

# Readiness Contracts & Supply Chain Management

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STRATEGIES FOR MAINTAINING OPERATIONS

# Meet the Presenters

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Alyson Hughes, Region 2 ADRC

- Resources
- Considerations
- Strategies

Pokey Anders, Region 2 HDRC

- Real World Incident Overview – Key Takeaways

# Readiness Contracts & Supply Chain Management

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## Objectives

- Explain the importance of supply chain management and strategies to support access to essential resources
- Outline the types of contracts maintained by hospitals for disaster readiness



# Defined Healthcare Requirement

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## CMS Emergency Preparedness Rule

- Applies to 18 Provider and Supplier Types as a Condition of Participation
- Requirement to Meet 4 Core Elements
  - Risk Assessment and Emergency Planning
    - Care-related emergencies
    - Equipment and Power Failures
    - Loss of All / Portions of Supplies
  - Communications Plan
  - Policies and Procedures
  - Training and Testing

<https://files.asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf>

# Resource Planning Supports



Emergency  
Operations



Continuity  
of  
Operations



Recovery



# Experience Across Multiple Events

## COVID 19 Pandemic

- Shortages of PPE and Equipment (Ventilators)
- Shortages of Pharmaceuticals (Vaccines, Monoclonal Antibodies)
- Shortage of Staffing

## Hurricane Ida Aug 2021

- Communication Outages
- Catastrophic Damage to Infrastructure

## Winter Weather / Hard Freeze Jan 2022

- Water Outages in Northern LA Parishes

## Hurricane Helene Sept 2024

- Baxter IV Fluid Shortage

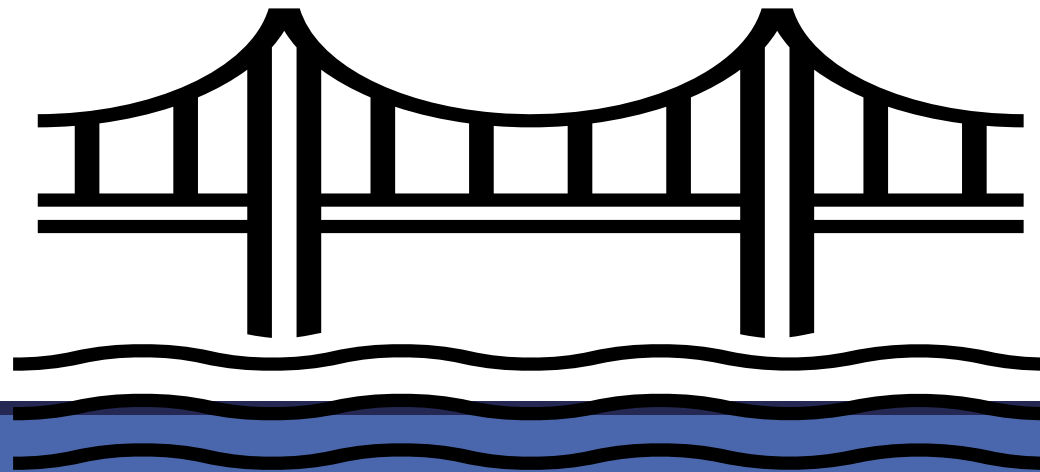
# Bridging the GAP

## Strategies for Maintaining Access to Critical Resources

- **Caches**
- **Alternate Products / Vendors**
- **Conservation Strategies**
- **Relationships with Response Partners**
- **Resource & Supply Chain Visibility**
- **Readiness Contracts & Emergency Agreements**

**Initiation of  
Response**

**Demand  
for  
Resources**



**Continuity  
of Care**

**Adequate  
Resources for  
Response**

# Resource Visibility – Hospital Level

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## “Emergency Supply Inventory” (Caches)

- Documented
- Reviewed at least annually
  - Coordinate updates with Specific Departments
  - List date of most current review / update
- Includes:
  - Medical Supplies / PPE
  - Pharmaceuticals
  - Food / Potable Water
  - Fuel Amounts including List of Tanks / Locations
  - Communication Equipment (ex. Radios, cell phones, etc.)

