

# THE LOGIC OF CONVERSION: HOW SUPPLY AND DEMAND AFFECT YOUR TRANSITION

It is understandable that any transition or change can be daunting. Converting your facility from legacy connectors to ENFit is no exception; however, it is our hope that a deeper understanding of the process will lessen resistance and encourage you to begin. In this article we will address common myths and facts around the process of converting, specifically how demand affects current and future supplies of both ENFit and legacy devices. We will also highlight the importance of communication when it comes to planning a successful conversion.

## **Conversion: Supply and Demand**

From the outside, the process seems simple: you need supplies, you call and order supplies, supplies are available and shipped to you. In reality it IS that simple, but when it comes to the transition from legacy to ENFit connectors, there's another layer that's happening behind the scenes. For example; you need ENFit connectors moving forward, so you contact your supplier for ENFit products to plan your conversion. Your supplier then notes your demand for less legacy

and more ENFit which then affects the production of more ENFit and less legacy. "The goal for us is to be in this transition with our customers," says Ben Bailey, Global Portfolio Director of Nutritional Delivery at Cardinal Health. "Our customers need product to convert. We rely



heavily on customer relationships and two-way communication to predict these transitions and to plan manufacturing accordingly.”

Echoing the importance of that two-way communication, Victor Banh, Health Procurement and Strategic Sourcing at UCLA Health, states “Constant communication with the clinical key stakeholders, materials management, and vendors was critical in understanding timelines, stock availability, and making sure ENFit products were on the shelves for nurses on go-live day.”

*A common myth is that hospitals cannot convert to ENFit successfully until 100% of ENFit SKUs are in stock and available 100% of the time.* Regardless of ENFit, legacy connectors, or any other category of medical supplies, history suggests that having a product on backorder is not entirely unavoidable. Managing backordered supplies via substitute SKUs is something all facilities have conquered over the years. Within reason, brief supply gaps should not be the sole cause to postpone an ENFit conversion. “Many of your larger medical supply manufacturers are building product to meet anticipated demand 30-60 days in advance,” says Bailey.

“I reached out and communicated with our distributor and all our enteral feeding manufacturers



to make sure they were aware of UCLA’s conversion to avoid any backorders before go-live,” says Banh. “Given the pandemic and a constantly changing healthcare world, I did not expect 100% of ENFit SKUs would be available. However, I did hope that some manufacturers were better prepared with inventory given advanced notice and communication. With the use of ENFit adapters, we were able to avoid serious delays.”

In fact, the majority of supply gaps are very brief and often go unnoticed. Although not the preference, facilities manage through these supply constraints using their normal protocol of sizing up/down or

looking to other manufactures of a similar product. In scenarios where conversions cover hundreds of SKUs such as with ENFit, it's realistic to measure overall supply health and conversion readiness against current supply norms. "It's more likely that you'll see 90% of industry-wide SKUs in stock and ready to ship 90% of the time, especially until the ENFit market transition is nearing completion in 2021," says Bailey. Your transition to ENFit serves to improve this process of supply and demand that will likely bring improved product availability long term. Bailey adds, "Manufacturing efficiencies often come with higher volume in fewer SKUs, and manufacturing efficiencies allow product manufacturers to deliver more product to the front lines with more agility and reliability. I'd expect to realize additional efficiencies as the pendulum swings more towards ENFit."

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### **Conversion: 4 Steps for Success**

A successful conversion is really accomplished in the planning stages and leans heavily on open communication as Bailey mentioned.

1. ***Assembling your team:*** Assemble a multi-disciplinary team representing as many entities as possible that will be affected by the change. At a minimum, include representation from administrative and financial support, supply chain (for product ordering/pricing and also stocking and inventory at the facility level), pharmacy, nursing, clinical nutrition, home care, and education. "Communicate the 'why' and get buy-in from key stakeholders who will support the transition through any challenges or resistance," says Lorraine Linford, RN, BSN, CNSC, Nurse Manager, Nutrition Support and Vascular Access Team at Intermountain Medical Center in Salt Lake City.



2. **Choosing your Go-Live Champion:** Your ENFit champion is the individual who drives conversion in your hospital or healthcare system and should be available to assist all stakeholders that will be utilizing.

3. **Determining your Go-Live date:** Set a tentative Go-Live date so that you can create deadlines for such activities as product crosswalk, vendor selection, staff training, and education, but do not publicize it until you are confident the date is realistic and firm. “Most important is to have nurses and providers educated and fully trained,” says Kim Gorsuch, BSN, RN, CNSC, Nurse Supervisor, Interventional GI and Pulmonology, Gastroenterology and Nutrition Support at Comprehensive Care and Research Center in

Chicago. “You will want to make sure each team member is not only aware of the change, but why the change is happening.”

