilkin, PharmD, is the Director of Clinical Systems Integration at HealthTrust. In her current role, she strives to utilize comprehensive solutions, standardization and technology to ensure exceptional patient care and medication safety. Previously, Spilkin was a Clinical Specialist in a Level IV neonatal intensive care unit before moving into facility pharmacy leadership, initially for pediatrics then as a Clinical Pharmacy Manager at HCA's TriStar Centennial Medical Center. She earned a Doctor of Pharmacy from Butler University and completed her residency at Norton Children's Hospital in Louisville.

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1. American Medical Association. (2024, April). Global Medical Supply Chain Security. *AMA Journal of Ethics*, 26(4), E275-359. https://journalofethics.ama-assn.org/sites/joedb/files/2024-03/joe-2404_0.pdf

2. American Society of Health-System Pharmacists. (2025). National Drug Shortages January 2001 – March 2025 [Data set]. ASHP. Accessed April 19, 2025. <https://www.ashp.org/-/media/assets/drug-shortages/docs/2024/2024-Drug-Shortages-Survey.pdf>
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15. Institute for Safe Medication Practices. (2024, September 19). Safety Briefs: Pharmacy technician's good catch via scanning prevented wrong drug error. *Acute Care ISMP Medication Safety Alert!* 29(19), 1-2.
16. Institute for Safe Medication Practices. (2024, August 8). Safety Briefs: Do Not Rely on Vial Cap Color for Medication Identification. *Acute Care ISMP Medication Safety Alert!* 29(16), 2-4.
17. Institute for Safe Medication Practices. (2012, April 19). A shortage of everything except errors: harm associated with drug shortages. Accessed March 3, 2025. <https://www.ismp.org/resources/shortage-everything-except-errors-harm-associated-drug-shortages>
18. Lin MP, Vargas-Torres C, Shin-Kim J, Tin J, Fox E. (2022). Nearly all thirty most frequently used emergency department drugs experienced shortages from 2006–2019. *Am J Emerg Med*. 53, 135-139. doi:10.1016/j.ajem.2021.12.064
19. Marta E. Wosińska, M.E., Frank, R.G. (2023, June). Federal Policies to Address Persistent Generic Drug Shortages. *The Hamilton Project*. Accessed April 19, 2025. https://www.brookings.edu/wp-content/uploads/2023/06/20230621_ES_THP_GSI_Report_Final.pdf
20. Naumov, S., Noh, I. J., & Zhao, H. (2025). Evaluating quality reward and other interventions to mitigate US drug shortages. *Journal of Operations Management*, 71(3), 335–372. <https://doi.org/10.1002/joom.1334>
21. Patel, V., Cieslak, K., & Hertig, J. (2023). Improving Safety by Evaluating the Impact of the Supply Chain and Drug Shortages on Health-Systems. *Hospital Pharmacy*, 58(2), 120–124. <https://doi.org/10.1177/00185787221126338>
22. Zivot, J. B. (2024). Public Good versus Private "Goods": Ethical Implications of Drug Shortages on Anesthesiology Practice. *Anesthesiology Clinics*, 42(3), 445–455. <https://doi.org/10.1016/j.anclin.2023.12.001>



HEALTHTRUST UNIVERSITY CONFERENCE

San Antonio

AUGUST 18-20, 2025
HENRY B. GONZÁLEZ CONVENTION CENTER



Breakout Sessions for CE-based Education,
Professional Development & Micro Education

BREAKOUT SESSIONS – TUESDAY, Aug. 19, 2025

Note: Information up to date as of August 8. Presenters and CE credit proposed subject to change.

KEY

CE-based Education Sessions | HT Members & HT Staff; **Suppliers, only where highlighted**

Professional Development Sessions | All Attendees, including Suppliers (No CE credit)

Micro Education Sessions | HT Members & HT Staff Only (No CE credit)

Crimson type | **Category/track**

30-Minute Micro Education Sessions

No CE credit

10 – 10:30 AM Time Block

MICRO EDUCATION | Advisory Services

Who’s Managing Your Consignment? Taking Control to Reduce Costs and Risks

See registration site for full program details

MICRO EDUCATION | MDM

The Future of Spine Surgery: Positioning Providers For Success in a World of Robotics and Navigation

See registration site for full program details

MICRO EDUCATION | Special Ops

From Fragmentation to Integration: Strategies for Efficient and Sustainable Shared Services

See registration site for full program details

MICRO EDUCATION | MDM/CDS

Balancing Quality of Care and Supply Costs in a Value Based Care Environment

See registration site for full program details

MICRO EDUCATION | Supply Chain Consulting

The Freight Factor: Unlocking Cost Savings and Efficiency in Healthcare Logistics

See registration site for full program details

MICRO EDUCATION | Pharmacy

360 Pharmacy: Driving Value with a Full Circle Approach

See registration site for full program details

MICRO EDUCATION | Regard

Systemwide Product Conversions: The Challenges, Lessons Learned and Best Practices

See registration site for full program details



10:45 – 11:45AM Time Block

TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Professional Development (No CE)

Why Not Now?

With Amy Jo Martin

OPEN TO SUPPLIERS

See registration site for full program details



TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Operations, Financial, Performance Improvement

REPEAT PROGRAM

Wound Care/Regenerative Tissue—Big Changes Impacting Utilization

NOT OPEN TO SUPPLIERS

CE Credit approved for: Nursing, Supply Chain

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Many wounds, especially those in the lower limbs, become chronic and may lead to significant pain, morbidity, immobility and decreased quality of life. The field of regenerative medicine is burgeoning,

with multiple skin substitute grafts and cellular and tissue-based products marketed for their treatment in wound care. There is a lack of robust evidence on their efficacy, and methodological quality and biases in studies impact interpretation of outcomes. A recent Medicare coverage determination proposes approving coverage for products with peer-reviewed evidence supporting their use when conventional therapy has failed. Discover how to guide and assess reimbursement appropriately with a roadmap of how to implement within your organization.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize types of regenerative tissue products and common uses in the treatment of chronic wounds.
- Identify contracted regenerative tissue products now covered by Medicare.
- Recall the financial impact for reimbursement of various wound care products at the facility level.

Biographies

Bert Altmanshofer, DPM, is a podiatrist for Lifepoint Health and a HealthTrust Physician Advisor who specializes in fungal nails, wound care, plantar fasciitis, diabetic foot care, ingrown toenails and general foot care for more than 30 years. He has been active in the Pennsylvania Podiatric Medical Association and chairman of the Pennsylvania State Board of Podiatric Medicine and Licensing. Dr. Altmanshofer founded the Conemaugh Nason Wound Clinic and is a member of the Conemaugh Nason Medical Center's Board of Directors. He earned his BS in Biology from Juniata College in Huntingdon, PA, and obtained his DPM from Ohio College of Podiatric Medicine in Cleveland, OH.

Dean Vayser, DPM, FACFAS, is a podiatrist in San Diego, California, and a member of the Division of Orthopedics at Scripps Clinic. He provides general medical and surgical care of the foot and ankle with a strong interest in diabetic limb salvage surgery and chronic wound management. Dr. Vayser is fluent in both English and Russian and moved to Southern California in 1978 after immigrating from Odessa, Ukraine. He is also a HealthTrust Physician Advisor.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Snyder D, Sullivan N, Margolis D, Schoelles K. Skin substitutes for treating chronic wounds. Rockville, MD: Agency for Healthcare Research and Quality (US); February 2, 2020.
2. Chen P, Vilorio NC, Dhatariya K, et al. Effectiveness of interventions to enhance healing of chronic foot ulcers in diabetes: a systematic review. *Diabetes Metab Res Rev.* 2024;40(3):e3786.
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4. Snyder RJ, Shimosaki K, Tallis A, et al. A prospective, randomized, multicenter, controlled evaluation of the use of dehydrated amniotic membrane allograft compared to standard of care for the closure of chronic diabetic foot ulcer. *Wounds.* 2016;28(3):70-77.



TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Clinical Initiatives / Patient Care

Crash Cart Standardization: A Multi-disciplinary Collaboration

OPEN TO SUPPLIERS

CE Credit approved for: Nursing, Pharmacy, Supply Chain

UAN: 0863-9999-25-044-L05-P

Course level: Basic

A multi-disciplinary team collaboration is essential to standardize supplies and medications on all crash carts across a multi-facility hospital system. This involves planning and processing to ensure uniformity in inventory, with trackable systems for expiration dates and locations. Presenters will reveal key steps to a successful initiative—conducting audits, defining standard operating procedures and implementing regular checks. Learn how effective communication between pharmacy, nursing and logistics is crucial to maintain consistency, ensure compliance and optimize patient safety during emergencies. Join this session and explore strategies for standardizing and tracking crash carts to improve efficiency and reduce the risk of expired or missing items across your organization.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the benefits of standardizing crash cart supplies and medications across a multi-facility hospital system to enhance patient safety and operational efficiency.
- Identify tactics for working with diverse healthcare teams (pharmacy, nursing, logistics) to create and implement standardized processes for crash cart management.
- Recall strategies for utilizing technology for tracking expiration dates, product locations and usage to ensure timely restocking and prevent errors in emergency situations.

Biographies

Jeff Kaminski, BSN, RN, MBA, is the Division Clinical Resource Director at HealthTrust, supporting HCA Healthcare's MidAmerican Division. He has 28 years of experience in home health, surgical services, quality and supply chain. Prior to joining HealthTrust, Kaminski worked as a Registered Nurse for Centerpoint Medical Center of Independence. His leadership demonstrates the power of collaboration in achieving impactful healthcare outcomes while emphasizing sustainable healthcare. He is a clinical expert, always available to his team and others. Kaminski holds a bachelor's degree in nursing from Emporia State University and an MBA from Baker University.

Katrina Sanders, BSN, RN, is the Division Specialty Educator, Critical Care for HCA Healthcare's Midwest Division where she combines her clinical expertise with a passion for education. She fosters an engaging, supportive learning environment, empowering nursing students and staff with the skills to provide high-quality patient care. Sanders is committed to lifelong learning, continually updating her expertise to stay current with the latest healthcare advancements. She earned a BSN from Cox College and has built a career focused on teaching and mentoring nursing professionals.

Kevin Welch, PharmD, MBA, BCPS, is the Division Director of Clinical Pharmacy for the HCA/HealthTrust MidAmerica Division in Kansas City, where he oversees the clinical pharmacy program and is responsible for clinical initiatives that impact drug utilization, medication safety, and pharmacy staff development. He previously served in various clinical leadership roles and practiced as an emergency medicine

pharmacist. Welch received his Doctor of Pharmacy and Master in Business Administration degrees from Creighton University in Omaha, Nebraska. He completed his residency training at CHRISTUS Trinity Mother Frances in Tyler, Texas.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-32-crashcart-preparedness/crashcart-preparedness/>
2. <https://www.aclsmedicaltraining.com/crash-carts/>
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TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Clinical Initiatives / Patient Care

Spine & Orthopedic Implants: Are They Really All the Same?

