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## AHRMM Advisory Board Meeting Overview May 6 - 7, 2021

- AHRMM Advisory Board Chair, Steve Kiewiet, called the meeting to order and welcomed the Advisory Board members to the video conference. Randy Bradley, AHRMM Advisory Board Member, read the Anti-Trust statement, and the Advisory Board members read the AHRMM Values.
- Mr. Kiewiet shared that the Advisory Board should continue to be future-focused and embrace change as the field continues to adapt and adjust to the post-pandemic world. With such significant changes and innovations in technology, health care and business in general, the Advisory Board's role will be to prepare each other and AHRMM for the future. He commented that supply chain sits at the intersection of innovation, change management and the future of health care. Dr. Jimmy Chung, Advisory Board Chair-Elect, added that supply chain is now in the spotlight and should be leading the change instead of responding or reacting to it.
- Brian Dolan, Advisory Board member, presented on the AHRMM Professional Model Task Force work which is to develop a professional model for a clinically integrated supply chain designation. Their key goals are:
  - Implement a framework that emphasizes organizational support for Professional Empowerment of health care supply chain professionals within our institutions
  - Develop standards for how health care supply chain leadership can practice Transformational Collaboration to support business and clinical strategies within our institutions
  - Embed principles of Evidence-Based Practice and frontline leadership within the health care supply chain to influence Cost, Quality & Outcomes
  - Lead to a model for the designation of AHRMM Clinically Integrated Supply Chain

Mr. Dolan outlined their timeline and phases for rollout and shared the elements of the building blocks of the model. The Advisory Board provided feedback for the next steps of the process.

- Deborah Sprindzunas, AHRMM Executive Director, provided an update on the planning and logistics for the AHRMM21 in-person and virtual conference.
- Matthew Wright, Senior Associate Director, Federal Relations & Grassroots Advocacy, American Hospital Association (AHA) provided an advocacy and legislative update, including the key health care appointees in the President's administration. Mr. Wright also provided an outline of the American Rescue Plan relief package and how they affect health care provider and described the White House's infrastructure package. The AHA's infrastructure priorities, which have been shared with Congress and the White House, include:
  - Investing in hospital physical infrastructure
  - Building capacity for emergency preparedness and response
  - Expanding health care digital and data infrastructure
  - Strengthening the health care workforce
  - Securing the supply chain
  - Supporting behavioral health access
- Dale Woodin, Vice President, Professional Membership Groups, AHA, presented additional information on AHA's position on infrastructure. Mr. Woodin shared the ways in which the AHA, AHRMM and the other PMGs have been involved and can remain involved in the discussion of and prioritization of these initiatives going forward. Mr. Woodin also emphasized the importance of identifying the immediate needs and future plans for aging infrastructure. Members of the Advisory Board asked Mr. Woodin questions about possible future outcomes of these investments and the decisions that will be made surrounding where funding will be spent.
- Mr. Woodin shared information regarding the National Academy of Medicine (NAM) Grand Challenge on Human Health & Climate Change to explore what advancements can be made to counter the significant footprint of the health care field on climate change. The effects of climate change disproportionately affect

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communities that are already the most vulnerable. The three main components of the challenge:

- Completely redesign the health care delivery system
- Identify the support systems (supply chain, transportation and operations infrastructure)
- Design financial mechanisms to facilitate this change

Mr. Woodin also shared key ideas from the 2030 Next Steps to Healthcare Climate Leadership report, which was completed to serve as a catalyst in moving forward with the Grand Challenge.

- Mr. Kiewiet led the Advisory Board in an Environmental Scan discussion about their views on emerging issues that impact health care supply chain. Topics discussed included: supply chain resiliency, GPO and distributor roles, government stock piles, AHRMM addressing challenges from a leadership standpoint, education and advocacy, rural health care, virtual inventory platforms to increase transparency, UDI and data standards/governance.
- Mike Schiller, Senior Director of Supply Chain, shared an update on the planning for the CQO Summit which will focus on socially responsible sourcing/environmental stewardship and Inclusion, Diversity and Health Equity (IDHE). The proposed agenda will include roundtables, a keynote from outside of health care, and a panel made up of representatives from a large hospital system, small hospital system and a supplier. The goal is to generate ideas around operational and organizational strategies.
- Mr. Kiewiet provided an update on the AHRMM Keys and that they are now available to members as a downloadable pdf. The Standards Task Force has been working with a benchmarking company to launch a pilot program for a tool that will allow for reporting and comparison analysis amongst peers. The pilot will include 25-30 health systems of various sizes participating for 6 months. The Standards Task Force will then make adjustments as needed before the full launch to the membership.
- Dee Donatelli, AHRMM Advisory Board Immediate Past Chair and Nominating Committee Chair, shared an update on the 2021 election cycle and the current nominee status. Ms. Donatelli reminded the Advisory Board of their responsibility to identify and recommend potential candidates. There are three Provider seats open for 2022, and the newly elected members and Chair-Elect will be announced after August 31.
- Mr. Schiller provided an update on the Dynamic Ventilator Reserve (DVR) program, which has been acknowledged as highly successful and enabled the movement of over 100 ventilators across the country between various health systems. Due to declining cases and less need for ventilators, the platform will be activated only in times of regional and national disasters. The program could potentially be expanded to include other equipment in addition to ventilators.
- Mr. Schiller shared an update regarding AHRMM and AHA COVID-19 activities. Recently the FDA asked AHRMM and AHA to meet with five large health systems to discuss their usage and conservation strategies for N95 respirators. They reported having ample inventory and good access to N95 respirators. By the end of 2020 or early 2021, most had discontinued their conservation strategies and had transitioned back to previous approach for N95s. There was then a discussion on the same topic with small and rural health care systems which revealed that they had to rely more heavily on the non-traditional sources. Their strategies for the future involved maintaining multiple manufacturers in their portfolio to avoid any shortages. Mr. Schiller also shared that he has been joining weekly COVID response work group calls with the Health Care and Public Health Sector Coordinating Council (HSCC) to discuss health care supply chain resiliency.
- The vendor vetting program has been decommissioned at this time. There continues to be over 400 vendors listed on AHRMM's website as well as other partnerships and resource.
- The Advisory Board members discussed trends in returning to the workplace and hybrid environments as well as potential requirements for vaccination of health care providers and vendors.
- Mr. Kiewiet thanked the Advisory Board for their participation in the meeting, as well as their support of AHRMM and the value they bring to the association.