



Department of Health

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Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

October 9, 2024

DAL: NH 24-19
HCBS 24-05

Subject: Conservation Strategies Following Closure
of Baxter Plant

Dear Administrators:

Long term care providers and agencies routinely rely on intravenous (IV) fluids, materials, and end stage renal disease supplies to provide resident/patient care. Recent supply chain disruptions, including the unanticipated abrupt closure of a major IV solution and related supplies manufacturing plant, have led to challenges in maintaining steady access to these essential supplies. It is crucial for providers across the healthcare continuum to adopt proactive strategies to conserve IV fluids, materials, and end stage renal disease supplies, ensuring that available stock is used effectively and efficiently.

These correspondence outlines conservation strategies for consideration by long term care providers and agencies and is not intended to be all-inclusive. These conservation strategies aim to optimize the use of IV fluids and encourage the use of alternative treatment methods when medically and clinically appropriate. By considering these measures, providers can maintain high standards of patient/resident care while managing supply chain uncertainties. Through thoughtful conservation efforts, providers across the healthcare continuum can help limit the impact of supply disruptions and ensure that critical resources are available when they are most needed.

Immediately begin to Inventory, Monitor, and Track Usage

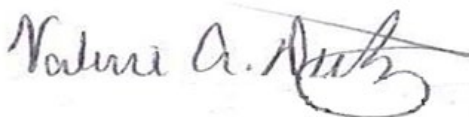
Implement systems to track the inventory of IV fluids, materials and end stage renal disease supplies, and the volume of IV fluids routinely used, ensuring appropriate utilization and usage of IV fluids based on expiration dates, using those most soon to expire first. Data on cases where IV fluids are withheld should also be collected to help inform future protocols.

Alternative Routes for Medication Administration

Where clinically appropriate, Medical Directors, primary care and attending physicians may want to consider administering medications intramuscularly (IM), subcutaneously (SQ), or by mouth (PO) instead of through an IV route.

Thank you for your partnership. Please forward any questions regarding this communication to the appropriate program mailbox: nhinfo@health.ny.gov or homecare@health.ny.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie A. Deetz". The signature is fluid and cursive, with a prominent loop at the end of the last name.

Valerie A. Deetz, Deputy Director
Office of Aging and Long-Term Care

cc: J. Morne
Dr. Heslin
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