Let us pray …

Gracious God, thank you for the abundant blessings you have given us! Through your generosity, we are able to share our blessings with those who are lacking medical supplies. Today, we ask a special blessing over all medical materials being sent to our brothers and sisters. Help these supplies to be instruments of your compassion—providing help and hope to your people who are most in need. Bless all those who will be the beneficiaries of these gifts, and all those persons whose hands helped to collect and send them.

We ask for your continued blessing now and in the future. Amen.
Our presenters

Bob Beyer
Vice President, Supply Chain Services
Hospital Sisters Health System
Springfield, Ill.

Bob Beyer is the vice president of supply chain services for Hospital Sisters Health System (HSHS) based in Springfield, Ill. He has served HSHS for more than 14 years as the senior supply chain leader and is responsible for all aspects of their supply chain programs, including their sustainability or Reverence for the Earth Programs. HSHS has 13 Hospitals located in Illinois and Wisconsin.

Mr. Beyer also serves as the chair of the board for Consorta Group Purchasing Organization, on the Equity Board for the Healthtrust Purchasing Group and is currently in his third term on the Hospital Sisters Mission Outreach Board of Directors.

Our presenters

Anastasia L. Thatcher, MBA
Global Health Lead
Accenture Development Partnerships

Anastasia L. Thatcher is the global health lead for Accenture Development Partnerships, which provides consulting support to more than 120 international development organizations in 70 countries on a nonprofit basis. Accenture Development Partnerships helps clients create impact in the developing countries across education, health and nutrition, agriculture, emergency response, water and energy.

She is an expert on partnerships strategy and design, having worked to build a number of coalitions working across civil society, UN organizations, donors, academia and business. She has led teams to conceive, design and deliver over 20 multi-stakeholder initiatives across more than a dozen countries to alleviate poverty, build clean water systems, address food security and nutrition challenges, strengthen health care infrastructure and create sustainable livelihoods. Prior to Accenture, she managed Strategic Planning and Forecasting for United Health Group’s public sector business, serving the health needs of more than 1 million people.

She holds a bachelor of arts degree in economics from the University of Virginia and a master of business administration degree in strategy and international business from New York University – Stern. She is currently a master of science degree candidate for international affairs at The New School University.
International Outreach at CHA

- Responding to the ministry’s call
- Share information and ideas
- Increase impact and effectiveness
- Alleviate human suffering

CHA Medical Surplus Donation Study –
Key Research Question

How can health organizations work most effectively to **alleviate human suffering** through responsible medical surplus donation?

- What resources are required to improve and expand surplus donation?
- What are medical surplus donors’ role in ensuring the effectiveness of surplus donations?
  - MSROs
  - Health Systems & Hospitals
### Research Phases

#### Phase I Research Tracks (2010):

<table>
<thead>
<tr>
<th>Survey/Visit Type</th>
<th>Number of Respondents/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Survey</td>
<td>(N = 472 respondents)</td>
</tr>
<tr>
<td>MSRO Site Visits</td>
<td>(N = 9 organizations)</td>
</tr>
<tr>
<td>Impact Interviews</td>
<td>(N = 15 organizations)</td>
</tr>
</tbody>
</table>

- **Hospital Survey**: Understand interest, benefits, and barriers of surplus donation.
- **MSRO Site Visits**: Assess capacity to responsibly serve hospital donors.
- **Impact Interviews**: Interview recipients to understand impact of donations.

#### Phase II Research Tracks (2012):

<table>
<thead>
<tr>
<th>Survey/Visit Type</th>
<th>Number of Respondents/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Site Visits</td>
<td>(N = 50 interviews)</td>
</tr>
<tr>
<td>MSRO Site Visits</td>
<td>(N = 3 organizations)</td>
</tr>
<tr>
<td>Hospital &amp; MSRO Surveys</td>
<td>(N = 21 respondents)</td>
</tr>
</tbody>
</table>

- **Hospital Site Visits**: Assess current hospital surplus donation programs.
- **MSRO Site Visits**: Understand how hospitals can enable MSRO operations.
- **Hospital & MSRO Surveys**: Validate and prioritize surplus donation leading practices.

### Current State of Medical Surplus Donation

**Often Inappropriate**

Surplus that is not requested, of poor quality or cannot be maintained creates **considerable hardship** for health providers working in challenging conditions.

- Valuable time lost to sort unusable items
- High costs to store or dispose
- Expired goods cause rejection of entire container
- Inappropriate quantities (‘over donating’)
- Equipment that is broken or cannot be maintained

> “There is such little capacity on our end… the worst is ‘assorted supplies’ – that doesn’t help us at all.”

> “In disaster situations, charities donate WAY too much—exceeds capacity to distribute.”