NOT OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Nursing, Healthcare Executive

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Advanced

The creation, pricing and management of implant formularies for spine, knee and shoulder surgeries require a structured approach to ensure clinical effectiveness, cost-efficiency and optimal patient outcomes. Formulary development involves identifying key products based on clinical efficacy, outcomes data and vendor negotiations. Join presenters as they share expertise on pricing strategies with a focus on cost comparison, value-based pricing and cost-effectiveness models that consider long-term outcomes and total care costs. Learn how to navigate these product evaluations through effective formulary management that entails monitoring implant utilization, updating the formulary based on product performance and clinician feedback and effectively negotiating contracts with suppliers.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify critical factors involved in developing an orthopedic implant formulary.
- Recognize best practices for orthopedic implant formulary management.
- Recall strategies for negotiating with suppliers, managing contracts and ensuring adherence to formulary guidelines.

Biographies

Moderator

Chris Stewart is the VP of Medical Device Management for HealthTrust, responsible for leading a team who works with hospitals and ASCs to actively manage their clinically sensitive implant service lines through data-driven custom sourcing and analytic engagements. He has 20 years of healthcare

leadership experience in medical device management, value-based initiatives, technology development, supply chain transformation and digital acceleration. Stewart has presented on topics that include digital healthcare transformation, innovative technologies and data integration, shifting reimbursement models, and the future of supply chain delivery. He obtained a B.S. degree from the Haslam College of Business at the University of Tennessee.

Panelists

James Bruffey, M.D., is an orthopedic surgeon with Scripps Health and a HealthTrust Physician Advisor. He treats a variety of diseases and conditions of the musculoskeletal system and has expertise in lumbar and cervical disc herniation, adult spondylolisthesis and degenerative scoliosis, post-traumatic spinal conditions, spinal stenosis, cervical myelopathy and radiculopathy, adjacent segment disease after fusion, revision surgery and spinal fractures related to osteoporosis, tumor, and trauma. Dr. Bruffey's research focuses on fusion outcomes in anterior lumbar spinal surgery and neurologic monitoring and protection for lateral transpsoas-based surgical procedures. He received his medical degree from Ohio State University College of Medicine.

Jason Jones, M.D., is an orthopedic surgeon with Nashville Knee in Nashville, Tennessee, where he specializes in sports injuries and shoulder and knee surgery. He is also a HealthTrust Physician Advisor. Previously, Dr. Jones served as the assistant team physician to the New York Jets and the New York Islanders. He has extensive training in minimally invasive surgery of the shoulder, knee, ankle and elbow, as well as joint replacement of the knee and shoulder. Dr. Jones is board certified in Orthopedic Surgery and graduated from East Tennessee State University.

Drew Torres is the AVP of Medical Device Management for HealthTrust where he leads a team partnering with hospitals and ASCs to optimize implant service lines through data-driven sourcing and analytics. With 16 years of healthcare leadership experience in medical device management, value-based initiatives and contract implementation, Torres has a proven track record of driving operational excellence. Before joining HealthTrust, he held various commercial leadership roles at Medtronic, blending his clinical insight with strategic expertise to deliver innovative solutions in healthcare management. Torres earned an M.A. in Clinical Psychology from Appalachian State University.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Optimizing Orthopaedic Trauma Implant Pricing Through a Data-Driven and Surgeon-Integrated Approach. Seltzer R, Johnson JR, McFarlane K, et al. Optimizing Orthopaedic Trauma Implant Pricing Through a Data-Driven and Surgeon-Integrated Approach. J Orthop Trauma. 2023;37(6):304. doi:10.1097/BOT.0000000000002560 https://journals.lww.com/jorthotrauma/abstract/2023/06000/optimizing_orthopaedic_trauma_implant_pricing.8.aspx
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3. Decreasing total joint implant costs and physician specific cost variation through negotiation. Bosco JA, Alvarado CM, Slover JD, Iorio R, Hutzler LH. Decreasing total joint implant costs and physician specific cost variation through negotiation. J Arthroplasty. 2014;29(4):678-680. doi:10.1016/j.arth.2013.09.016. <https://pubmed.ncbi.nlm.nih.gov/24134928/>

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TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Pharmacy Leadership

Standardization, an Elusive Dream to Catch for Multisite Acute Care Systems

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-045-L04-P

Course level: Intermediate

How “standard” is your hospital? Every hospital has individual needs, but as healthcare and specifically medication management practices become more complex, it is crucial to operate on standards. This enables clinicians to perform in consistent environments which is foundational to patient safety. However, this is not an easy road to travel—aligning technology and processes within healthcare technology limitations. Join presenters for a deep dive into their leadership journey on standardizing technology and practice with specific examples from their accomplished results.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall current challenges in medication management system standardization.
- Recognize strategies to standardize medication management practices through effective planning and leadership.
- Identify real-world examples of benefits from standardized medication management practices at the facility or enterprise level.

Biographies

Carley Warren, PharmD, BCPS, CPPS, is a Manager of Medication Safety at HCA Corporate, where she leads several enterprisewide committees and initiatives focused on improving care for patients through system and process redesign. She also serves in a number of external organizations to advance safe medication management practices. Warren earned a Doctor of Pharmacy degree at Drake University College of Pharmacy and Health Sciences and completed pharmacy residency training at Kaiser Permanente Colorado and another in medication use safety at Cincinnati Children’s Hospital Medical Center.

Laurie Perkins, PharmD, is the Director, Clinical Pharmacy Operations at HealthTrust where she is focused on formulary management, shortage mitigation and IV pump standardization. She has more than 20 years of experience, previously as a Critical Care Pharmacist and Clinical Pharmacy Manager

with HCA and post residency at Ascension St. Thomas as a Clinical Pharmacist in the heart failure and heart and kidney transplant clinics, and as a Critical Care Pharmacist. Perkins obtained a Doctor of Pharmacy degree from the University of Tennessee Health Sciences Center College of Pharmacy and received residency training through Ascension St. Thomas in Nashville, Tennessee.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Standardize for Safety. American Society of Health-System Pharmacists. Updated September 2024. Accessed December 8, 2024. <https://www.ashp.org/pharmacy-practice/standardize-4-safety-initiative?loginreturnUrl=SSOCheckOnly>
2. Core Elements of Hospital Antibiotic Stewardship Programs. U.S. Centers for Disease Control and Prevention. Updated December 5, 2024. Accessed December 8, 2024. <https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html>
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TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Pharmacy Clinical

Better β -Lactam Guidance—A Multifaceted Approach to Patients with a Documented Allergy

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-046-L01-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Intermediate

Selecting the most appropriate antibiotic for a given indication is a core measure of antibiotic stewardship. In the perioperative setting, selecting an appropriate first-line option has been shown to have a significant impact on the rate of surgical site infections. In most surgical settings, cefazolin is the preferred antibiotic option for prophylaxis. Cefazolin has been shown to be a safe, preferred option, even in the setting of a documented allergy with other beta-lactam antibiotics due to its unique chemical structure. Learn how presenters initiated a plan at their IDN to stream-line and standardize the preferred antibiotic options, provided easy to access tools and information, removed unnecessary and misleading automated alerts, and provided education about recent evidence on the topic to support the changes being made.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall the importance of utilizing first-line preferred antibiotic options for pre-operative surgical prophylaxis.

- Identify barriers and education gaps that may inhibit the selection of preferred antibiotic options.
- Recognize strategies to improve the rate of selection and utilization of preferred antibiotic options at the facility level.

Biographies

Krista McCoy, PharmD, BCPS, is the Executive Director of Clinical Pharmacy & Medication Management at Mercy. With experience in pharmacy operations, clinical services management, medication safety, formulary management and pharmacy supply chain program development, she has been a key player in enhancing patient care at Mercy. Previously, McCoy has held various roles, including clinical pharmacist, facility Director of Pharmacy and GPO Pharmacy Account Director. She completed her Doctor of Pharmacy degree at St. Louis College of Pharmacy and her PGY-1 Pharmacy Practice Residency at Yuma Regional Medical Center.

Alex Bryant, PharmD, is a Clinical Pharmacy Specialist in Infectious Diseases at Mercy Hospital St. Louis. He co-chairs the local and Mercy system antimicrobial stewardship committees and holds an adjunct faculty position at the St. Louis College of Pharmacy. Bryant is also an active member of the Society of Infectious Diseases Pharmacists. He graduated from the St. Louis College of Pharmacy and completed a PGY-1 residency at Louisiana State University Health Sciences Center in Shreveport, Louisiana, followed by a PGY-2 residency in Infectious Diseases at West Virginia University in Morgantown, West Virginia.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Blumenthal KG, Ryan EE, Li Y, Lee H, Kuhlen JL, Shenoy ES. The Impact of a Reported Penicillin Allergy on Surgical Site Infection Risk. *Clin Infect Dis*. 2018 Jan 18;66(3):329-336.
2. Macy E, McCormick TA, Adams JL, et al. Association Between Removal of a Warning Against Cephalosporin Use in Patients With Penicillin Allergy and Antibiotic Prescribing. *JAMA Netw Open*. 2021;4(4):e218367.
3. Michaud, L., Yen, H.H., Engen, D.A. et al. Outcome of preoperative cefazolin use for infection prophylaxis in patients with self-reported penicillin allergy. *BMC Surg* 23, 32 (2023).
4. Curtis D Collins, Caleb Scheidel, Kishore Anam, et al, Impact of an Antibiotic Side-Chain–Based Cross-reactivity Chart Combined With Enhanced Allergy Assessment Processes for Surgical Prophylaxis Antimicrobials in Patients With β -Lactam Allergies, *Clinical Infectious Diseases*, Volume 72, Issue 8, 15 April 2021, Pages 1404–1412.



TUESDAY, Aug. 19 | 10:45 – 11:45AM

Category: Pharmacy Operations

Finding the Treasure in Expired Drug Waste—A Centralized Management Focus

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Supply Chain, Healthcare Executive

UAN: 0863-9999-25-047-L04-P

Course level: Intermediate

Pharmaceutical returns management is a critical, yet often overlooked, area of pharmacy operations, impacting financial performance, regulatory compliance and environmental sustainability. Discover actionable strategies for optimizing pharmaceutical returns processes to maximize credit recovery, reduce waste and ensure compliance with state and federal regulations. Through real-world case studies, participants will learn how data analytics, centralized oversight and standardized procedures can transform their operations. The session will also highlight practical tools and best practices that attendees can immediately implement to drive measurable improvements in efficiency.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify key inefficiencies, financial and environmental impacts related to the pharmaceutical returns processes.
- Recall data-driven strategies to maximize credit recovery and ensure compliance with regulatory requirements in pharmaceutical returns.
- Recognize standardized procedures for waste reduction and operational improvement in pharmaceutical returns management.

Biographies

Todd White, PharmD, MBA-HM, BCSCP, is AVP of Pharmacy Operations for Lifepoint Health, with more than 37 years of pharmacy experience. He has served as the Corporate Director of Medication Informatics, where he was responsible for implementing advanced technology systems to optimize medication management and enhance patient safety, and as a Director of Pharmacy, where he oversaw the operations and quality assurance of the Pharmacy Department. White graduated from Creighton University, earning a Doctor in Pharmacy degree. He obtained BCSCP certification and a master's degree in Business and Healthcare Administration.

