

AHRMM Webinar: The Health Care Supply Chain's Response to COVID-19

Executive Supply Chain 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 24, the AHRMM Learning Community hosted a panel discussion with supply chain executives on the "Health Care Supply Chain's Response to COVID-19."

Two panelists joined the discussion:

- Andria Davis, CMRP – Director of Supply Chain, Onslow Memorial Hospital in Jacksonville, NC
- Régine Honoré Villain, MPH – Chief Supply Chain Officer, Ochsner Health System in New Orleans, LA

The speakers were prompted by questions submitted prior to the event, which was moderated by Dee Donatelli, Vice President of Professional Services at TractManager and 2020 AHRMM Board Chair. A summary of the conversation is provided below.

Attendee Polling Question 1: What do you estimate the percentage increase in PPE has been from January to March?

The majority of respondents estimated their PPE usage to have increased by 100% - 500%. Andria Davis estimates that Onslow's use increased by just under 400%.

- Results:
 - o <100%: 6% (13/235)
 - o 100%-500%: 17% (40/235)
 - o 501%-1000%: 9% (20/235)
 - o >10001%: 3% (7/235)
 - o N/A: 12% (28/235)

Leader discussion questions:

What have you experienced and learned so far in this extraordinary period?

The panelists' responses illustrated the vast differences between the experiences of organizations operating in rural areas with low rates of infection and those operating in urban areas with higher rates. For example, Onslow has had only 39 positive cases in the Jacksonville, NC area. However, due to the delay in testing, they have had to treat suspected or potential positives as if they were confirmed. Ochsner in New Orleans has had a radically different experience, having discharged the 1500th COVID-19 patient on April 24 and characterizing the past period as "firefighting," with "non-stop action," explained Régine Honoré Villain.

Where are you in terms of supply chain management, specifically with respect to PPE? What can you say about the financial burden?

Onslow has managed to keep abreast of their PPE needs so far and has not run out of any items. Ochsner was somewhat prepared for PPE shortages, having predicted that the outbreak in China would disrupt manufacturing there. Nevertheless, when the pandemic spread to the US, it became clear that a great deal more would be needed. Ochsner's strategy was to get as much out of traditional partners as possible (even by non-traditional means) before turning to new and non-traditional partners. Financially, Onslow has seen their concerns shift from cash to operations and to still unanswered questions of how labor and supplies will be paid for moving forward.

How much have you utilized homemade masks donated by the community?

Both organizations established processes by which donors were vetted and their items evaluated upon delivery and some were ranked for use in low-risk spaces or were kept aside as an emergency-only supply. Both Onslow and Ochsner were able to collaborate with local manufacturing organizations in order to meet some needs, partnerships that have been incredibly fruitful.

Attendee Polling Question 2: Is anyone thinking about or has anyone started using re-useable PPE items?

The majority of the poll respondents are moving to re-useable PPE items. Onslow has collaborated with a local manufacturing plant to produce re-useable half-masks with N95 and P100 filters. They have also started reprocessing N95s with hydrogen peroxide although they have not had to deploy any of these as of yet. A major issue that emerged in the reprocessing of masks was the use of makeup, which had to be discouraged in order to increase reprocessing yield. Ochsner was also forced to turn to reusable items early on in the crisis.

What are your thoughts regarding the access to manufacturing reps and the possibility of expanding or changing those relationships going forward?

Both Onslow and Ochsner have learned a great deal about their supply chain networks because of this crisis. Both were forced to strengthen their ties to existing partners to investigate the upstream supply chain network, increase visibility, and discover organizations and stockpiles that were available to them but previously unknown.

Do you have any tips or techniques for vetting non-traditional vendors?

Both Onslow and Ochsner utilized the AHRMM resources on vetted vendors and required basic business documentation in order to confirm legitimacy. Ochsner benefitted from referrals made by trusted connections to non-traditional vendors and did their own vetting. They both established hard-stops within the negotiation process with specific terms they were unwilling to accept (e.g. payment 100% upfront).

Do you think you will stick with some of these non-traditional suppliers?