> “Every country that PEPFAR works with has warehouses full of junk.”
Current State
Surplus Donation by Health Providers

- Extremely motivated to improve access to quality health care in the developing world by donating supplies and equipment

- Most do not approach surplus donation systematically:
  - Inconsistent understanding of what constitutes a useable donation
  - Lack of clear processes and guidelines
  - Lack of understanding of benefits of surplus donation programs

- Weak processes & metrics
  - Hospitals identify weak processes to identify quality surplus as the #1 improvement area
  - Hospitals want to improve beneficiary impact and reporting – currently less than half track or monitor donations in any way

- Significant opportunity to improve efficiency
Surplus donation is a powerful way for health care organizations to deliver on mission, create community benefit, and reduce environmental impact. However, Hospitals are not fully capturing benefits.

Motivations for Surplus Donation

- 9 out of 10 members donate supplies due to expiration
- 6 out of 10 donate broken equipment
- Members want to improve beneficiary impact and reporting – currently less than one-half track or monitor donations
- Only 8% work with a high-quality surplus recovery organization

Quality Gaps in Donations
Hospitals working in partnership donate 3 times more often and report superior results –
However, MSRO relationships can still be improved. 2/3rds of materials managers report partner relationships as a top improvement area.

Working with stakeholders, we all have an opportunity to bring together the community to improve our international outreach

**Today**
- Collection and donation of surplus not aligned with needs of beneficiaries
- MSRO industry is fragmented and lacks standards
- Beneficiary organizations are often not partnering with health care organizations in a meaningful way

**Tomorrow**
- INGOs
- MSRO
- Health Care Orgs
CHA Medical Surplus Donation Study:
How Effective Surplus Donation Can Relieve Human Suffering

This 18-page report presents findings from a 2010 study of how CHA-member organizations can alleviate human suffering in the developing world through a responsible medical surplus donation program. The report also highlights medical supply and recovery organizations that collect and distribute surplus and offers preliminary guidelines for working effectively with these organizations.

First Do No Harm — Assessing and Selecting High Quality MSROs

This guide offers Catholic health care leaders tools for assessing the practices and effectiveness of Medical Surplus Recovery Organizations. Based on the ground-breaking 2010 study of medical surplus donation, the new booklet and accompanying online tools provide assessment questions and information leadership can use to assure their organization’s medical surplus donations are made appropriately and effective by and MSRO.

In March 2012, through the generosity of a grant by the Gerard Health Foundation, the Catholic Health Association of the United States (CHA) engaged the Partnership for Quality Medical Donation (PQMD) to share leading practices and catalyze collaboration between their members, medical surplus recovery organizations (MSROs) and key stakeholders of the medical surplus industry. As a result, this Code of Conduct is the first significant milestone in a plan that leads to MSRO standards and eventually an opportunity for MSROs to be accredited.

First Do No Harm - Accompanying Video

This short video presents findings from a 2010 study of how CHA-member organizations can alleviate human suffering in the developing world through a responsible medical surplus donation program.
This resource shares the findings of a 2012 research study to determine high-impact leading practices every hospital and/or health system should adopt when starting or enhancing a medical surplus recovery program.
• Foundational Leading Practices

• Hospital Leading Practices
  – People
  – Process
  – Metrics

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**Foundational Leading Practices**

1. Work with a Medical Surplus Recovery Organization*
2. Establish Vision*

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**Hospital Leading Practices**

**People**

- Engage Champions*
- Define the Program and Roles
- Encourage Volunteerism at Partner MSROs
- Establish Communication Expectations
- Educate and Increase Awareness*

**Process**

- Plan—Create Amendments and Plan for Implementations*
- Identify—Track Inventory and Identify Opportunities for Surplus Donation*
- Collect—Batterie Donations at Appropriate Departments
- Sort—Organize Donations into Designated Categories
- Store—Prepare Sorted Donations for Receipt by MSRO
- Measure—Report and Track Surplus Donations

**Metrics**

- Track and Trend Impact on Surplus*
- Meaningful Reporting
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Foundational Leading Practices

1. Work with a Medical Surplus Recovery Organization*
2. Establish Vision*

Larry Mathews Mission Outreach Fellowship Program

Members of the HSHS Division (Eastern Wisconsin) Mission Outreach Fellowship teams recently gathered for a reunion and rechristening of the program as the Larry Mathews Mission Outreach Fellowship program. The program is the brainchild of Larry Mathews, Vice President, Administration, HSHS Division (Eastern Wisconsin). Larry was inspired to create the program as a means to share the history and stewardship focus of the Hospital Sisters with Division colleagues. Members of the first two groups will be collaborating to share their experiences with colleagues in the coming months.

Foundational Leading Practices

3. Identify Opportunities and Expectations*

Example: Decision Tree

<table>
<thead>
<tr>
<th>Guidelines to be defined by hospital</th>
<th>Guidelines to be defined by hospital</th>
<th>Guidelines to be defined by hospital</th>
<th>DNA list to be provided by MNRQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it functional?</td>
<td>Does it meet hospital guidelines for reuse or revalue?</td>
<td>Does it meet hospital guidelines for reuse or revalue?</td>
<td>Is it on the MNRQ? Does it accept it?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Scrap, Recycle or Dispose</td>
<td>Repair</td>
<td>Sell</td>
<td>Donate or Other</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Trade in</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Establish Benchmarks and Incentivize Improvement

Health care system should establish benchmarks for metrics and incentivize improvement towards these benchmarks. Although benchmarks may not be appropriate for all metrics, such as patient volume, they increase engagement when set appropriately. Progress towards benchmarks can be measured incentivized in a number of ways; one example suggested by system leadership was to offer a volunteer day at the MSRO for departments that increased their performance. Offering incentives and popularizing benchmarks engages employees across levels and departments. Furthermore, if hospitals increase usable donations in response to benchmarks, MSROs may increase their efficiency, thus increasing their output to the developing world.

