

AHRMM Webinar: The Health Care Supply Chain's Response to COVID-19 Provider Panel Discussion Summary

AHRMM works closely with federal government agencies, providers, suppliers, and distributors to help coordinate a response to the COVID-19 crisis to find creative solutions to supply chain issues, and share the most up-to-date information with the community. On Friday, April 10, the AHRMM Learning Community hosted a panel discussion with supply chain executives on the "Health Care Supply Chain's Response to COVID-19."

Three panelists joined the discussion:

- Alan Edwards, CMRP — Vice President, Supply Chain Solutions Group, Mary Washington Healthcare in Fredericksburg, VA
- Laura Kowalczyk, JD, MPH — Vice President, Supply Chain & Support Services, UAB Medicine in Birmingham, AL
- Robert Taylor, CMRP — Senior Vice President, Supply Chain, RWJ Barnabas Health in Oceanport, NJ

The speakers were prompted by questions submitted prior to the event, which was moderated by Mike Schiller, senior director of supply chain at AHRMM. A summary of the conversation is listed below.

Attendee Polling Question 1: How are you tracking COVID-19 expenses?

The majority of attendees created special expense account categories for all COVID-19 expenses, although a few attendees are utilizing general, day-to-day accounts. All three panelists are utilizing a separate GL and expense account, and including additional labor costs in this account. Mary Washington Healthcare is using a new activity code in the ERP so the new supplies can be brought into warehouse to be tracked and issued to departments.

What strategies have you implemented to optimize, conserve and/or reuse PPE including decontamination efforts?

All panelists secured and centralized the PPE and created strict controls. Conservation policies were developed and pushed out to the organization. At UAB, conditions were developed and PPE is prioritized and issued using a matrix designed for each area (procedural or a unit). At Mary Washington, priority is given to COVID cohort units, ICU and ED. RWJ Barnabas is allocating supplies based on percent of overall COVID positive patients (over 11 facilities), which forces economization. They established a one mask and one gown per shift policy. All institutions send daily updates on inventory throughout the organization and share it with leaders.

In terms of extending use of PPE, UAB and RWJ Barnabas are using three types of in-house reprocessing, depending on item: Avipro sterilization, hydrogen peroxide (Bioquell), and UV light.

Have you utilized non-traditional vendors/other supply channels to procure supplies and if yes, what processes have you used to identify these vendors?

All panelists are performing an immense amount of alternate sourcing. Broker deals are being established by using relationships with other countries and regions. UAB set-up an alternate sourcing group that manages the database, responds to offers, and handles pre-sourcing. All groups are working with a variety of local organizations and volunteers such as engineers, university, and innovation groups. Mary Washington is working with a local naval base in the area, which can do engineering and production to handle mechanical issues (e.g. dealing with N95 straps breaking). 3D printing was brought in house at UAB to develop valves allowing scuba units to be retrofitted with N95 grade protection. Mary Washington is working with gogglesfordocs.com to access alternative eyewear. Each organization is receiving 300-400 emails per day with many fraudulent offers. Alternative vendor sourcing has only a 5% success rate because independent verification of product quality/existence cannot be achieved.

What about sourcing from FEMA or other government organizations?

The panelists were not particularly hopeful about the resources being supplied by the state and federal government, as stockpiles are not large enough to make a significant contribution to mitigate shortages and government personnel lack the necessary training which become a burdensome drain on existing expertise. Additionally, there have been cases where FEMA has diverted sourced supplies into their own channels, delaying its arrival to care workers. Items received from the government are being sorted by quality and are mostly being used in low-priority spaces or universal coverage program, as they are outdated.

Attendee Polling Question 2: Are you creating new item numbers for substitute products or using the same number in your ERP?

The plurality of respondents are creating new item numbers. The panelists are all creating new item numbers for substitute products and are using various methods to ensure proper tracking of these supplies (concluding alphabetical character, restricted purchasing class). For small batches of products that are not recurring, RWJ Barnabas is using a parallel, single-use distribution path.

How are you dealing with staff who are concerned with strategies for conservation and safety?

All the panelists stressed the importance of transparent communication. Although it is not important to explain the details of supply chain, care workers deserve to know why they are faced with the present set of choices. Keeping clinical leadership apprised is key.

Are any of you involved in setting up a field hospital?

Mary Washington and UAB have constructed surge-facilities, which are fully supplied and ready to serve patients. Coordinating with other local hospitals has served this end. In New Jersey, the government is setting up field hospitals, are not taking COVID-19 patients and not diverting any of the demand from RWJ.

