AHRMM
Advancing Health Care through
Supply Chain Excellence

American Hospital Association™
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Supply Chain Resource Council (SCRC) Report

February 7, 2022 Meeting

Executive Summary

This week saw a continuation of familiar shortages including N95s, Renal Therapy Products and Blood Collection Tubes. More interesting was the growing sentiment that this is more than COVID and COVID volumes. Consensus among the council members is that this is about "getting product regardless of COVID numbers" and "we need a more balanced focus on the care of our patients now and going forward, rather than how we should be preventing the next pandemic."

A member shared, "one of the challenges surrounding syringes is the lack of specialty fluids, containers and transfer devices. We are moving backwards." Summarizing the group's thoughts, one member shared that, "sadly, we've gotten really good at all the conservation strategies because we've had to." Another concluded, "everyone has mitigation strategies in place, we do not know of any others to put into place."

Below is the full Council report. Aggregated member attendance information is at the bottom of this report.

▲ PPE/Sourcing Channels

- Some hospitals had indicated they were transitioning to the 3M 1870+ mask as 3M was moving the 9205 universal mask over to usage that is more industrial. Product allocation was reduced by 50% for one health care organization, and their distributor is no longer getting their orders filled by 3M. As a result, they are looking to bring on a new supplier that will result in fit testing almost 10,000 employees. Another member who spoke with 3M shared that 3M is projecting to be at full capacity by the end of February and able to meet demand for the 1870+ mask.

- Another health system using industrial masks has their staff using a face shield to address fluid penetration concerns with this mask. This allows the organization to continue to use their preferred vendor and avoid fit testing associated with moving to another model/brand.

- Multiple organizations indicated that they are not currently sourcing PPE from gray market manufacturers, as traditional sourcing channels appear to be in good shape.

▲ Dialysate (CRRT) shortage

- A large health system is using SLED, SCUFF, and Aqua Pheresis as alternatives to CRRT, although these are not as efficient. SLED and SCUFF require more time and therefore more labor. They have started prioritizing patients to help determine which process they use which has help them mitigate the effects of the shortage. They also started using Prismasate (a med device used in the treatment of patients undergoing dialysis) vs. Prismasol (a pharmaceutical) as there is a little more availability of Prismasate. The overall premise is that the supply shortages are a result of both transportation constraints and production capacity, and as suggested by several council members, an opportunity to accelerate approval of manufacturing processes – as both companies are looking to develop more domestic production capacity.

- Another health system is using alternative therapies (12 hours on/12 hours off vs. 24 hours). As a result, more filters and clinical labor are required elevating concerns around filter availability and the current, significant clinical labor shortage.

- Some organizations have applied substitution strategies shared by suppliers, substituting 650g bibags in place of the 900g bibags, in addition to reviewing therapy rates for all hemodialysis patients.

▲ Tubing

- Tubing is a growing issue with product shortages reported for the following items: 10ft suction tubing, Salem Sump Tubes in 10FR, 12FR, 14FR, 16FR and 18FR sizes.

▲ Syringes

- Large volume syringes are now a big challenge to source. Butterfly and insulin needles are also a challenge. From a pediatric perspective, there is a concern should adult hospitals make a temporary switch to smaller sizes and use multiple syringes vs. one larger size, and the effect on pediatrics as there is no option to use different sizes.

▲ Blood Collection Tubes

- While patient volumes are easing, the supply of blood collection tubes is **not** improving. One organization shared conservation guidelines their medical and dental staff submitted:
    - Modify test ordering and blood collection to reduce the number of mfgs.
    - Group orders for efficient blood collection tube utilization.
    - Reserve stat testing for life threatening situations.
    - Extend time intervals between tests whenever possible.
    - Avoid unneeded repeat testing.
    - Remove duplicate test orders to avoid unnecessary blood draws.
    - Consider ad-on testing if a previously collected specimen is available.

▲ Pediatric Products

- Infant formula and feeding supplies associated with infant formula continues to be an issue that varies greatly depending upon factors including who you ask, which part of the country they are located and their primary supplier. A corresponding issue - there is not a single supplier who can supply the entire market and the second market leader is currently at capacity.

▲ Other Items

- Some council members mentioned the **PREVENT Pandemics Act** as being too narrowly focused. While there is good legislation contained in the act, it seems that there is a heavy focus on the SNS and States setting their stockpiles.

- Pharmaceuticals are a real issue. One health system's nursing staff is doing admixture in the room vs. pre-mixed solutions. Frozen antibiotics are also an issue, moving these back and forth between their facilities, and IV solutions, specifically those with potassium, which is impacted by the nationwide shortage of potassium. Pressure transducers and lines; moving to three singles in the absence of availability of triples. "Pivoting in one area is creating issues in another. You fix for one, and you create two more."

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.

Aggregated member attendance information for the February 7, 2022 SCRC meeting is below.

Organization Type	Number of Beds	Rural/Urban/Suburban	Purchasing Budget/Spend	Region
Academic Medical Center	1,000	urban	More than $500 million	9
Services	N/A			9
Hospital	60	rural		9
Hospital	800	urban	$100-$500 million	2
Hospital	26,000	rural, suburban, urban	More than $500 million	5
GPO	N/A	rural, suburban, urban	More than $500 million	
Hospital	24,000 licensed beds	rural, suburban, urban	More than $500 million	4
Association	N/A			3
Services	N/A	urban	$500,000 - $1 million	8
Academic Medical Center	850	urban	$10 - $25 million	4
Hospital	1,100	urban	$5-$10 million	3
Hospital	886	urban	N/A	6
Hospital	629	rural, suburban, urban		6
Association	N/A	suburban	$500,000 - $1 million	5
Hospital	203	rural, suburban, urban	$25 - $50 million	8
Services	N/A			9
Hospital	2,800	urban	$2-$3 million	2
Hospital	2,059	rural, suburban, urban	More than $500 million	6
Academic Medical Center	918	urban	More than $500 million	4