# Resource Visibility – Hospital Level

\*No requirement to stockpile 96 hrs of resources

\*Where gaps exist, plans are needed

## 96 Hour Sustainability Assessment

Capabilities/Time Line	0-12 hrs.	13-24hrs.	25-36 hrs.	37 - 48 hrs	48-60 hrs.	61-72 hrs.	73-84 hrs.	85 - 96 hrs.
<b>Communication</b>								
VOIP (Voice over internet protocol)								
Land line								
Cell phone								
Virtual collaboration platform								
2-way radio								
700 mHz radio								
HAM radio								
Internet / ESF-8 Portal / Email								
<b>Security</b>								
<b>Generator - Fuel (Diesel)</b>								
<b>Domestic Water Supply</b>								
Potable								
Nonpotable								
<b>Food Stock</b>								
<b>Linen Stock</b>								
<b>Drug Supplies</b>								
<b>Medical Supplies</b>								
<b>Transportation</b>								
<b>Employee Staffing</b>								

**Legend:**

 Operational

 Critical

 Non operational

# Resource Visibility – Healthcare Coalition Level

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## “Resource Assessment”

- Documented
- Reviewed at least annually via ESF-8 Portal
- Includes:
  - Decontamination Equipment (Tents, PAPRs)
  - Radios
  - Food Vendor
  - Pharmaceutical Vendor
  - Blood Supplier
  - Linen Supplier
  - Medical Supplies Vendor

# Planning Considerations

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## Supply Chain Overlap

- Which vendors are relied upon by multiple agencies?
- Are there alternate vendors for these services or products?
- Can other coalition member agencies offer assistance?

## Supply Chain Interruption

- How will delays in product delivery affect operations?
- What are ways to mitigate product shortages?
- Are conservation strategies defined?

# Resource Planning Tools – ASPR TRACIE

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- IV Fluids and Other Pharmaceuticals
- Oxygen
- Critical Medical Devices
- PPE

<https://asprtracie.hhs.gov/scarce-resources>

# Resource Planning Tools – ASPR TRACIE

## *“Disaster Available Supplies in Hospitals” (DASH Tool)*

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- Assists Emergency Planners & Supply Chain staff with estimating amounts of supplies that may potentially be needed immediately (Mass Casualty Incidents and Infectious Disease emergencies)
- Quantitative tool
- Estimates Supplies, not Staffing or Space
- Relys on Input from User:
  - Hospital size
  - Community risks
  - Hospital’s regional role or designation
  - Additional elements
- Data input cannot be saved in the online tool – (Download or Share)
  
- <https://asprtracie.hhs.gov/dash-tool>

# Resource Planning Tools – ASPR TRACIE

## *“Disaster Available Supplies in Hospitals” (DASH Tool)*

### Pharmacy

- Estimation of meds needed across 48 hrs for treatment of seriously injured after MCI

### PPE

- Estimation of minimum amount of PPE for treatment of pts suspected or infected with special pathogens

### Burn

- Estimation of supplies needed to treat pts with 40% BSA burn over first 48 hrs

### Trauma

- Estimation of supplies needed to care for trauma pts over first 48 hrs

# Resource Planning Tools

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## Healthcare Industry Distributors Association

- ***“Supply Chain Protocol, Playbook and Resiliency Road Map”***
  - <https://www.hida.org/distribution/supply-chain/resilience/road-map.aspx>
- ***“FAQ and Checklist to Vet Suppliers”***
  - <https://www.hida.org/uploadedfiles/resources/guides/supplier-checklist.pdf>
- <https://www.hida.org/distribution/advocacy/industry-issues/emergency-pandemic/national-preparedness-month.aspx?WebsiteKey=6ad216b3-25ff-4d44-b2f6-6a771937df5d#thought-leadership>

# Resource Planning Tools

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## Centers for Disease Control and Prevention

- ***“Supply Chain Disaster Preparedness Manual”***
  - Planning Partners (internal / external)
  - Facility Plans
  - Building Caches
  - Scenarios
    - Weather
    - MCI
    - Infectious Diseases (Novel, Highly Pathogenic)
  
- [https://www.ahrmm.org/system/files/media/file/2020/03/Supply-Chain-Disaster-Preparedness-Manual\\_1.pdf](https://www.ahrmm.org/system/files/media/file/2020/03/Supply-Chain-Disaster-Preparedness-Manual_1.pdf)