How are you protecting supplies and administering to non-clinical staff?

All the panelists have developed prioritized distribution schema based on unit. Every worker has some level of protection. When non-clinical staff have to enter high-risk spaces, they are provided with the same level of protection as clinical staff.

How are you addressing mental health on an organizational level?

The panelists are all witnessing the psychological impact that the crisis is having on the people in their organizations. All panelists are bringing grief counselors and spiritual resources. They are using tablets to enable communication with families and have access to telehealth care.

Do you feel that this will shift supply chain to reusable health care textiles in the future? What are you most concerned about for returning to some “new normal”? What should staff be preparing for next?

The panelists cannot be sure what the future holds, but none expects a return to the “old normal” any time soon. The panelists also doubt a shift to reusable textiles as it could overwhelm the laundry infrastructure. While there is the possibility that many people working remotely will be able to return in the coming months, everything will be on high-alert for the duration of this crisis. When supply chain initiatives will resume, clinics reopen, and surgeries begin to be performed again is an open question. There is serious concern about a second peak later in the year and how supply chain will meet those demands.

Post-Webinar Additional Participant Questions

What are the critical components you require for verifying the vendor?

Vendors are being vetted using the standard process. Information from potential vendors is organized and compiled in a spreadsheet. The key issue comes down to payment terms: RWJ Barnabas is willing to do escrow but if a vendor requests 100% up front without ability to inspect merchandise, it is not pursued.

Mary Washington Healthcare requirements that are tracked in excel when Vetting companies:

- OIG Exclusion Database
- The Approved Vendor is in Current ERP
- PPE Item Available
- NIOSH Approved N95's
- Counterfeit Respirators
- FDA Approval Documentation Availability
- Minimum Order Quantity
- Minimum Dollar Order
- Payment terms
- Inventory Location
- Inventory Availability
- Estimated Delivery Date
- Pursue? Y/N

UAB's requirements for products:

- Product Detail- Manufacturer, Part Number, Unit of Measure (UOM) and UOM Quantity (How many each per UOM. Ex: 100 each per Box)
- Picture of each product and its packaging.
- Product specifications
- Product certifications, if applicable
- Quantities available for order of each item (if different sizes, please specify quantities by size)
- Whether or not the product(s) is being allocated and if so, what quantities will be available for purchase by UAB?
- Estimated delivery time for each product
- Pricing and shipping costs
- Payment terms
- Return and Refund Policy
- Any requirements for purchase (ex: minimum order quantity)
- Any additional information that will help us understand product availability and lead time. (ex: Is the product in the United States, or overseas?)

What level of sensitivity do you implement for functional equivalent products?

The process for testing and approving the use of such products has been expedited in all cases. Collaboration with clinical teams and other subject matter experts across the disciplines within their organizations, including Clinical Resource Directors, in order to approve the use of these supplies or "reverse engineer" products is essential.

How are you vetting donated items for efficacy?

RWJ Barnabas has a parallel supply chain for donations, which are evaluated by a nurse at a central location. Mary Washington submits available documentation to clinical leadership for approval. UAB has items reviewed by a team of clinicians and IP and all of their donations are held in an off-site location for ease of separation from inventory and review.

What is your response to vendors offering to provide low priority items?

Vendors are thanked for support and Mary Washington has offered these email templates:

- For PPE Vendors: “Thanks for reaching out with your offer to help Mary Washington Healthcare with PPE shortfalls. Your email has been forwarded to our sourcing team. They’re handling the vetting process which includes the appropriate vendor and product checks. We’ll be in touch if there’s something we’d like to pursue.”
- For Non-PPE Vendors: “Thank you for your email. During these unprecedented times my entire team and I are solely focused on sourcing critical PPE items. If you are a legitimate source for PPE needs, I'll be in touch. If you have some other way of "helping" I'll apologize in advance for not responding. Thank you for your understanding as we navigate through dark waters.”

Are you all using re-usable masks for visitors?

At RWB and Mary Washington, there is a no visitor policy with few exceptions such as for significant other for a laboring mother. Handmade masks are distributed to associates to wear within the facility if they are not in high risk areas. UAB are looking into the possibility of asking visitors to bring their own masks.

Has there been any developments regarding inventory sharing programs such as The Exchange?

Unfortunately, the resources that would enable participation in such a program are not presently available.

Do you have any responsibilities or share any supply needs with EMS crews?

RWJ owns the ambulance company and do provide for them, while Mary Washington does not. UAB provides supplies for the UAB police force, testing facilities, clinics and those providing transportation.