

SUPPLY CHAIN

The following are a number of key considerations when evaluating the supply chain resources necessary for hospitals to provide non-COVID-19 services:

- Provide routine communication with the state health department and officials to keep them informed and comfortable with the availability of supplies; comply with any state orders regarding par levels and capacity requirements. Some municipalities have defined reporting requirements. See the Appendix for an example of the Kansas City report.
- Develop comprehensive essential product category lists, build and maintain alternative products lists, and document how changes in use of one supply, e.g., ventilators, increase the need for other supplies, e.g., consumables, such as HEPA filters and O2.
- Establish “surge demand” service level agreements with key suppliers and key products.
- Establish protocols and controls to minimize waste in routine practice, as well as crisis contingency plans to conserve resources. Provide clinicians with evidence to inform guidelines for use of scarce resources and provide training in advance to minimize front-line health care worker distress when standard protocols are changed during a crisis.
- Define reuse/reprocessing protocols for key supply categories, e.g., PPE.
- Consider centrally storing and managing PPE levels in anticipation of hot-spot surges and/or a COVID-19 reoccurrence with the oncoming flu season.
- Evaluate supply chain dependencies, i.e., how many of each type of procedure can be performed based upon the availability of not only PPE (if these are not available, are there reusable products that can be utilized?), but also other critical items including linens, medical-surgical supplies, implants, instruments, equipment, pharmaceuticals and infection control resources.
- In addition to supplies on hand, consult with vendors to ensure they have adequate capacity and inventory to meet expanding demand, given the continuing restrictions that COVID-19 has had on both manufacturing and transportation capacity.
- Assure the logistics capabilities required to stock all locations of care delivery, considering that ambulatory and clinic locations may be used differently than pre-COVID-19. What textiles are needed for reopening clinics; can laundries provide reusable products for the disposable items that are not available?
- Determine equipment availability in the operating room, particularly if it was repurposed, e.g., anesthesia machines to ventilator use.
- As patient census increases, due to restart of non-emergent surgeries, where are the linens for patient beds, patient gowns, and terry for the bath? [Laundries](#) have reported a substantial decrease in laundry production since mid-March, and many are concerned that this may mean that some hospitals destroyed linen from COVID-19 patients. It is essential to determine where the linens are and what is fit/ready for use. This is best achieved through a linen inventory. Who has access to the textiles to complete an inventory? Can laundry personnel access the hospital, and if so, what are PPE requirements for them?