# Additional Strategies for Supply Chain Vulnerability

## Acquisition

Alternate Products

Alternate Vendors

Response Partners

## Storage

Secure scarce resources

Rotate stock (FIFO)

## Conservation

Protocols for Re-Use or Extension of Life

Limit number of personnel in areas requiring PPE

Limit PPE to essential workers

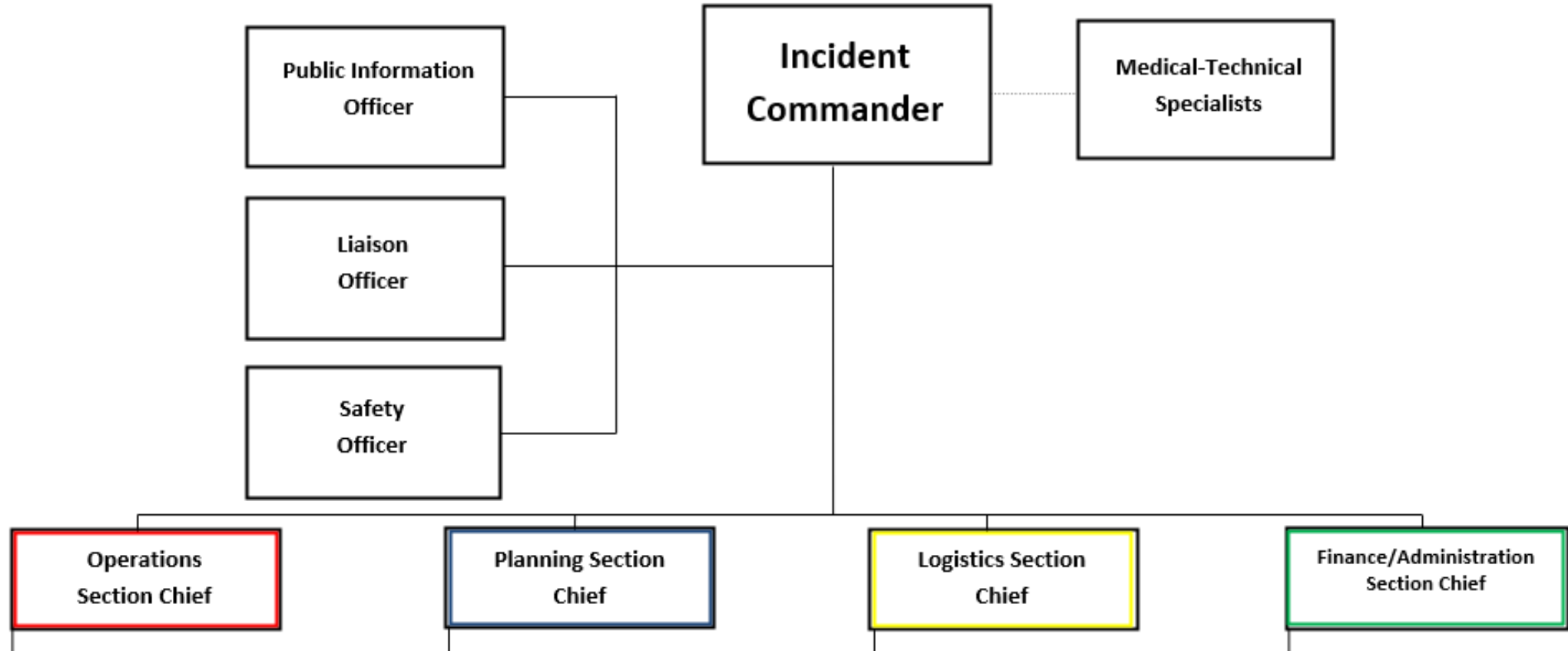
## Disposal

Avoid inappropriate disposal methods

Avoid disposal of reusable supplies

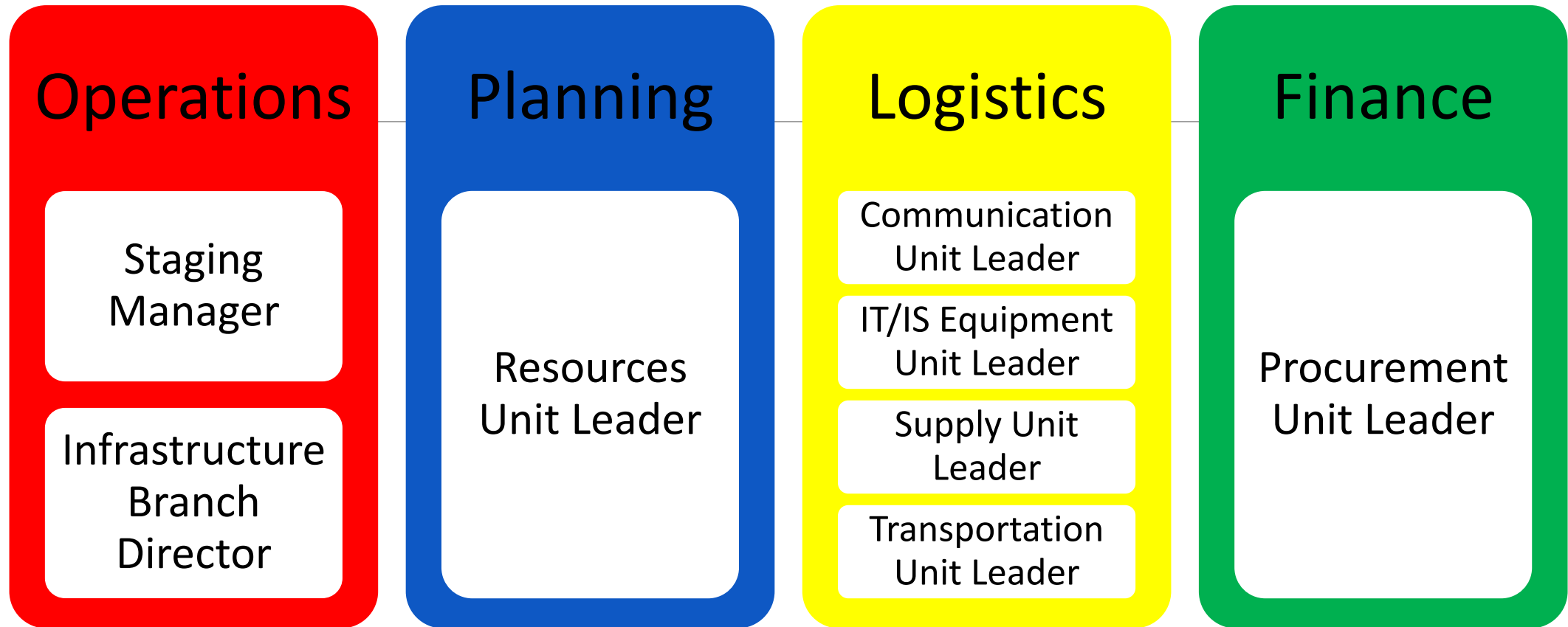
# Situation Specific Strategies

## Hospital Incident Management Team



Graphic is credited to: <https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/>

# Situation Specific Strategies



## **Job Action Sheets:**

<https://emsa.ca.gov/hospital-incident-command-system-job-action-sheets-2014/>

# Common Types of Readiness Contracts

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## Supplies

- Medical Supplies
- Pharmaceuticals
- Blood
- Food
- Potable Water
- Fuel

## Services

- Linen
- Biomedical Support
- Hazardous Materials Waste Removal
- Staffing
- Specialty Services
- Transportation

## Utilities

- Nonpotable Water
- Medical Gas
- IT & Comms Service

# Utilities

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## *Utility Failures in Healthcare Toolkit*

“Establish emergency contracts with vendors that can supplement or replace interrupted services or provide support for contingency operations.”

