Welcome

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Welcome: Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN

Supply Management and Inventory Control During COVID-19: Providence Sacred Heart Medical Center:
Bethany White, Manager of Materials Management Supply Chain Operations
Christa Arguinchona, MSN, RN, CCRN

Supply Management and Inventory Control During COVID-19: NYC H+H Bellevue:
John Maharaj, Associate Executive Director of Support Services
Trish Tennill, RN, BSN

NETEC Resources: Sharon Vanairsdale, DNP, APRN, ACNS-BC, NP-C, CEN, FAEN, FAAN

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens
Training and Education Center

Mission Statement
To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information
Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

**Assessment**
- Empower hospitals to gauge their readiness using **Self-Assessment**
- Measure facility and healthcare worker readiness using **Metrics**
- Provide direct feedback to hospitals via **On-Site Assessment**

**Education**
- Provide self-paced education through **Online Trainings**
- Deliver didactic and hands-on simulation training via **In-Person Courses**
- COVID-19 focused **Webinars**

**Technical Assistance**
- **Onsite & Remote Guidance**
- Compile **Online Repository** of tools and resources
- Develop customizable **Exercise Templates** based on the HSEEP model
- Provide **Emergency On-Call Mobilization**

**Research Network**
- **Online Repository**
  - Built for rapid implementation of clinical research protocols
- **Develop Policies, Procedures and Data Capture Tools** to facilitate research
- **Create infrastructure for a Specimen Biorepository**

**Cross-Cutting, Supportive Activities**
Supply Management and Inventory Control During COVID-19: Providence Sacred Heart Medical Center

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Supply Management and Inventory Control During COVID-19

Providence Sacred Heart Medical Center

Providence St. Joseph Health (PSJH)
- 51 hospitals in 7 states (WA, OR, MT, AK, CA, NM and TX)

Providence Health Care
- Providence Sacred Heart Medical Center (Region 10 RESPTC)
- 4 total hospitals
Acquiring PPE

Challenges:
• Hoarding/stealing, fear-based, inappropriate usage
• Availability of PPE nationwide
• Vendor allocations
• Multiple planning meetings

Approaches:
• State Department of Health allocated PPE
• Donations from multiple sources
• Local purchases
• Providence St. Joseph System
  • Central Planning Team distributed PPE resources
  • PSHMC HUB for our region
    • Hospitals, Clinics, Urgent Cares
  • Pre-ordering for pandemic preparedness
  • Sharing amongst all facilities
• Donated to local charities in need
# Supply Management and Inventory Control During COVID-19

## PPE Changes/Substitutions

**New PPE (different/unfamiliar products)**
- Approval process with Infection Prevention
- Develop new product number
- Develop “no-charge” purchase order for tracking
- Daily inventory counts/reporting of all PPE

**Collaboration with nursing leadership**
- Approaches/substitutions
- Flexibility and adaptability

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**Processes/policies constantly changing** = **Daily changes in PPE use** = **New headache every day!**
Innovative Approach to Inventory Control

Lock down of PPE

- Securely stored all bulk PPE in Supply Chain
- Removed PPE from unit stock carts
- Identified locked storage area in each unit
- Daily order for each unit
  - Assigned daily PPE ordering levels for each unit based off usage
- Staffed PPE room 24/7 to ensure it was secured and departments got what they needed
- Items returned to supply carts based on availability
- Challenges:
  - Supply chain staff = police
  - Consistency of process
Innovative Approach to Inventory Control

PAPR Management Plan

• Appointed a clear owner to develop and manage the plan
• PAPR tracking spreadsheet
  • Share point
  • Department, manager, inventory date, repair/reason, serial #, inventory date, filter change date:

<table>
<thead>
<tr>
<th>CART#</th>
<th>Lot #-Ser#</th>
<th>Department Room</th>
<th>Name</th>
<th>Phone</th>
<th>Current Location</th>
<th>Out for Repair/REASON</th>
<th>Date Sent</th>
<th>CONFIRMED SN #</th>
<th>Inventory Date</th>
<th>Date Filter Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9th floor</td>
<td>Meredith Ellis</td>
<td>509-474-4524</td>
<td>9N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>021418</td>
</tr>
</tbody>
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• Developed PAPR repair process
  • Increase use = increase in needed repairs
  • Innovative Clinical Engineering expert!
  • Utilize online request for repair, allows tracking
• Allocation plan for prioritization of use
Innovative Approach to Inventory Control

