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Supply Chain Excellence

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Supply Chain Resource Council (SCRC) Report

January 24th, 2022 Meeting

Executive Summary

We are seeing a continued increase and expanded use of N95 masks, as well as a critical shortage of CRRT fluids needed for lifesaving renal replacement therapies. Average weekly N95 usage reported by 18 SCRC health care organizations totaled 445,551 masks. The blood supply shortage has caused some hospitals to reactivate crisis standards; oxygen shortages are having an impact to patient discharges and COVID case trends round out this week's report.

Below is the full Council report. Twenty four (24) council members were able to attend this call. Aggregated member attendance information is at the bottom of this report.

CRRT Fluids

- Several members stated the critical, lifesaving need for Baxter CRRT fluids (Prismasol, Prismasate). Logistics and production capacity are key concerns with 200,000 units in transit that Baxter is unable to get to their facilities (possibly moving product from Europe to the U.S.) and Baxter currently at maximum production capacity. Baxter indicated demand for these products, Pre-COVID, was around 300,000 units per month, with demand now at 650,000 units per month. Baxter is bringing a new facility in Mexico online in April 2022 that will produce 200,000 units per month, with a Prismasate factory expected to be online by the end of the 2022. With no alternative product options, supply constraints are projected to be a problem throughout 2022. **SCRC members are requesting intervention with transportation constraints.**

Blood Supply Shortages and Required Training

- The January 10 SCRC report highlighted the critical need for blood products. There is a requirement that three weeks of training is needed before working for/with the American Red Cross. **Is this training requirement something that could be waived thereby allowing hospital staff and/or National Guard members to assist?**

N95 Masks and Oxygen Supplies

- The CDC revised guidelines regarding masks drove a 4x increase in Level 1 N95 masks for one hospital system. Patients coming into the hospital now need medical grade masks, as cloth masks are no longer acceptable. Support services and a number of other departments previously using procedure masks are now asking for N95s. Internal messaging is underway with clinicians to determine which do/do not need N95s. In general, however, patient-facing staff are wearing Level 3 masks. Another health system has seen a 10x increase in their mask usage.

- EVS staff at one academic center wear N95s for all COVID+ room cleans and discharges. They currently do not require the use of N95s in the kitchen areas for their Food Service staff. They are strongly encouraged to do so, and most staff are wearing them. This was due to a COVID outbreak in that area as well as the fact that the staff are unable to effectively socially distance.

- Some of the members felt the CDC terminology—workplace performance masks, performance plus standards— was adding to the masking confusion and that the CDC guidance being provided is almost too general. One health system's respiratory protection policy has visitors wearing Level 1 masks and all staff wearing Level 3 masks. As a result, they have seen a corresponding increase in N95 and PAPR hood usage. Their biggest challenge is masks for adolescent and younger kids not fitting well. "How well is an ill-fitting mask working?"

- In California, billboards are prompting the public to use N95 masks and schools are requesting students wear N95 masks. Similar messaging from schools is taking place outside of Denver and in Chicago.

- A distributor was asking hospitals to send a letter, on their behalf, to release N95s from the SNS for their distribution channels.

Oxygen Disruptions

- A health system in Region 2 shared that their oxygen supplier sent a letter in December declaring force majeure because they could not transport supplies. Their organization has returned to normal. However, another health care organization in the region, in desperate need of oxygen, reached out to them looking for cylinders.

- For one health care organization, discharging patients to lower acuity settings was becoming problematic due to the availability of equipment needed to send the patient to a skilled facility or the patient's home. The organization is currently running between 109 to 130% occupancy. Freeing up beds, for those needing higher acuity care, is a priority. They have begun working with DME companies and suppliers to find ways they can assist, which has been moderately successful. They are finding that some DME companies are unable to handle the volume. In these instances the health system is assisting and in some cases covering certain costs e.g., a patient bed. "It requires a constant breaking down of barriers and being transparent across the whole supply chain to achieve this."

COVID Case Volumes — Up, Steady, Down?

Volumes were explored with 14 health systems reporting the following:

- **Region 5:** A significant drop as of this morning (1/24/22).
- **Region 7:** Starting to see a decline.
- **Region 9:** Have seen their highest peak last week, stabilizing and starting to see a slow steady decrease – first in employees, with in-patients trends following.
- **Region 4:** Their modeling is showing they are not going to peak until the second week of February, then expecting decline from there.
- **Region 6:** Some facilities are trending down while others continuing to climb.
- **Region 7:** Volumes have been steady for a few days, and now starting to trend down.
- **Region 2:** Plateaued last week and starting to see a downward trend.
- **Region 6:** Stabilized at their peak for the past 10 days. Fully expect to be trending down within the next two weeks.
- **Region 4:** Plateaued and starting to trend downward.
- **Region 6:** Climbing.
- **Region 8:** Plateaued.
- **Region 4:** Declining.
- **Region 9:** Still seeing cases increase. Anticipated to peak in early February per their modeling.
- **Region 4:** Cases remain on the rise and close to peak. Expected to remain this way until next week when volumes are expected to trend down. Employee positives have dropped from the 500s to the 300s as of this morning (1/24/22).

Some members stated that even though COVID numbers are peaking, there are patients who have deferred or delayed care who could now be higher acuity patients, and this patient population has not peaked. This influx could be seen over the next 90-120 days. Concern was expressed how to get to these patients sooner/earlier before they need to be hospitalized.

Blood Collection Tubes

Blood collection tube availability remains critical. The FDA published the following communication about blood collection tubes last week however, **SCRC members continue to seek agency assistance including exploring EUA opportunities.**

- All Blood Specimen Collection Tubes Added to the FDA Medical Device Shortage List
- UPDATE: Blood Specimen Collection Tube Conservation Strategies - Letter to Health Care and Laboratory Personnel
- Blood Specimen Collection Tube Shortage: Frequently Asked Questions
- Medical Device Shortages During the COVID-19 Public Health Emergency

About the Supply Chain Resource Council (SCRC)

The Supply Chain Resource Council (SCRC) currently brings together over 48 supply chain leaders and professionals from across the health care field with the goal of understanding the extent and impact supply shortages and disruptions are having in the hospital setting, as well as a documenting conservation strategies or permanent solutions to these challenges. Topics of discussion vary based on the latest information received from various field sources. Information collected during the calls is shared with AHA and AHRMM Leadership, Federal agencies, council members and the broader health care field. The contents of the reports represents information, strategies and solutions from SCRC members but does not necessarily reflect policy positions of the AHA.

Organization Type	Number of Beds	Rural/Urban/Suburban	Purchasing Budget/Spend	Region
Association	N/A			
Services	N/A			
Hospital	24,000 licensed beds	rural, suburban, urban	More than $500 million	4
Hospital	2,059	rural, suburban, urban	More than $500 million	6
Hospital	60	rural		9
Hospital	886	urban	N/A	6
Hospital	894	urban	More than $500 million	5
Hospital	767	rural, suburban, urban		7
County Hospital	882	urban	$10 - $25 million	7
Hospital	767	rural, suburban, urban		2
Services	N/A			
Hospital	629	rural, suburban, urban		6
Academic Medical Center	1,000	Urban	More than $500 million	9
Association	N/A			
Services	N/A	rural, suburban, urban	Less than $100,000	6
Services				
Academic Medical Center	850	urban	$10 - $25 million	4
Academic Medical Center	918	urban	More than $500 million	4
GPO	N/A			