Bryan Jones, DPh, MS, Pharmacy Administration, is AVP of Pharmacy Operations at Lifepoint Health, with more than 38 years of dedicated experience in the field. Previously, he was the Director of Pharmacy, responsible for managing pharmaceutical operations. Jones' specialty lies in remote order entry, enhancing pharmaceutical service delivery through technological advancements. He is committed to excellence, driving advancements in pharmacy practices and ensuring top-tier patient care. Jones obtained BS and MS degrees in Pharmacy from The University of Tennessee and he completed an ASHP-accredited pharmacy residency focused on administration.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Todd White, PharmD, RPh, MBA-HA, BCSCP, Expired Drug Waste Management Optimization, Pharmacy Angle, Mar 20, 2024.
2. Alanazi MQ, Alkhadhairi EK, Alrumi WH, Alajlan SA. Reducing Pharmaceutical and Non-Pharmaceutical Inventory Waste in Tertiary Hospital: Impact of ABC-VEN Analysis in a Zero-Waste Strategy Over 7 Years. Risk Manag Healthc Policy. 2024 Nov 4;17:2659-2675. doi: 10.2147/RMHP.S467230. PMID: 39525683; PMCID: PMC11545607.
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4. Environmental Protection Agency, Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine. <https://www.federalregister.gov/documents/2019/02/22/2019->

01298/management-standards-for-hazardous-waste-pharmaceuticals-and-amendment-to-the-p075-listing-for. Accessed 12/6/24. <http://dx.doi.org/10.1136/bmj-2023-076200>. Accessed 12/6/24.

5. <https://www.bd.com/en-us/resource-and-education/documentation-landing-page/blogs/expired-medications-whats-the-cost>. Accessed 12/6/24



1:45 – 2:45PM Time Block



TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Operations, Financial, Performance Improvement

Empowering Care Teams With the Responsible Use of Artificial Intelligence

OPEN TO SUPPLIERS

CE Credit approved for: Healthcare Executive, Nursing, Pharmacy, Supply Chain

UAN: 0863-9999-25-048-L04-P

Certificate of Participation: Allied Health

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Intermediate

Artificial intelligence has the potential to forever change access and speed to information and answers, as well as automate processes that offer clinicians more time providing hands-on patient care and less time on tasks such as documentation and staff scheduling. At its best, AI can positively impact clinical outcomes, empower the workforce, improve administrative efficiencies, expand patient care capacity and more. However, health systems must proceed with caution. AI developers want to train and test their models and algorithms to prove they actually work in the real world. This often means that buried in the scope of work are requests to own a provider's data or share it with other entities who are adding their intelligence to test and make more robust the very same models. Join us to hear from an expert physician at one of the nation's leading healthcare systems who will share critical knowledge for unlocking the benefits of AI while upholding the highest standards of safety, security and trust. Attendees will gain knowledge around the importance of establishing a robust governance framework as well as policies to assist their organizations in selecting technology partners and evaluating software and solutions that enable them to use AI with the utmost safety, effectiveness and accountability.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall specific uses of AI and leveraging data and analytics in providing clinical teams with actionable insights that inform and enhance patient care and potentially patient outcomes.

- Identify potential risks in selecting technology partners to enable the use of AI within a healthcare system.
- Recognize guidelines for establishing internal governance and policies for evaluating the responsible use of AI within their own healthcare organizations.

Biography

Michael Schlosser, M.D., MBA, is the Senior Vice President of Care Transformation & Innovation for HCA Healthcare. There he leads the Digital Transformation & Innovation team which is focused on redesigning care models across the IDN’s acute care facilities, utilizing digitally enabled, patient centered and highly efficient care delivery. Previously, he was Chief Medical Officer (CMO) for HCA’s National Group and, prior to that, he was the CMO for HealthTrust. Dr. Schlosser practiced neurosurgery for 10 years prior to leaving practice to join HealthTrust. He earned a medical degree from the Yale University School of Medicine and an MBA from the Vanderbilt Owen Graduate School of Management.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Rigby, Michael J. Ethical Dimensions of Using Artificial Intelligence in Health Care. AMA Journal of Ethics, Feb. 2019. https://journalofethics.ama-assn.org/article/ethical-dimensions-using-artificial-intelligence-health-care/2019-02?trk=public_post_comment-text
2. Secinaro S, Calandra D, Secinaro A, Muthurangu V, Biancone P. The role of artificial intelligence in healthcare: a structured literature review. BMC Medical Informatics and Decision Making. 2021; 21(1):125. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8035061/>
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TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Value Analysis

Visibility Through Continuous Integration: Building Supply Chain Resiliency

OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive, Nursing

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Intermediate

In the ever-changing and evolving complexity of healthcare, it is imperative that provider supply chains build resiliency into their strategic action plans. Visibility into recalls, product interruptions, allocations and clinical equivalents is vital to the success and survivability of healthcare organizations. Developing a strategic plan for product disruptions, is crucial for all hospitals to survive a volatile supply chain that has historically weathered pandemics, disasters and other challenges that have directly impacted patient care. Presenters from a city- and county-owned health system’s supply chain will discuss core steps for

resiliency strategies, planning and implementation and illustrate how they overcame siloed work processes that previously impaired visibility to the interconnected ecosystem of an IDN. They will also discuss adopting and advancing current industry best practices with a “how-to” approach, which can provide attendees with steps to achieving supply chain resiliency at their own facilities.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the impact of supply chain resiliency on a healthcare institution.
- Recall the components of supply chain visibility that are vital to supply chain resiliency.
- Identify strategies to build supply chain resiliency within a health system.

Biographies

Moderator

David Mimms, MBA, CMRP, has served as the Director of Supply Chain/Logistics for Memorial Health Systems in Gulfport, Mississippi, since 2015. In his 25 years of service, he has directed healthcare supply chains for Emergency Medical Services, an LTACH hospital, an acute care hospital and clinic organizations. Mimms has established operational efficiencies in the supply chain, including product standardization, centralized distribution centers and value analysis. His ability to collaborate with all areas of healthcare has made him successful in his career. Mimms obtained an MBA from William Carey University and is CMRP certified.

Panelists

Elizabeth Shantel Sherman, BS-HAE, RN, LSSGB, is the Value Analysis Manager at Memorial Hospital at Gulfport. As a skilled leader with strong clinical knowledge, she collaborates on several multidisciplinary committees and has developed successful value analysis and recall programs. She serves as the clinical subject matter expert for supply chain. Sherman successfully implemented a clinically integrated supply chain model that helps manage physician preference items, capital spend utilization and standardization initiatives. She has 14 years of experience in Informatics and Perioperative Leadership and holds a bachelor’s degree from William Carey University.

Rene Waguespack, BS, BA, is a Contract Manager for Memorial Health System. He is a leader with experience in the sourcing and finance pillars of supply chain, with additional background in accounting and internal audit. Waguespack utilizes his diverse background to be an integral collaborator in developing strategies, defining processes and performing implementations to achieve organizational objectives and goals. He has redesigned the contracting process and standardized data-based deliverables. In collaboration with teammates, his greater emphasis is building supply resiliency to mitigate impacts on patient care. Waguespack earned bachelor’s degrees from the University of New Orleans (Accounting) and Southeastern Louisiana University (Marketing).

Stephanie Wright is a Sr. Procurement and Informatics Specialist at Memorial Health System. She is a seasoned professional with more than 18 years of experience in the healthcare industry, carrying a diverse skill set and specializing in supply chain procurement. Wright leverages her extensive knowledge to enhance operational efficiency and streamline procurement processes. Her commitment to training and development has made her a valuable resource for her colleagues, helping them navigate the complexities of supply chain dynamics. Wright has studied business administration at Mississippi Gulf Coast Community College and at the University of South Alabama.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Association, H. I. D. (n.d.). "Supply Chain: A Look Ahead." Health Industry Distributors Association. https://www.hida.org/distribution/news/healthcare-distribution-supply-chain-magazine/2023/Supply_Chain__A_Look_Ahead
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3. Medline. (n.d.). Resilience in healthcare and Supply Chain Strategies. Medline. <https://www.medline.com/strategies/supply-chain/people-process-and-tech-key-to-resilience-in-healthcare>



TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Supply Chain Management

REPEAT PROGRAM

The Value of Contracting: Maximizing Purchased Services Sourcing

OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive

Course level: Intermediate

Do you struggle to control your purchased services spend? Does the complexity of purchased services overwhelm you? Learn how two IDNs took control of their purchased services by developing and implementing a turnkey program. With a heightened focus on the value contracting plays in effectively managing costs, discover how these organizations developed processes and policies to support the implementation and the sustainability of their programs for the long term, negotiating better purchased services contracts and identifying and capitalizing on savings opportunities in multiple categories. Join us and learn how these processes for managing spend, risk and stakeholders might benefit your organization.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the structure and support for the foundation needed to develop and implement a purchased services program from infancy to maturity.
- Identify key elements for a robust platform for purchased services program management, including program development, meeting structure and cadence, contracts, the staff and support team needed, and a roadmap.
- Recall critical benchmarks when reviewing purchased services categories and how to delve deep into data to identify hidden opportunities.

Andy Motz is the Vice President of Advisory Services for Valify Solutions Group. His experience includes serving as Chief Procurement Officer for a Midwest health system and over 10 years of Supply Chain

consulting with Deloitte and Navigant at academic medical centers, community hospitals and large IDNs. As a purchased services sourcing consultant, Motz strategically positions his clients to negotiate contracts that achieve better pricing, service levels and quality outcomes. He earned a Bachelor of Arts in Mathematics from Mount St. Joseph University.

Chris Bryant, MBAHM, is the Director of Strategic Sourcing (Purchased Services) at CoxHealth, where he oversees third-party procurement, negotiates contracts, monitors vendor performance and implements strategies that optimize service delivery while driving value and excellence for the health system. He is a seasoned professional with more than 20 years of experience leading teams and departments at all levels. Bryant specializes in building high-performing teams using GROW coaching techniques to achieve operational excellence. He obtained a BS degree from Missouri Southern State University and an MBA in healthcare administration and management from Western Governors University.

Abigail Elzinga is the Director, Shared Services Transformation for HealthTrust and a dynamic healthcare supply chain leader with a passion for driving operational excellence and innovation. With experience spanning consulting, project management and strategic supply chain leadership, she has worked with some of the nation's top health systems to optimize processes and eliminate inefficiencies. Elzinga's journey includes impactful roles at multiple GPOs and as a Supply Chain Director in Colorado. Currently, she supports the Special Operations team, focusing on accelerating solutions for healthcare organizations. She earned a BBA from the University of Colorado Denver Business School.