Referenced directly from:

<https://files.asprtracie.hhs.gov/documents/utility-failures-in-health-care-toolkit-summary.pdf>



Review / Update Annually

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graph TD; A[Review / Update Annually] --> B[Emergency Managers should be able to Access]; B --> C[Obtain Emergency Contact Numbers for the Vendor / Supplier (After Hours)]; C --> D[Consider Pre-Development of Ready-to-Deploy Disaster Orders];
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Emergency Managers should be able to Access

Obtain Emergency Contact Numbers for the Vendor / Supplier (After Hours)

Consider Pre-Development of Ready-to-Deploy Disaster Orders

Readiness  
Contract  
Reminders

# Final Thoughts



Maintain broad visibility



Lean on your team of subject matter experts



Be flexible



Embrace creativity

# Incident Overview

## Key Takeaways

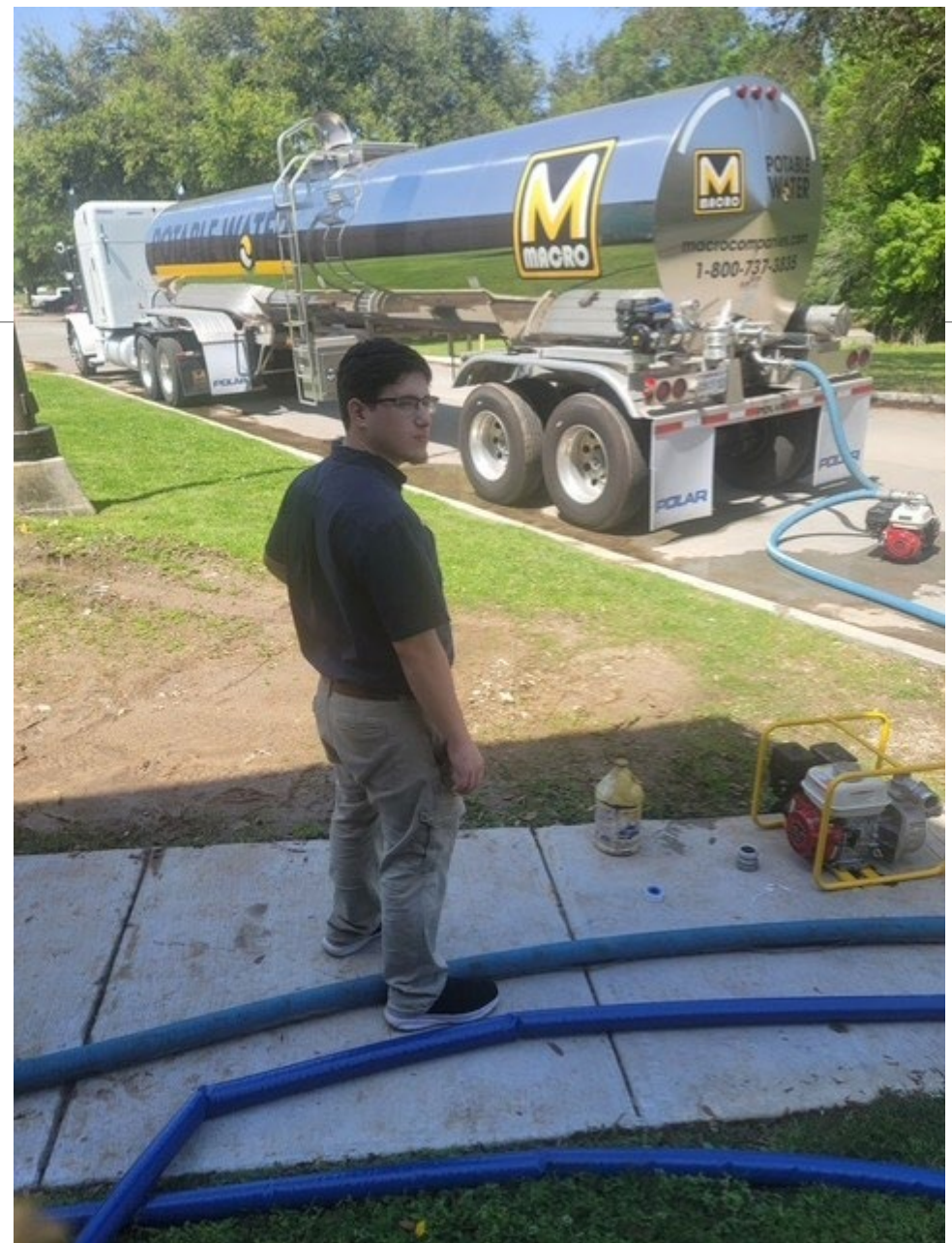
Pokey Anders

Region 2 Hospital DRC

Our Lady of the Lake  
Regional Medical Center









Thank you for  
participating.

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QUESTIONS?