Neither Onslow nor Ochsner anticipates the need to maintain connections with non-traditional suppliers once the crisis subsides. This is aside from the relationships made with local manufacturers however, which both organizations are very pleased with and hope to continue.

What are you thinking about as we move into the future?

This crisis has forced supply chain to reevaluate some of its previous practices. Both Onslow and Ochsner hope to diversify their channels and find ways to create redundancies in supply chain that do not create waste but allow for reliability. Paradigms such as “lean inventory” need to be counterbalanced against the necessity of resiliency. Additionally, both panelists want to ensure that supply chain is closely involved in their organizations’ discussions around and plans for ramping back up to normal operations.

See the following pages for answers to questions that were unable to be asked due to time constraints.

Post-Webinar Additional Participant Questions answered by Andria Davis at Onslow

Supplies

- 1. Can you please provide where you purchased the reusable N95 mask.**
MSA (msasafety.com). Item reference number: 815444.
- 2. Will safety stock increase in preparation for a second wave? Will AAMI 4 gowns be used for all surgery procedures to provide staff with better protection?**
Safety stock will increase for us. We will still use AAMI 3 and AAMI 4.

Extending the Use of PPE

- 1. What is the hydrogen peroxide process you use to clean the K95 masks?**
We used the hydrogen peroxide technology (ASP Sterrad) for sterilizing **N95s** (sterilized but not deployed yet) not **KN95s**.
We have not used hydrogen peroxide sterilization for KN95s yet. ASP Sterrad has not received FDA approval for KN95s.
- 2. Are you using face shields as extended use? Assuming the disinfectant wipes are in short supply, what are you using to disinfect face shields if you are deploying under extended use guidelines?**
We are following extended use guidelines for face shields and the regular wipes are being used. We are purchasing our wipes from a number of suppliers to try to keep up with demand.
- 3. If you need X amount of masks from traditional suppliers and they only have Y to supply, how did you stretch out use?**
We are following a three-step process in every PPE decision in order to make PPE last: Administrative/Engineering Controls (limiting staff, designated areas); PPE Stewardship (extended use, limited reuse, and single use, depending on the item and controls – we have pulled back all PPE and manually distribute), and Sourcing. We buy from a multitude of traditional suppliers not just our prime distributor.

Elective surgeries

- 1. What percentage of procedures are currently being performed compared to normal capacity.**
We were down to 10% of the normal procedure capacity and only offering urgent and emergent. By May 11th, we will be introducing 20% into the mix and adding back in priority surgeries that were canceled or postponed with a focus on cancer and critical patients. There is a phase 1 (adding back in priority cases), phase 2 (some elective) and phase 3 (all elective) plan and each phase will introduce a higher percentage and varying service lines, deferring to the surgeons on what cases are priority.
- 2. While many are still struggling to get through day-to-day, now we are asked to begin preparing to restart elective surgeries. How are you preparing for a broken supply chain to ensure you have what you need in 60, 90 120 days out?**

Allocation is still active and limited. We cannot get what we need in some cases. We are keeping a close watch on our burn rate (daily review) and communicate to the team. Stay in constant communication with the C-Suite regarding inventory levels, sourcing

opportunities and needs. Invite yourself (if possible) to the discussions regarding next steps and needs to ensure they have all the data they need. I also made contact with all surgical/procedure leads and managers and asked them to keep me in the loop as discussions were starting about reopening for surgeries.

3. Once elective procedures resume, which procedures will be a priority and why?

Surgeries that can no longer be postponed or something has changed with the patient requiring the surgery sooner rather than later.

4. When do you think normal procedure volume will resume?

We are planning for June.

Vendors

1. When is a good time for non-PPE vendors to begin reaching out for other contract/savings opportunities?

There is no set date. This is not a priority now, although we are dealing with everything on a case-by-case basis. We have canceled Value Analysis until at least July and we have a ban on creating new items unless required due to end-of-life products or surgeries.

2. When will access for manufacturers' representatives (sales reps) to your facilities be possible, and what might that look like?

We have not set a date since quite a few folks are still teleworking and there has not been a plan developed for starting allowing people back in to the facility.