Max Washko, MBA, is the VP, Supplier Relationship Management for Trinity Health, where he is responsible for overseeing Purchased Services (both clinical and non-clinical), Distribution, Affiliate Program, and Supply Chain M&A. In this role, he and his team apply sourcing best practices to support key organizational initiatives. Prior to his time at Trinity Health, Washko held supply chain roles with large organizations across industries, including manufacturing and consumer packaged goods. He earned Bachelor of Arts and Master of Business Administration degrees from Michigan State University's Eli Broad College of Business.

List of Evidence-based References and/or Industry Resources consulted in content development:

4. Health Forum LLC, an affiliate of the American Hospital Association (2025). Fast Facts on U.S. Hospitals, 2025 <https://www.aha.org/statistics/fast-facts-us-hospitals>
5. Ezell, Colby, P3 Cost Analysis. "10 Safe & Easy Cost Reduction Strategies for Hospitals" (2022) <https://www.costanalysts.com/hospital-cost-reduction-strategies/>
6. Gooch, Kelly & Kuchno, Kristin (2024) "What 13 CEOs told Becker's about their 2025 strategies" <https://www.beckershospitalreview.com/strategy/what-13-ceos-told-beckers-about-their-2025-strategies.html>



TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Sustainability

On the Path to Net Zero: Member Sustainability Success Stories

OPEN TO SUPPLIERS

CE Credit approved for: Nursing, Supply Chain, Healthcare Executives, Pharmacy
UAN: 0863-9999-25-049-L04-P
Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

In the United States, healthcare contributes to 8.5% of total carbon emissions which stems from Scope 1, Scope 2 and Scope 3 emissions. Up to 70% of a healthcare facility's waste is generated from the Operating Room, which is not only costly but it has a significant environmental impact. A focus on environmental sustainability enables a healthcare system to minimize its footprint by reducing waste, improving energy efficiency and reducing greenhouse gas emissions while serving as community role models. Subject matter experts from three member organizations who are highly engaged in sustainability work will showcase how they are minimizing their company's environmental impact. Join us to hear best practices and lessons learned that could help guide your organization to success as you navigate a similar path.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize strategies for reducing waste, improving energy efficiency and/or reducing greenhouse gas emissions in the healthcare setting.
- Recall steps organizations can take to retire desflurane and decommission nitrous oxide medical gas pipes to reduce carbon emissions.
- Identify opportunities to reduce waste and expand recycling programs within the Operating Room and other key areas.

Biographies

Moderator

Jennifer Westendorf, DNP, RN, CNOR is the Assistant Vice President of Environmental Performance and Surgical Services, Clinical Operations at HealthTrust. In her role she manages the Surgical Advisory Board, Cardiovascular Operating Room Specialty Committee, and the Environmental Sustainability Council. Jennifer works alongside the GPO Strategic Sourcing team to integrate the clinical voice of HealthTrust's members into the sourcing process and leads the environmental sustainability program at HealthTrust. She earned a bachelor's degree from Western Michigan University, a master's degree from the University of Detroit Mercy, and a Doctorate of Nursing Practice from the University of Minnesota.

Panelists

Zoë Beck, MBA, Master of Environmental Management, is the AVP of Sustainability at HCA Healthcare where she leads the company's efforts in sustainability and environmental, social and governance (ESG) issues. Previously, Beck led the sustainability and ESG efforts for HealthTrust and Premier, working with industry suppliers, member health systems and other stakeholders to advance efforts in environmentally preferred purchasing and supplier transparency to assist health systems in achieving their related goals. She earned an MBA and Master of Environmental Management from Duke University and a B.S. in Business Administration from the University of Notre Dame.

Avery Palardy, MBA, MS, TRUE Advisor, LEED Green Associate, is the Climate & Sustainability Director at Beth Israel Deaconess Medical Center, where she has led its award-winning sustainability program for more than six years. Focused on minimizing the environmental and public health impact of all hospital activities, Palardy collaborates across multiple departments to ensure that financial incentives align with

the delivery of extraordinary and compassionate patient care as in the achievement of the organization's sustainability goals. She earned a BS degree from the University of Rochester, an MS degree from UMass Boston and an MBA from Bentley University's McCallum Graduate School of Business.

Stephanie Wicks, MBA, BS ChemEng, is the environmental sustainability lead with St. Luke's Health System. She is a dynamic and results-driven professional with over 25 years of expertise in environmental sustainability, engineering and regulatory affairs. Wicks has a proven track record in strategy development, change management and process improvement within healthcare and technology sectors. She is adept at leading cross-functional teams and driving sustainable initiatives that align with organizational goals. Wicks is a graduate of the University of Utah with a B.S. in Chemical Engineering and from the Boise State University where she earned an MBA.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Braschi, C., Tung, C., and Chen, K. (2022). The impact of waste reduction in general surgery operating rooms. *The American Journal of Surgery*, 224 (6), 1370 - 1373. <https://doi.org/10.1016/j.amjsurg.2022.10.033>
2. Wyssusek, K., Chan, K.L., Eames, G., and Whately, Y. (2022). Greenhouse gas reduction in anaesthesia practice: a departmental environmental strategy. *British Medical Journal*, 11, 1-7. <https://doi:10.1136/bmj-2022-001867>
3. Sherman, J. (2024). It's time to abandon Nitrous Oxide Pipes. *ASA Monitor*, 88(33). <https://doi.org/10.1097/01.ASM.0001006828.24359.cd>



TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Pharmacy Leadership

There's a New Sheriff in Town—Guiding New Hospital Pharmacy Leaders to Achieve Excellence

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing, Supply Chain

UAN: 0863-9999-25-050-L04-P

Course level: Intermediate

Pharmacy staff may unexpectedly find themselves in leadership roles due to pharmacy leadership shortages being 4-fold higher than pharmacists. With an additional ~70% of leaders anticipating retirement in the next decade, it is expected that pharmacists frequently assume a leadership role during their careers. Many organizations lack formal onboarding for new pharmacy leaders and these new leaders face challenges in managing staff, inventory and cost containment, and service expansion. This session is designed to assist new pharmacy leaders in achieving performance excellence through discovery of tips and guidance strategies on what is truly needed to ensure departmental and personal success.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall workflow adaptations to improve staff engagement and retention.
- Recognize strategies to improve pharmaceutical cost and inventory containment.
- Identify the current state of pharmaceutical care and new opportunities for expansion.

Biographies

Leigh Anders, PharmD, is the Regional Director of Pharmacy Operations with Ardent Health. She has 13 years of experience in hospital pharmacy leadership with Presbyterian Healthcare of New Mexico and Ardent Healthcare. Anders is passionate about patient safety and using Lean Principles to improve pharmacy operations with process improvement. She has a bachelors in Business Administration from Western Illinois University and Doctor of Pharmacy from the University of New Mexico. In addition, she completed a Certification of Geriatric Pharmacy Practice from the University of Washington, School of Pharmacy.

Kerry Bowlin, CPhT, is the Pharmacy Operations Specialist with Ardent Health. She has 13 years of experience as a pharmacy buyer in a hospital setting with Boone County Hospital and Hillcrest Hospital South. During that time, she worked as a certified technician who helped with buying and pharmacy operations. Bowlin helps work toward bridging the gaps inside the pharmacy team by improving communications with other departments with the goal of strengthening patient safety. She is currently working on a bachelor's degree in Operational Management and Analytics through the University of Arizona.

Jennifer Gass, PharmD, MS, MHA, BCPS, BCCCP, is the Clinical Director of Pharmacy Services for Ardent Health, with more than 15 years of experience as a bedside clinical pharmacist and leader. Her professional goals include growing the clinical footprint of pharmacy and ensuring responsible, safe and effective medication use for patients across the continuum of care. Gass graduated from the University of Oklahoma, College of Pharmacy, then completed both a PGY-1 and PGY-2 Critical Care residency at Memorial Herman – TMC. Following residency, she practiced as a decentralized clinical pharmacist at Memorial Hermann and Oklahoma State University Medical Center before becoming a Clinical Manager with Ardent.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Hosp Pharm. 2013 Jan 1;48(1):68–76. doi: 10.1310/hpj4801-68
2. The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations (J-B Leadership Challenge: Kouzes/Posner)
3. Wisdom from the Pharmacy Leadership Trenches (ASHP- Toby Clark & Sara J. White).
4. Studer, Quint. (2003) Hardwiring Excellence. FireStarter Publishing
5. Toussaint MD, John. (2012) Lean Hospitals. CRC Press.
6. Gordon, Jon. (2017) The Power of Positive Leadership. John Wiley and Sons, Inc.
7. Holt, Philip. (2019) The Simplicity of Lean. Royal Boom Publishers
8. Feinstein, Helen. (2025) Insights into Small and Rural Hospital Pharmacy Practice. Pharmacy Times.
9. Sallam, Mohammed. (2024)Enhancing Hospital Pharmacy Operations Through Lean and Six Sigma Strategies: A Systematic Review. Cureus.
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TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Pharmacy Clinical

Stop or Go? Glucagon-like Peptide 1 Receptor Agonists in the Perioperative Setting

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-051-L01-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Intermediate

GLP-1 agents are being commonly prescribed for both T2DM and weight loss. There has been great debate regarding when or if GLP-1 agents should be held in the elective preoperative space due to potential risk of aspiration. The 2023 American Society of Anesthesiologists (ASA) guideline statements regarding GLP-1 receptor agonist medication management in the perioperative setting sparked significant controversy and debate among healthcare providers nationwide. Following the release of the ASA statement, multiple studies examining delayed gastric emptying and the associated risk of aspiration have been published, prompting other medical societies to issue their own guidelines on the topic. Additionally, the ASA has since released an updated set of recommendations in 2024. Presenters will review the 2023 ASA guidelines and explore the data that led to the revised multi-society recommendations.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall the key points of the 2023 American Society of Anesthesiologists (ASA) guidelines on GLP-1 receptor agonist medication management in the perioperative setting.
- Identify the impact of recent studies on delayed gastric emptying and aspiration risk and updated perioperative guidelines.
- Recognize changes in ASA's 2024 recommendations regarding GLP-1 medications in the perioperative setting and implications for clinical practice.

Biographies

Samantha Leonard, PharmD, BCPS, is the Division Director of Clinical Pharmacy Services for HCA Healthcare's Mountain Division, overseeing 11 facilities across Utah, Idaho and Alaska. She began her career as a clinical pharmacist before advancing to roles as ITG Pharmacist and Pharmacy Manager at Lakeview Hospital in Bountiful, Utah. Leonard earned a Doctor of Pharmacy degree from Roseman University of Health Sciences and is a Board-Certified Pharmacotherapy Specialist.

Filip Roos, M.D., MBA, is the Chief Medical Officer & Division Vice President of Clinical Resources for HCA Healthcare's Mountain Division. With more than 20 years in private practice as a cardiac anesthesiologist, he has served as CMO for Ogden Regional Medical Center in Utah and Chief Medical

Executive at Alta Bates Summit Medical Center in Oakland, California. Dr. Roos earned a Doctor of Medicine degree in Pediatrics from Charles University and completed an Anesthesia Categorical Residency at the University of California, San Francisco. He obtained an MBA from Auburn University's Harbert College of Business and joined the HealthTrust Physician Advisor Network in 2023.