### IMPLEMENTATION STEPS

<table>
<thead>
<tr>
<th><strong>OWNERSHIP</strong></th>
<th><strong>RESPONSIBILITY</strong></th>
<th><strong>IMPLEMENTATION STEPS</strong></th>
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<tr>
<td>SYSTEM/HOSPITAL</td>
<td>OPERATING</td>
<td>LEADERSHIP</td>
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<tr>
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</tr>
</tbody>
</table>

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**Facility-Level Leading Practices**

**PEOPLE**

15. Engage Champions
16. Define the Program and Roles
17. Encourage Volunteering of Partner MSROs
18. Establish Communication Expectations
19.Educate and Increase Awareness

**PROCESS**

16. Plan - Create Projections and Plan for Improvements
17. Identify - Track Inventory and Identify Opportunities for Surplus Donations
18. Collect - Gather Surplus Donations at Appropriate Departments
19. Sort - Organize Donations into Designated Categories
20. Stage - Prepare Sorted Donations for Receipt by MSRO
21. Measure - Record and Track Surplus Donations

**METRICS**

21. Track and Trend Impact on Value
22. Meaningful Reporting

*indicates that this leading practice is one of the eight highest-impact leading practices*
Facility-Level Leading Practices – People

10 Engage Champions
11 Define the Program and Roles
12 Encourage Volunteering at Partner MSROs
13 Establish Communication Expectations
14 Educate and Increase Awareness

Hospital Employees Donate Time to Mission Outreach in Springfield, Ill.

Seven St. Elizabeth's Hospital employees made a special volunteer trip to Hospital Sisters Mission Outreach in Springfield, Ill., to sort donated medical supplies that will be distributed worldwide to locations such as Costa Rica, El Salvador, Guatemala, Haiti, and 45 other countries.

Dawn Peach, a night shift nurse administrator, thought of the idea for a volunteer day after an educational trip for St. Elizabeth's managers to Hospital Sisters Health System (HS2HS) corporate headquarters where she learned about Mission Outreach.
Facility-Level Leading Practices – Process

15. Plan – Create Projections and Plan for Improvements*
16. Identify – Track Inventory and Identify Opportunities for Surplus Donation*
17. Collect – Gather Surplus Donations at Appropriate Departments
18. Sort – Organize Donations into Designated Categories
19. Stage – Prepare Sorted Donations for Receipt by MSRO
20. Measure – Record and Track Surplus Donations

METRICS

21. Track and Trend Impact on Values*
22. Meaningful Reporting

<table>
<thead>
<tr>
<th>Product Ref</th>
<th>Description</th>
<th>Brand Name</th>
<th>Quantity</th>
<th>Total Received</th>
<th>Total Weight</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>Medications</td>
<td>ABC</td>
<td>100</td>
<td>500,000</td>
<td>250,000</td>
<td>$125,000</td>
</tr>
<tr>
<td>67890</td>
<td>Supplies</td>
<td>DEF</td>
<td>50</td>
<td>250,000</td>
<td>100,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>01234</td>
<td>Equipment</td>
<td>GHI</td>
<td>20</td>
<td>100,000</td>
<td>50,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Total Received for the Period: 850,000
Total Value: $200,000
Eight Highest-Impact Leading Practices

**FOUNDATIONAL LEADING PRACTICES**
1. Work with a Medical Service Recovery Organization
2. Establish Vision
3. Identify Opportunities and Expectations
4. Establish Benchmarks and Measure
5. Develop Budgeting Guidelines for Activity
6. Communicate Across the Organization
7. Leverage MSRO and Service Relationships
8. Provide Expertise to MSRO Leadership

**HOSPITAL LEADING PRACTICES**

**PEOPLE**
1. Engage Champions
2. Define the Program and Objectives
3. Encourage Volunteering at Partner MSROs
4. Establish Communication Experiences
5. Educate and Increase Awareness

**PROCESS**
13. Plan—Create Projective and Plan for Improvements
14. Identify—Track Inventory and Identify Opportunities for Surplus Donation
15. Recycle—Gather Surplus Donations at Appropriated Departments
16. Contact—Organize Donations into Designated Categorizes
17. Stage—Prepare Sorted Donations for Processing by MSRO
18. Measure—Record and Track Surplus Donations

**METRICS**
23. Track and Trend Impact on Vehicles
24. Measurement and Reporting

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Q & A
Thank You

CONTACT

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