



INTEGRATED SURGE SUPPLY STRATEGIES WORK GROUP CHARTER

WORK GROUP FOCUS:

AHRMM is pleased to announce the formation of the AHRMM Health Care Learning Community (HCLC). The HCLC, modeled after the successful Learning UDI Community (LUC), will continue AHRMM's tradition as an unbiased convener with a coalition-approach program whose purpose is to develop solutions through the formation of cross-functional work groups made up of subject matter experts and stakeholders from across the health care ecosystem.

The Integrated Surge Supply Strategies Work Group will explore various ideas and solutions to increase the resiliency and flexibility of the health care supply chain, including the pros and cons of individual vs. regional surge inventories, production capacity strategies that allow surge demand for pandemic-related products to be met and building increased supply flexibility across the entire supply chain continuum from the point of manufacture to the point of use.

WORK GROUP CO-LEADERS:

The HCLC model employs a co-leader strategy which ensures meeting and content continuity should one of the leaders be unable to attend the meeting.

Co-Leader TBD

Co-Leader TBD

REQUIRED STAKEHOLDERS:

The work group will be diligent in gathering validated perspectives from different stakeholders involved in the product recall processes for their organizations. As such, the work group will seek input and participation from across the health care field, including:

- Providers
- Manufacturers
- Distributors
- Clinicians
- Finance
- GPOs



BACKGROUND:

COVID-19 has exposed limitations in accepted inventory management methodologies and underlined the fragile nature of the health care supply chain. While the most visible and highly publicized impact has been the shortage of personal protective equipment (PPE) and other critical supplies, the pandemic has also highlighted the need to enhance on-hand and stockpile/surge inventories.

Kenneth Scher, MBA, MS, CMRP, Vice President, Nexera, stated at the AHRMM20+ Cost, Quality and Outcomes (CQO) Summit workshop that there are a “handful” of backorders and product allocations in a typical year. However, in April 2020, there were 11,000 products on allocation, or “basically everything used in health care.”

What is the best approach? Each hospital building and managing its own surge inventory, state mandates to maintain a specified amount of surge inventory, or is it a large-scale re-evaluation of lean management principals and moving from Just-In-Time to Just-In-Case inventory across the supply chain continuum? Rather than a one-size-fits-all approach, it will most likely be a blended, multi-faceted approach that includes the design and implementation of surge and stockpiling planning, strategy aspects, operational aspects and general emergency preparedness.

PROCESS & DELIVERABLES:

Monthly, one-hour conference calls will be held for the work group, with an expected project duration of three to four months. The first call will be more introductory, where the group will refine the project scope and timeline. Meetings two and three will be more work/content discussion and development focused. The last meeting, participants will review and approve the recommended model and/or solutions.

Deliverables will vary by work group, but will fall into one or more of the following modalities: webinar, web/podcast, white paper, infographic, eLearning course and learning lab session at AHRMM’s annual conference.

COMMUNICATION PLAN:

AHRMM Marketing will be responsible for the promotion of the work group deliverables. AHRMM Education will be involved in any educational content that will be derived from the work groups efforts.

Work group deliverables will be shared across appropriate American Hospital Association (AHA) Professional Membership Groups (PMG), collaborative associations, AHRMM social media and communication channels as well as postings to the AHRMM HCLC webpage.