Janet Zarndt, PharmD, MBA, is the Vice President of Pharmacy Services for HCA's Mountain Division, covering 11 facilities in Utah, Idaho and Alaska. She began her career as a Clinical Pharmacy Specialist at Saint Luke's Hospital in Kansas City and spent 10 years with Del Sol Medical Center in El Paso—first as the Pharmacy Clinical Coordinator and then as the Director of Pharmacy. Zarndt received a B.S. in Kinesiology from Kansas State University and a Doctor of Pharmacy degree from the University of Kansas. She completed a Pharmacy Residency at the University of Nebraska and also earned an MBA from Western Governor's University.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Kindel TL, Wang AY, Wadhwa A, et al; Representing the American Gastroenterological Association, American Society for Metabolic and Bariatric Surgery, American Society of Anesthesiologists, International Society of Perioperative Care of Patients with Obesity, and the Society of American Gastrointestinal and Endoscopic Surgeons. Multi-society clinical practice guidance for the safe use of glucagon-like peptide-1 receptor agonists in the perioperative period. *Surg Endosc*. 2024 Oct 29. doi: 10.1007/s00464-024-11263-2. Epub ahead of print. PMID: 39370500.
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TUESDAY, Aug. 19 | 1:45 – 2:45PM

Category: Pharmacy Operations

On the CuSP of Greatness: Using a Central Pharmacy Production Center to Provide Multisite Support

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Healthcare Executive

UAN: 0863-9999-25-052-L04-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Medication cost, availability and safety are an ongoing challenge for pharmacy leadership and staff. This is especially true for medications that require sterile compounding or repackaging. By creating a Central Pharmacy Production Center (CPPC), organizations can ensure a safe, stable and cost-effective way to provide compounded sterile products and other medications to their patients. Discover how one health system launched a CPPC more than a decade ago to support its five hospital campuses. In this session, attendees will ride along for the journey, hear about service expansions up to the present day, and take home a roadmap that can be followed by other multisite healthcare organizations looking to embark on a similar path.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify the basic requirements to establish and maintain a Central Pharmacy Production Center (CPPC).
- Recall the current CPPC services of one IDN, including both initial offerings and recently expanded services.
- Recognize key performance metrics to determine the return on investment after launching a CPPC.

Biographies

Aaron M. Ginsberg, PharmD, is the Director of Centralized Pharmacy Services for Scripps Health in San Diego, California. Over the last 22 years, his roles at Scripps have included Clinical Pharmacist at La Jolla Hospital; Medication Safety Officer for Mercy Chula Vista Hospital; Manager of Pharmacy Operations at Green Hospital; and Manager of Central Prior Authorization for Scripps Medical Foundation—all of which elevated his passion for healthcare. Ginsberg completed his doctoral degree at the University of Southern California and his undergraduate bachelor's in Biology at the University of California, San Diego.

Olivia Ronan, PharmD, BCSCP, is a board-certified Pharmacist in Sterile Compounding. She serves as Operations Manager of the Central Pharmacy Production Center for Scripps Health, where she oversees a team of 12 who compound an average of 45,000 sterile products per month for the organization's five acute care hospitals. Ronan received a Doctor of Pharmacy degree from the University of Arizona.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Centralized insourcing of sterile compounding: One multihospital health system's journey. Bracero D, Carlos Pagan L, Rowe A, Cassano AT. Am J Health Syst Pharm. 2022 Jul 22;79(15):1281-1289. doi: 10.1093/ajhp/zxac116.
2. Workforce planning and safe workload in sterile compounding hospital pharmacy services. Chaker A, Omair I, Mohamed WH, Mahomed SH, Siddiqui MA. Am J Health Syst Pharm. 2022 Jan 24;79(3):187-192. doi: 10.1093/ajhp/zxab379.
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5. Preparation Times and Estimated Costs for Vancomycin Formulations: Does the Difference Matter? Lee M, Worz C, Gaal D, Brandt N. Sr Care Pharm. 2024 May 1;39(5):185-192. doi: 10.4140/TCP.n.2024.185.





HEALTHTRUST UNIVERSITY CONFERENCE

San Antonio

AUGUST 18-20, 2025
HENRY B. GONZÁLEZ CONVENTION CENTER



Breakout Sessions for CE-based Education

BREAKOUT SESSIONS – WEDNESDAY, Aug. 20, 2025

Note: Information up to date as of August 8. Presenters and CE credit proposed subject to change.

KEY

CE-based Education Sessions | HT Members & HT Staff; **Suppliers, only where highlighted**
Crimson type | **Part of a track/category**

7:15 – 8:15AM Time Block

WEDNESDAY, Aug. 20 | 7:15 – 8:15AM

Category: Supply Chain Management

Custom Procedure Trays—The Service Line Approach to Standardization

NOT OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

Custom Procedure Trays (CPT) are an important tool used to simplify the set-up of the sterile field. Without guidelines and oversight, CPT design can lead to waste which can impact supply expense and environmental sustainability efforts. There are multiple advantages to creating a CPT oversight process in order to standardize contents, reduce waste, promote safe practice and ensure staff and physician satisfaction. Join these Clinical Supply Chain SMEs as they share their successes and ongoing efforts to standardize Custom Procedure Trays.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify the advantages of Custom Procedure Trays (CPT) standardization.
- Recall the steps to review and operationalize CPT standardization.
- Recognize potential roadblocks and strategies to mitigate challenges for a CPT standardization project.

Biographies

Blake McAbee, MBA, BSN, RN, is the Senior Director of Clinical Resource Analysis for HCA Healthcare where he leads the development of strategies to manage supply expenses for surgery, including the oversight of high impact physician preference items. His previous clinical roles include OR nurse at Erlanger, a level 1 trauma center, and Parkridge Medical Center. Prior to joining HealthTrust, McAbee spent 10 years with Ascension as the OR Manager for Saint Thomas Midtown and then as a Senior Critical Product Manager for The Resource Group. He holds an RN/BSN from UT Chattanooga and an MBA from Western Governors University.

Caitlin Martin, MSN, RNC-NIC, is a Clinical Resource Director and Women's and Neonatal service line specialist for the HCA Central & West Texas Division, where she supports supply mitigation strategies, new product and clinical value analysis process and implementation of supply initiatives in the greater Austin and El Paso areas. Prior to joining supply chain in 2020, Martin held RN leadership roles for over 10 years. She has a BS in Biological Sciences from NC State University and an MS in Nursing with a concentration in maternal-child nursing and administration from the University of Texas at Austin.

Jann Maze, BSN, RN, is a Director, Clinical Resource Analysis for HCA Healthcare where she supports the Surgical Service line for HealthTrust Supply Chain and manages the surgical commodities, reprocessing and custom procedure tray initiatives within HCA. Maze has more than 15 years of clinical experience in the Operating Room and was previously a Clinical Resource Director for the Capital Division. She has also supported Henrico Doctors' Hospital in Richmond, Virginia, where she led strategies for reducing supply expense. Maze obtained a Bachelor of Science degree in Nursing from Radford University.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. https://journals.lww.com/prsgo/fulltext/2024/08000/interventions_to_reduce_surgical_waste_burden__a.61.aspx
2. Vu, C., Ibarra-Vega, A., Yang, C., Manzanarez-Felix, K., Ting, C., Pakvasa, M., Vyas, R., & Pfaff, M. (2024, August). Interventions to Reduce Surgical Waste Burden - A Systematic Review. *Plastic & Reconstructive Surgery-Global Open*, 12(8), e6085.
3. Ayres, B.D., Gupta, O.P., Davis, J.S., Hahn, R., Hsiao, C.W., Kara, R., & Di Simplicio, S. (2022). Economic Impact Analysis of Custom Pak R on Cataract and Vitreoretinal Surgery in the United States. *ClinicoEconomics and outcomes research: CEOR*, 14, 715-730. <https://doi.org/10.2147/CEOR.S382188>
4. Implementing the Use of Surgical Packs to Minimize Waste and Improve Productivity. *AORN Journal* (2024, May), 119(5), P6-P8. <https://doi.org/10.1002/aorn.14133>
5. Braschi, C., Tung, C., & Chen, K.T. (2022, December). The impact of waste reduction in general surgery operating rooms. *American journal of surgery*, 224(6), 1370-1373. <https://doi.org/10.1016/j.amjsurg.2022.10.033>
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10. Woods, N., Melnyk, A.I., & Moalli, P. (2024, September 10). Waste not want not: The story of surgical trash. *Current Opinion in Obstetrics & Gynecology*. <https://doi.org/10.1097/GCO.0000000000000992>
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12. Pillay, L., Winkel, K.D., & Kariotis, T. (2024, September 2). Developing the green operating room: Exploring barriers and opportunities to reducing operating room waste. *Medical Journal of Australia*, 221(5), 279-284. <https://doi.org/10.5694/mja2.52394>



WEDNESDAY, Aug. 20 | 7:15 – 8:15AM

Category: Supply Chain Management

The Pulse of Efficiency: Kanban for Supply Chain Success

NOT OPEN TO SUPPLIERS

CE Credit approved for: Nursing, Supply Chain, Healthcare Executive

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

In today's healthcare environment, organizations are under relentless pressure to do more with less—tighter budgets, shrinking margins and growing demands on productivity. What if you could unlock hidden capacity, streamline operations and reduce supply chain disruptions, all without expanding your footprint? This presentation reveals how high-density Kanban systems and innovative workflow strategies are revolutionizing inventory management in healthcare. From maximizing storage space to creating nurse-friendly, intuitive processes, these solutions empower teams to eliminate inefficiencies and thrive in a challenging environment.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize inefficiencies in current inventory processes and innovative tools and techniques to improve stock rotation, accessibility and supply chain resilience.
- Recall methods to improve clinical relationships and staff satisfaction through intuitive and accessible inventory management solutions.
- Identify best practices to create and standardize visual communication tools that enhance team collaboration, reduce disruptions and adapt to evolving operational demands.

Biographies

Issam Abouzahr, MBA, joined HealthTrust as the Supply Chain Director with the HCA Continental Division and now serves our membership as an AVP on the Special Ops team. He specializes in facility operations, support services and procurement. Previous business development roles include supporting international healthcare providers in the United Arab Emirates, United Kingdom and Latin America—all

contributing to his global perspective. Abouzahr is most passionate about project-based work to enhance and improve site-level operations. He earned an MBA in Healthcare Administration and a Masters in Information Systems from the University of Colorado, Denver.

Matthew Berg, BS, MBA, is the Assistant Director of Supply Chain Operations at USA Health, where he leads a team of operations managers to optimize the storage, distribution and inventory accuracy of medical/surgical supplies and equipment. Before joining USA Health, he served in the United States Army as an Automated Logistical Specialist, where he achieved the rank of Sergeant. As a Non-Commissioned Officer, Berg accomplished measurable results leading teams in dynamic, fast-paced environments. Berg earned a Bachelor of Science degree in Business Administration with a concentration in supply chain management and a Master of Business Administration degree, specializing in healthcare leadership.