4. **Preparing:** Beyond hands-on training and education, utilize the wisdom and experience of those that have made a successful transition. “During the ENFit conversion in 2017 of the Intermountain Healthcare System with multiple hospitals (diversity of trauma centers to rural hospitals), many lessons were learned that may help other facilities in their ENFit conversion journey,” encourages Linford.

### **Conversion: The Sooner, The Better**

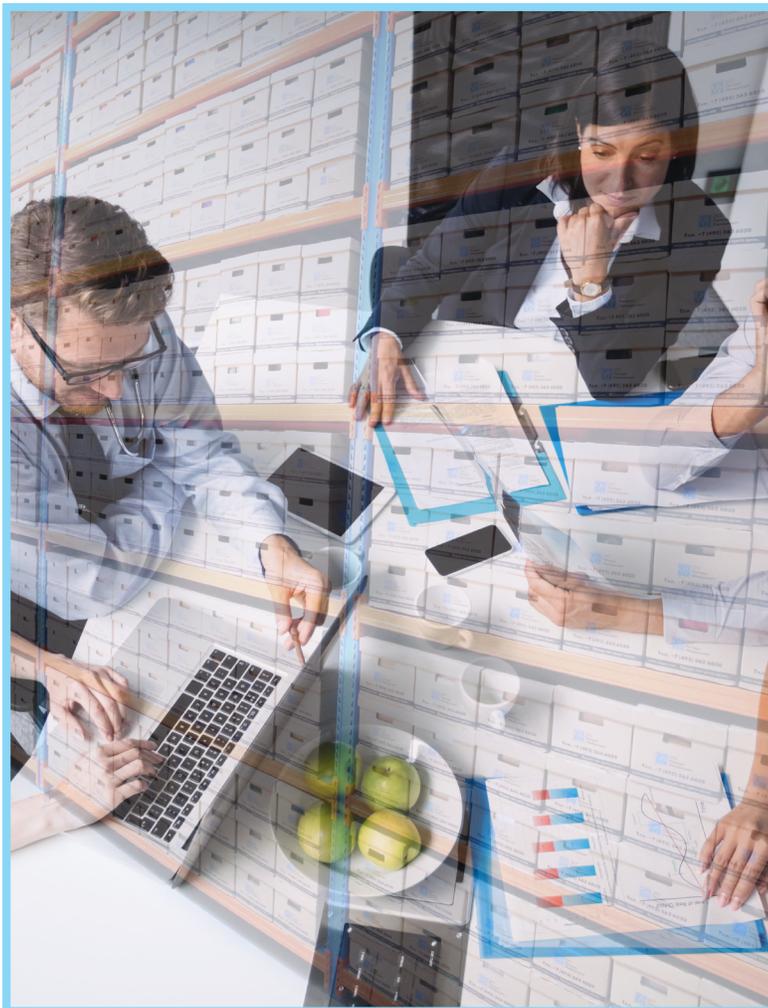
No one is debating the reason for converting from legacy to ENFit. The obvious elimination of tubing misconnections is undeniable. However, the sense of urgency may be less obvious without this understanding of supply and demand. As you initiate conversion with your supplier,

they immediately adjust their inventory plans producing more ENFit products and pulling back on their production of legacy connector SKUS. The goal is to eliminate the need for manufacturers to produce and stock both, but they can't draw that line in the sand until you do.

There will potentially come a time when this conversion is mandated, as it already is in the state of California. At that point, anyone who has yet to make the transition will be forced to all at once, likening the chance of a mad rush not just on supplies but on your internal preparation, planning and training. This, as you can imagine, is not ideal. Stay out of that potential bottleneck by planning your transition now when you can do it on your timetable without the added pressure of a mandate.

### **Conversion: It's Your Turn**

Understanding how the bigger picture of supply and demand is affected by each and every facility's decision to convert logically would encourage more facilities to convert now. There's a snowball effect happening. Waiting until you are forced to do so will only put more challenges



on you and every other facility postponing their decision. Take advantage of this moment and the opportunities it provides to plan and communicate at a pace that works for you. Utilize the knowledge and experience of those who've done it. GEDSA can help connect you. The time IS now.

Visit [stayconnected.org](https://stayconnected.org) for more information on converting to ENFit and GEDSA.