Abigail Elzinga is the Director, Shared Services Transformation for HealthTrust and a dynamic healthcare supply chain leader with a passion for driving operational excellence and innovation. With experience spanning consulting, project management and strategic supply chain leadership, she has worked with some of the nation's top health systems to optimize processes and eliminate inefficiencies. Elzinga's journey includes impactful roles at multiple GPOs and as a Supply Chain Director in Colorado. Currently, she supports the Special Operations team, focusing on accelerating solutions for healthcare organizations. She earned a BBA from the University of Colorado Denver Business School.

Sandra Reichle, CST, is the Director of Clinical Supply Chain at UCI Health, where she has worked for seven years. With over 40 years of experience in surgery and supply chain, she has led the transition from manual to automated systems in healthcare supply chain operations. Reichle oversees operations across seven campuses, focusing on peri-operative processes like bill only, charge processing, PO creation and Value Management. She has driven automation for inventory management, loaner tray tracking and the integration of ERP/EMR systems. Reichle earned her BA from San Diego State University and her CST from El Centro College.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Graban, M. (2018). *Lean Hospitals: Improving Quality, Patient Safety, and Employee Engagement*. CRC Press.
2. Mathew, J., et al. (2020). Inventory optimization for healthcare supply chains. *International Journal of Health Planning and Management*.
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5. Chopra, S., & Sodhi, M. S. (2014). Managing risk to avoid supply-chain breakdown. *MIT Sloan Management Review*.
6. Galsworth, G. D. (2005). *Visual Workplace: Visual Thinking*. Routledge.
7. Maslove, D. M., et al. (2011). The impact of supply chain disruptions on patient care in critical settings. *Healthcare Quarterly*.



WEDNESDAY, Aug. 20 | 7:15 – 8:15AM

Category: Pharmacy Operations

Sterile Compounding & IV Room Inspections in 2025—Are You Ready?

OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy

UAN: 0863-9999-25-053-L07-P

Course level: Intermediate

USP <797> Pharmaceutical Compounding—Sterile Preparations was officially enacted in November of 2023 and various state Boards of Pharmacy have enforced compliance at different times. Discover changes to USP <797>, especially what state boards and The Joint Commission are likely to focus on during their inspections, encompassing both policy and practice. The changes will cover new sampling, training requirements, immediate use compounding and how it affects nurses and physicians. The presenter will address common questions beyond the scope of USP <797>, including IV room remodeling, project management and how to build a partnership with plant operations for the most efficient remodeling and backup plans during remodeling downtime. Case studies will be shared to empower attendees with knowledge that can be applied toward their own successful inspections with regulatory bodies.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify potential gaps in pharmaceutical compounding for sterile preparations policy and practice based on USP<797>.
- Recall strategies for successful survey compliance and inspection that align with USP<797>.
- Recognize evidence-based methodologies for interdisciplinary collaboration related to USP <797> compliance in preparation for surveys and state board inspections.

Biography

Bickkie Solomon, PharmD, MBA-HM, BCSCP, CPEL, CPH, LSSGB, brings more than 13 years of broad experience in inpatient, outpatient, mail order, home infusion, correctional health, consulting, academia and pharmacy/DME operations. Her expertise includes profit margin improvements, USP Chapters <795, 797, 800>, regulatory compliance, process and workflow improvements, change management, leading cross functional teams and projects, medication safety and new services expansions. Solomon earned a Bachelors in Engineering, a Doctor of Pharmacy and an MBA in Healthcare Management. She is also an Assistant Professor at West Coast University; a certified pharmacy executive leader; a board-certified sterile compounding pharmacist; and she holds a Lean Six Sigma Green Belt.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. United States Pharmacopeial Convention. General chapter <797> pharmaceutical compounding—sterile preparations. USP-NF 2023, Issue 1, November 1, 2022, official as of November 1, 2023.
2. USP-NF 2023, Issue 1, November 1, 2022, official as of November 1, 2023. USP General Chapter <800> - Hazardous Drugs—Handling in Healthcare Settings

3. ASHP. 2023. USP <797> Key Changes. <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/compounding/docs/USP-797-Key-Changes.pdf>
4. ASHP. 2023. <USP 797> List of Standard Operating Procedures. <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/compounding/docs/USP-797-List-Of-Standard-Operating-Procedures.pdf>
5. ASHP. USP Designated Persons Responsibilities Chart. <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/compounding/docs/USP-Designated-Persons-Responsibilities-Chart.pdf>
6. ASHP. 2023, May. ASHP - Compounded Sterile Preparations Pharmacy Specialty Review Course for Recertification + RECERT EXAM Package (Cert # L249127).



WEDNESDAY, Aug. 20 | 7:15 – 8:15AM

Category: Pharmacy Clinical

Betting on Better Outcomes: The Two-bag Method for Diabetic Ketoacidosis in Critical Care

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-054-L01-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Intermediate

Currently, adult Diabetic Ketoacidosis (DKA) treatment in critical care often relies too heavily on insulin adjustments, which should not be the primary focus. The two-bag method—proven effective in pediatric care and supported by studies for adults—offers a more streamlined and consistent approach. Discover how this innovative method can transform DKA treatment in critical care by prioritizing fluid resuscitation over insulin adjustments, leading to more consistent and effective patient outcomes. Join us to explore the benefits, including reduced hypoglycemia incidence, and learn steps for implementing this protocol in your practice. Don't miss this opportunity to enhance your DKA management skills and improve patient care.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recognize the pathophysiology and critical need for timely intervention in Diabetic Ketoacidosis (DKA).
- Recall the two-bag approach for fluid management in adult DKA.
- Identify strategies for implementing the two-bag method for fluid management in adult DKA.

Biographies

Kathy Glem, PharmD, BCCCP, is the Director of Clinical Pharmacy for St. Luke's Health System in Idaho's Treasure Valley. A practicing pharmacist for over 10 years, she develops and leads clinical services for three major hospitals and one post-acute care facility. Glem is Board Certified in Critical Care and has

extensive experience as an Emergency Medicine Pharmacist, including work at a Level II Pediatric Trauma Center and a Level II Adult Trauma Center. She graduated from the University of Washington School of Pharmacy and completed a PGY-1 residency at MultiCare Good Samaritan Hospital in Puyallup, Washington.

Mikaela Elwell, PharmD, BCPS, is the Clinical Pharmacy Team Lead for St. Luke’s Health System – Meridian Medical Center, in Treasure Valley, Idaho. Her role includes both direct patient care as well as clinical project development with a focus on innovating and elevating pharmacist roles within the health system. Elwell received an undergraduate degree from Gonzaga University in Spokane, Washington, and she earned a Doctor of Pharmacy at the University of Colorado.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Alghamdi NA, Major P, Chaudhuri D, et al. Saline Compared to Balanced Crystalloid in Patients With Diabetic Ketoacidosis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Crit Care Explor.* 2022;4(1):e0613. Published 2022 Jan 6. doi:10.1097/CCE.0000000000000613
2. Munir I, Fargo R, Garrison R, et al. Comparison of a 'two-bag system' versus conventional treatment protocol ('one-bag system') in the management of diabetic ketoacidosis. *BMJ Open Diabetes Res Care.* 2017;5(1):e000395.
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7. Poirier MP, Greer D, Satin-Smith M. A prospective study of the "two-bag system" in diabetic ketoacidosis management. *Clin Pediatr* 2004;43:809–13. 10.1177/000992280404300904



WEDNESDAY, Aug. 20 | 7:15 – 8:15AM

Category: Pharmacy Operations

340B – 2025 Legal Landscape

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Healthcare Executive

UAN: 0863-9999-25-055-L03-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center

Course level: Intermediate

The 340B Program is one of the most consequential and dynamic federal programs affecting the healthcare industry. In recent years, 340B Program stakeholders have taken unprecedented actions in the 340B Program with impacts on covered entity savings, contract pharmacy services, manufacturer

discounts, HRSA auditing activities, and federal court precedent. Join this session as a 340B leader from the legal industry reviews the current landscape. Discover in-depth updates on recent events, including drug manufacturer policies and responses from industry stakeholders, program barriers and how to accelerate program growth. Audience participation is encouraged to provide take-home strategies for implementation.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall the 340B Program’s unique structure and significant developments in the 340B legal landscape over the prior year.
- Recognize program growth opportunities and 340B best practices.
- Identify audit and operational risks of 340B expansion strategies.

Biography

Steven Schnelle, J.D., is a partner with McDermott, Will & Emery in New York where he provides strategic legal solutions and insight to investors and business operators in the healthcare and life sciences industries to navigate complex legal structures and regulatory issues. He assists with third-party payor revenue optimization, reimbursement, coding and billing strategies. Schnelle provides advice on federal healthcare program audits, investigations and appeals, and leads compliance program structuring and drug pricing issues relating to the 340B program. He earned a bachelor’s degree at New York University and a Juris Doctor at Georgetown University Law Center.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. 340B Statute: <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/phs-act-section-340b.pdf>
2. 340B Regulations: <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-10>
3. Guidance Regarding Section 602 of the Veterans Health Care Act of 1992 Limitation on Prices of Drugs Purchased by Covered Entities: <https://www.hrsa.gov/sites/default/files/hrsa/opa/limitations-drug-prices-05-07-93.pdf>
4. Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Duplicate Discounts and Rebates on Drug Purchases: <https://www.hrsa.gov/sites/default/files/hrsa/opa/duplicate-discounts-rebates-06-23-93.pdf>
5. Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Entity Guidelines: <https://www.govinfo.gov/content/pkg/FR-1994-05-13/html/94-11643.htm>
6. Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Outpatient Hospital Facilities: <https://www.hrsa.gov/sites/default/files/hrsa/opa/outpatient-hospital-facilities-09-1994.pdf>
7. Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Patient and Entity Eligibility: <https://www.hrsa.gov/sites/default/files/hrsa/opa/patient-entity-eligibility-10-24-96.pdf>
8. Notice Regarding the Section 340B Drug Pricing Program – Program Guidance Clarification (Duplicate Discounts): <https://www.hrsa.gov/sites/default/files/hrsa/opa/federal-register-12-15-2000.pdf>
9. Final Notice Regarding 340B Drug Pricing Program: Contract Pharmacy Services: <https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>
10. Omnibus Guidance; Proposed Guidance: <https://www.gpo.gov/fdsys/pkg/FR-2015-08-28/pdf/2015-21246.pdf>
11. Registration Requirements in the 340B Drug Pricing Program: <https://www.govinfo.gov/content/pkg/FR-2023-10-27/pdf/2023-23702.pdf>
12. Genesis HealthCare v. Becerra: <https://www.ca4.uscourts.gov/opinions/201701.P.pdf>
13. 340B Litigation Tracker: <https://www.mcdermottplus.com/340b-litigation-tracker-registration/>
14. Johnson and Johnson Rebate Model: <https://transparencyreport.janssen.com/johnson-johnson-rebate-model-summary-letter>

15. Johnson & Johnson Health Care Systems Inc. v. Becerra: <https://www.statnews.com/wp-content/uploads/2024/11/JJHCS-v.-Becerra-Complaint-ECF-1-2024-11-12.pdf>
16. 340B SUSTAIN Act: https://www.thune.senate.gov/public/_cache/files/5e99f492-7a5e-428d-a25e-f4722cfd4b38/26132C0D072A3EF9EB32FB58CFEF5819.340b-discussion-draft-explanatory-document-and-subsequent-rfi.pdf



10:00 – 11:00AM Time Block

WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Supply Chain Management

Burning the Boats on not Standardizing: Implementing a Consolidated Service Center

NOT OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Pharmacy

UAN: 0863-9999-25-056-L04-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Basic

Join us to learn how one member IDN recently opened a \$71M, 333K square/foot, heavily automated, state-of-the-art Supply Chain and Pharmacy Consolidated Service Center (CSC) with services that include supply distribution, pharmacy redistribution, home infusion, 503A compounding and repackaging. Discover the processes in development to implement mail order, specialty, central fill and automated dispensing cabinet replenishment for Pharmacy as well as IHT imaging, biomed/scope repair, a print shop, bed repair and more. The presenter will share the organization's business case and lessons learned, including why supply and drug standardization has broad applicability to other strategic initiatives.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall the criticality of supply chain and drug standardization for resiliency initiatives.
- Recognize benefits of a supply and drug standardization program that engages physicians beyond traditional cost savings.
- Identify strategies for the implementation of large-scale initiatives in healthcare based on the case example.

Biography

John Barnes, MBA, is the Senior Director of System Integration & Planning at St. Luke's Supply Chain, which earned Gartner Top 25 status last year. In his role, he leads the 15-person Technology and Inventory teams and is the business lead for their Consolidated Service Center initiative. Barnes earned a bachelor's degree in English from the University of California (UC), Santa Barbara, and an MBA from UC

Davis. Previous experience includes roles with Albertsons and Micron. He has earned certifications as a Six Sigma Black Belt and Project Management Professional and serves on HealthTrust’s Technology Advisory Board and as Vice Chair of Health Connect Partners’ Education Board.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Gartner 12-page research note that I re-reviewed April 2025 how IDN supply chain leaders face the foundational decision of whether to build a consolidated service center. These centers offer the promise of improving service levels, saving money and providing a platform for added supply chain offerings. This research defines CSC models and associated risks.
2. Gartner 2023 Top 25 article healthcare supply chain article that I re-reviewed in April 2025 in which their writeups of 12 of the supply chains highlighted CSC, service/distribution center, or distribution center partnership activity.
3. March 2023 <https://www.ryancompanies.com/news/improving-healthcare-supply-chain-efficiency-consolidated-service-centers>
4. Oct. 2023 Baptist Pharmacy CSC article (Adrian, Jason, Kelley, Brian, etc. toured it last month): <https://www.hcinnovationgroup.com/clinical-it/pharmacy/news/53074689/baptist-health-creating-centralized-pharmacy-supply-chain-hub>
5. Nov. 2023 <https://www.tecsys.com/blog/the-rise-of-the-consolidated-pharmacy-service-center>
6. April 2022: <https://www.tompkinsinc.com/post/healthcare-supply-chain-how-a-consolidated-service-center-can-help-hospitals-cut-costs-while-improving-patient-care>
7. After 2021 we believe: https://www.hida.org/distribution/resources/white-papers/Evaluating_Self-Distribution.aspx
8. Dec. 2021 <https://www.stonge.com/consolidated-services-centers-a-big-decision-do-it-right/>
9. Nov 2021 <https://www.jhconline.com/consolidated-service-centers.html>
10. May 2021 <https://www.jhconline.com/the-advantages-and-challenges-to-self-distribution-during-the-pandemic.html>



WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Accessible Care

Advancing Accessible Care One Community at a Time

OPEN TO SUPPLIERS

CE Credit approved for: Healthcare Executives, Nursing, Pharmacy, Supply Chain

UAN: 0863-9999-25-057-L04-P

Other Target Audiences who may be interested (no CE): Ambulatory Surgery Center, Physicians

Course level: Basic

The Department of Health and Human Services launched the “Healthy People 2030” campaign in August of 2020, with a developmental objective of promoting healthy development, healthy behaviors and well-being across all life stages. As a country, however, the United States is far from that vision five years into the initiative. Join panelists from three healthcare systems and learn how they have worked to enable accessible care within the communities they serve.

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall key challenges in addressing accessible healthcare.
- Recognize strategies to advance access to care within a community.
- Identify opportunities for application within their own organizations.

Biographies

Moderator

Aigner George, PharmD, CDE, is the Assistant Vice President of Pharmacy Solutions for HealthTrust, where she is dedicated to engaging with client members in consulting and leadership, working with more than 100 healthcare facilities in the provision of advisory services. With 20 years of healthcare experience, she has been involved in various aspects of pharmacy operations, facilitating initiative implementations which include operations, formulary management, safety and quality initiatives, supply expense management, leadership development and transformation. George earned a Doctor of Pharmacy degree from Hampton University.

Panelists

Jeremy Brooks-McKinnon, LMSW, MDiv, is Assistant Vice President, Health Equity with HCA Healthcare. In this role, he contributes to the continued development, execution and oversight of enterprise patient goals, which include health access and spiritual care. Brooks-McKinnon is a Licensed Social Worker and theologian, holding a Master of Social Work from the University of Southern California, a Master of Divinity from Vanderbilt University, and bachelor's degrees in psychology and social work from Troy University. As a volunteer, he serves on the advisory board of directors for Shower the People to provide access to showers, laundry services and hygiene care for those experiencing homelessness in Nashville.

Jaime Dirksen, BA, AM, serves as the Vice President, Community Health & Well-Being at Trinity Health where she is responsible for advancing policies and programs that promote health equity, investing in communities through benefit compliance, grantmaking and low-interest loans, as well as advancing social care by collaborating with care teams to expand access to healthcare and addressing patient social needs across the 26-state system. Dirksen joined Trinity 2016, with 20+ years of public health experience leading large-scale planning, program and policy design efforts through public and private partnerships. She earned a Master's degree from the University of Chicago at the School of Social Service Administration.

Darra Edwards, PharmD, MSOL/HCM, BCPS, BCCCP, LSSBB, is the Corporate Pharmacy 340B Program Director at Prime Healthcare System. She is a Healthcare Executive of Health Equity, Clinical Quality and High Reliability who aligns large hospital systems, physicians, senior leadership and community resources to increase access to quality care and promote health equity in complex disenfranchised communities, maximizing the potential of the healthcare system and its high-performing teams by improving day-to-day management of clinical and business operations. Edwards earned bachelor's and master's degrees from Boston University and a Doctor of Pharmacy degree from Mercer University. She obtained a Master of Science degree in Healthcare Management from Brenau University.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion. Health Equity in Healthy People 2030. Accessed: December 1, 2023. <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

2. Hill L, Ndugga N, & Artiga S. Key Data on Health and Health are by Race and Ethnicity. KFF. March 2023.
3. U.S. Department of Health and Human Services: National Center for Health Statistics. Examining Progress Toward Elimination of Racial and Ethnic Health Disparities for Health People 2020 Objectives Using Three Measures of Overall Disparity. 2022:2(195). Centers for Disease Control and Prevention. Health Equity. Accessed December 1, 2023. <https://www.cdc.gov/healthequity/whatis/index.html>.



WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Value Analysis

Excel-ling at Value Analysis: Leveraging HealthTrust Data to Perform Financial Supply Chain Analyses

OPEN TO SUPPLIERS

CE Credit approved for: Supply Chain, Healthcare Executive

Course level: Advanced

Following clinical review of contracted products, healthcare value analysis teams are often responsible for performing comprehensive financial analyses to inform the development of supply chain formularies, standardizations and savings opportunities. Healthcare leaders must partner with suppliers to identify relevant overlapping touchpoints and understand cost comparisons to scale savings across their health system. Discover how one organization leverages supplier, internal and Group Purchasing Organization data to perform financial evaluation of product categories for formulary and standardization opportunities using native functionality within Microsoft Excel.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify key elements for data requirements to inform supply chain formulary and standardization launch packages.
- Recognize the unique roles of suppliers and health systems to evaluate, implement and monitor supply chain standardization activities.
- Recall helpful tools within Excel to leverage formulas and calculations to perform comprehensive financial analyses for supply chain initiatives.

Biographies

Jared Dougherty, DNP, MBA, RN, CENP, CCRN-K, is the Senior Director of Clinical Resource Analysis for HCA Healthcare Supply Chain, where he leads the selection of all supply chain products used in nursing, perinatal, wound care, infection prevention and burn care clinical settings. His clinical areas of expertise are cardiovascular critical care, mechanical circulatory support and outpatient cardiology services. Dougherty's doctoral work focused on the cultivation of resilience in nurse managers and his research areas of interest include quality improvement and patient safety, improvement science and mechanical circulatory support.

Joe Armstrong, BS, is the Manager of Clinical Value Analysis for HCA Healthcare’s Supply Chain where he focuses on surgical services, developing analytics that support value analysis as well as identifying supply chain process improvement opportunities. His background is in project management, specializing in data-driven decision sciences, talent development, adult learning theory and educational technology. Armstrong is an MBA candidate at Vanderbilt University ('26). He earned a bachelor’s degree from the University of North Texas, and is a Non-Commissioned Officer Warrior Leadership Course graduate from the United States Army.

Julie London, BSN, RN, is a Senior Director of Clinical Resource Management for HealthTrust, where she assists members with the development and growth of comprehensive Value Analysis Programs. She has 20 years of nursing experience, serving acute care facilities as a clinician. London has spent the last 10 years in Clinical Operations, specializing in contract management, compliance and value analysis. Her experience includes leading projects such as hospital systemwide product inventory reduction and standardization, cost savings and formulary initiatives across multiple service lines, and developing an implementation launch process that includes compliance and savings realization tracking. London earned a BSN in Nursing from The University of Tennessee.

List of Evidence-based References and/or Industry Resources consulted in content development:

1. Dixit, A., Routroy, S., & Kumar-Dubey, S. (2019). A systematic literature review of healthcare supply chain and implications of future research. *International Journal of Pharmaceutical and Healthcare Marketing*, 13(4), 405-435. <https://doi.org/10.1108/IJPHM-05-2018-0028>
2. Dobrzykowski, D. (2019). Understanding the downstream healthcare supply chain: Unpacking regulatory and industry characteristics. *Journal of Supply Chain Management*, 55(2), 26-46. <https://doi.org/10.1111/jscm.12195>
3. Schneller, E., Abdulsalam, Y., Conway, K., & Eckler, J. (2023). Strategic management of the healthcare supply chain. *Jossey-Bass*.
4. Senna, P., Reis, A., Marujo, L.G., Ferro de Guimarães, J.C., Severo, E.A., & dos Santos, A.C.D.S.G. (2023). The influence of supply chain risk management in healthcare supply chains performance. *Production Planning & Control*, 35(12), 1368-1383. <https://doi.org/10.1080/09537287.2023.2182726>



WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Pharmacy Leadership

Unmasking Medication Safety Blind Spots

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-058-L05-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Intermediate

Medication safety practices often prioritize metrics, such as medication reconciliation completion rates

or bedside barcode scanning compliance. This metric-driven approach can incentivize data manipulation over true harm reduction, especially with limited FTE resources. The implementation of a multidisciplinary medication safety workgroup fosters a collaborative environment to address practice gaps and at-risk behaviors related to medication use; it is vital for medication safety. Join presenters as they share key strategies which include medication reconciliation, to accurately compare current and previous medication lists; bedside barcode scanning, to verify the ‘right patient, right medication’ at the bedside; and fostering a ‘just’ culture that encourages error reporting, without blame, to improve system safety.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify medication reconciliation challenges and potential solutions.
- Recognize the value of bedside barcode scanning and real-time audits.
- Recall strategies ensure effective implementation of medication safety initiatives and improve reporting culture.

Biographies

Erin Moody, PharmD, is the Director of Pharmacy at Paris Regional Health where she is the chair of the Drug Diversion committee, the Antimicrobial Stewardship Pharmacy Champion and oversees the day to day operations of the main campus and newly acquired emergency center. Prior to her role as director, she worked in the ICU as a Clinical Pharmacy Specialist at Paris Regional Health. Moody graduated from the University of Houston College of Pharmacy and completed a PGY-1 residency at Memorial Hermann Southwest in Houston, Texas. Her professional interests include internal medicine, emergency medicine and infectious diseases.

Morgan Greutman, PharmD, BCPS, is a Clinical Pharmacy Specialist with Paris Regional Health where she leads performance improvement projects and clinical practice initiatives. Previously, she had more than seven years of service in the U.S. Public Health Service Commissioned Corps, where she focused on medication safety and opioid overdose initiatives. Greutman graduated from Southwestern Oklahoma State University and completed a residency at the Choctaw Nation Health Services Authority.

List of Evidence-based References and/or Industry Resources Consulted in the content development:

1. Medication Reconciliation. PSNet [internet]. Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2019.
2. Chapter 3. Developing Change: Designing the Medication Reconciliation Process. Content last reviewed July 2022. Agency for Healthcare Research and Quality, Rockville, MD.
3. Institute for Safe Medication Practices (ISMP). ISMP Targeted Medication Safety Best Practices for Hospitals. ISMP; 2024. <https://www.ismp.org/guidelines/best-practices-hospitals>.
4. The Joint Commission. (2020, December). Developing a reporting culture: Learning from close calls and hazardous conditions. <https://www.jointcommission.org/resources/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-60-developing-a-reporting-culture-learning-from-close-calls-and-hazardous-condi/ASHP USP Designated Persons Responsibilities Chart: https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/compounding/docs/USP-Designated-Persons-Responsibilities-Chart.pdf>



WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Pharmacy Clinical

Can you see me? Contrast Agents, Dyes & Radiopharmaceuticals: A Crash Course for Busy Clinicians

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Nursing

UAN: 0863-9999-25-059-L01-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Intermediate

Iodinated and gadolinium based agents, dyes (e.g., indocyanine green, methylene blue) and radiopharmaceuticals are all commonly used agents in the inpatient setting. Pharmacists and nurses receive little to no didactic training on any of these agents, despite their classifications as drugs. In addition, some of these agents are exclusively procured by a Pharmacy department that is also accountable for the supply expense. Join us for this session that will draw on the experience of subject matter experts to provide practical information and strategies on the current use of these agents and a glimpse into the future state of some of these categories (theranostics).

Learning Objectives | *At the end of this session, participants should be able to:*

- Recall the differentiating factors between forms of radiographic- and gadolinium-based contrast agents and the use of dyes in the surgical space.
- Identify the radiographic agents, dyes and radiopharmaceuticals that Pharmacy may be tasked with procuring and managing, as well as accounting for the resulting supply expense.
- Recognize current and potential future use of emerging theranostics in practice.

Biographies

Moderator

Keith Teelucksingh, PharmD, BCPS, BCIDP, is the Senior Director of Clinical Pharmacy Operations Expense Management where he is responsible for supporting HCA Healthcare by guiding clinical pharmacy operations, executing clinical initiatives and supporting clinical and patient care agendas. He joined HealthTrust Supply Chain in 2014 as the Division Infectious Disease Pharmacist for the South Atlantic Division and has worked in the corporate office since 2021. Teelucksingh received a Doctor of Pharmacy degree from the University of Florida and he completed a general residency and an infectious disease specialty residency at the University of California, San Francisco.

Panelists

Kyle Bugg, MBA, RT(R)(ARRT), is the Senior Director of Clinical Resource Analysis for HCA Healthcare, where he supports the Imaging, Cardiac and Vascular service lines. He leads strategic development and implementation of supply expense management, standardization and formulary initiatives for new technology, devices and physician preference items. Prior to his current role, Bugg was the Imaging and Cardiovascular Director at StoneCrest Medical Center in Smyrna, Tennessee, and has been a Radiologic Technologist since 2010. He earned an AAS in Radiological Sciences from Columbia State Community

College, a bachelor's in Organizational Behavior from Tennessee Technological University, and an MBA from Utica College.

Bailey Gaudry, BS, CNMT (NMTCB), is a Certified Nuclear Medicine Technologist with HCA Healthcare's TriStar Summit Nuclear Medicine Department. Previously, they were at Vanderbilt Children's Hospital before transitioning to the Vanderbilt University Adult Hospital in 2017. In their time with the Vanderbilt network, they gained status as a peer leader while working in the general nuclear medicine, PET-CT, radiopharmacy and radiotherapy departments. Gaudry was instrumental in the creation of the Nuclear Technologist Radiotherapy role in 2018. They obtained a Bachelor of Science degree in Nuclear Medical Technology from Austin Peay State University.

Blake McAbee, MBA, BSN, RN, is the Senior Director of Clinical Resource Analysis for HCA Healthcare where he leads the development of strategies to manage supply expenses for surgery, including the oversight of high impact physician preference items. His previous clinical roles include OR nurse at Erlanger, a level 1 trauma center, and Parkridge Medical Center. Prior to joining HealthTrust, McAbee spent 10 years with Ascension as the OR Manager for Saint Thomas Midtown and then as a Senior Critical Product Manager for The Resource Group. He holds an RN/BSN from UT Chattanooga and an MBA from Western Governors University.

List of Evidence-based References and/or Industry Resources Consulted:

1. American College of Radiology (ACR). ACR Manual on Contrast Media 2024 Edition. <http://https://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/Contrast-Manual>. Date accessed 2.27.2025.
2. Sutton PA, van Dam MA, Cahill RA, et al. Fluorescence-guided surgery: comprehensive review. *BJW Open* 2023; 7(3): zrad049.
3. Wang X, Teh CSC, Ishizawa T, et al. Consensus guidelines for the use of fluorescence imaging in hepatobiliary surgery. *Ann Surg* 2021; 274: 97-106.



WEDNESDAY, Aug. 20 | 10:00 – 11:00AM

Category: Pharmacy Operations

The Pharmacologic Clock Is Ticking—Comprehensive Alignment to Timely Formulary Adoption

NOT OPEN TO SUPPLIERS

CE Credit approved for: Pharmacy, Supply Chain

UAN: 0863-9999-25-060-L04-P

Other Target Audiences who may be interested (no CE): Physicians

Course level: Intermediate

Key components in developing medication formulary recommendations include an evaluation of a medication's clinical efficacy and side effects, patient safety, contracting, and cost effectiveness.

Navigating the interdisciplinary matrix to effectively implement a formulary recommendation includes early involvement of procurement teams, information technology and pharmacy systems teams, interdisciplinary operations, regulatory and billing teams, and clinicians. Presenters will share how understanding the responsibilities and requirements of each of these teams allows for the development of effective timelines for implementation of medication formulary recommendations.

Learning Objectives | *At the end of this session, participants should be able to:*

- Identify key collaborative teams and decision-makers to drive momentum in implementing pharmacy initiatives.
- Recall key operational steps that can stall pharmacy initiatives if left incomplete.
- Recognize key communication strategies for delivering a successful pharmacy initiative implementation.

Biographies

Laurie Perkins, PharmD, is the Director, Clinical Pharmacy Operations at HealthTrust where she is focused on formulary management, shortage mitigation and IV pump standardization. She has more than 20 years of experience, previously as a Critical Care Pharmacist and Clinical Pharmacy Manager with HCA and post residency at Ascension St. Thomas as a Clinical Pharmacist in the heart failure and heart and kidney transplant clinics, and as a Critical Care Pharmacist. Perkins obtained a Doctor of Pharmacy degree from the University of Tennessee Health Sciences Center College of Pharmacy and received residency training through Ascension St. Thomas in Nashville, Tennessee.

Erin Graden, PharmD, is the Director of Consolidated Pharmacy Services for HCA Healthcare where she supports COE, pharmacy distribution and supply chain, drug shortages and other initiatives. She previously worked in community pharmacy practice where she served as the Director of Pharmacy for an independent, rural community healthcare system, responsible for establishing pharmacy services to support critical access, long-term care, assisted living, outpatient clinic, county health, and retail pharmacy settings. Graden is a graduate of the North Dakota State University College of Pharmacy in Fargo, North Dakota.

Athena Markos, is the Regional Distribution Center Pharmacy Director of Inventory Control for HCA/HealthTrust Supply Chain for East and West Florida, where she manages the oversight of the pharmacy warehouse inventory and distribution of medications for 50 HCA hospitals within the state of Florida and Georgia. She has more than 30 years of pharmacy experience in both the retail and facility settings. Markos obtained her Bachelor of Science of Pharmacist from the Medical University of South Carolina in Charleston, SC.

List of Evidence-based References and/or Industry Resources Consulted in content development:

1. ASHP Formulary Management: Principles of a Sound Drug Formulary System: <https://www.ashp.org/-/media/assets/policy-guidelines/docs/endorsed-documents/endorsed-documents-principles-sound-drug-formulary-system.pdf>
2. Urbanski C, Cello R, Luby B, Gumpper K, et al. Formulary management guiding principles for automated systems. *AJHP*. 2022;79(18):1599-1606.
3. Martino JG, Stevens C, Park BJH. Formulary reconciliation: implementation of a comprehensive approach to formulary maintenance and standardization. *Inquiry*. 2024.61:1-6. <https://journals.sagepub.com/doi/10.1177/00469580241271219>

4. Johnson ST, Gosser RA, Kier KL, et al. Formulary management challenges and opportunities: 2020 and beyond – an opinion paper of the drug information practice and research network of the American College of Clinical Pharmacy. J Am Coll Clin Pharm. 2021;4:81-91.
5. Karel LI, Delisle DR, Anagnositcs EA, Wordell CJ. Implementation of a formulary management process. AJHP. 2017;74(16):1245-1252.