PAPR accessory conservation strategies:
- No accessory orders filled for 7 months
- Assigned shields and headbands for reuse
- Unit responsibility to develop storage plan
- Job aid developed and distributed

Strengths
- Extended use, staff preference/comfort
- It worked! No known staff acquired infections

Challenges
- Which disinfectant?
- Increased use from training
- Decreased visualization from multiple cleanings

CAPR DISINFECTION PROCESS (MaxAir with Lens Cuff)

1. After doffing process occurs in patient room, caregiver will have clean gloves on and will use a disinfectant wipe to proceed through the door into the hallway and proceed to CAPR doffing area.
2. DoFFCAPR
   a. Remove disinfectant wipe and have ready
   b. Remove CAPR by grabbing back knob and thoroughly disinfect all components with wipe, including lens cuff and cord
   c. Place on surface to have appropriate contact time dependent on disinfectant wipe used
   d. Place in clear white bag, tie up bag and write name on bag with Sharpie to reuse CAPR and lens cuff throughout shift (unless end of shift, then remove lens cuff and place in a bag and label with name to be used during next shift. Place comfort strip in bag with name to be reused.)
   e. Doff belt and battery and disinfect with wipe
3. Perform hand hygiene
4. Doff gloves using glove in glove technique
5. Perform hand hygiene
6. Return bagged CAPR to cart to reuse throughout shift
7. Return belt and battery to cart and plug in battery to charge
Supply Management and Inventory Control During COVID-19

<table>
<thead>
<tr>
<th>Supply Chain/Nursing Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval needed for accessory item orders</td>
</tr>
<tr>
<td>• Able to identify departments needing more education</td>
</tr>
<tr>
<td>• Prioritized high risk departments</td>
</tr>
<tr>
<td>• Established clear request process</td>
</tr>
<tr>
<td>Constant Communication</td>
</tr>
<tr>
<td>• Awareness of inventory</td>
</tr>
<tr>
<td>• POC for supply chain staff</td>
</tr>
<tr>
<td>• Coordinated approach based on changing circumstances</td>
</tr>
<tr>
<td>• Improved collaboration amongst involved leadership</td>
</tr>
</tbody>
</table>
CNO: 5 Things to Know this Week
Huddle Highlights
Safety Huddle Announcements
Weekly system staff communications
COVID Circle One communications
Reassurance regarding changes in PPE pieces
Different colored masks, gowns, gloves
Focus on fact that we have PPE

Everyone needs to hear the rationale!!
Be transparent!!

Innovative Approach to Inventory Control

<table>
<thead>
<tr>
<th>Supply Item</th>
<th>Important Conservation Information</th>
</tr>
</thead>
</table>
| Surgical or Procedural Mask | - When wearing a respirator or mask:  
  - Determine whether a mask or respirator is appropriate based on local policy and the procedure/care you are performing  
  - It must be covered by a full-face shield when within six feet of the patient  
  - Respirators must be monitored for fit and function by the user throughout use.  
- Respirators and masks should be conserved using these strategies:  
  - Caregiver can wear continuously during their shift (regardless of duration of shift)  
  - Caregiver can don and doff their mask/respirator each time it is needed during their shift (regardless of number of times donned/doffed during shift). In between uses, it should be stored according to local policy  
  - Mask should no longer be used if it becomes damp, damaged, visibly soiled, or hard to breathe through.  
- When discarding a respirator:  
  - Each facility will have a different method for collecting respirators for reprocessing. Follow your local process. |

| N95 |  |
| Face shield |  
- Must be disinfected inside and outside with hospital-approved disinfectant wipe after doffing  
  - Consider wiping with wet cloth after disinfection if irritation occurs  
  - Label face shield and store in designated location until damaged or unusable  
  - Perform hand hygiene before and after contact  
  - If using goggles (no face shield), masks/respirators must be discarded after use |

COVID Circle One communications
- Reassurance regarding changes in PPE pieces
- Different colored masks, gowns, gloves
- Focus on fact that we have PPE

When supplies of N95 respirators become depleted CDC recommends extended use and limited reuse as strategies to conserve supplies. This job aid provides details on how to safely implement those strategies.
Supply Management and Inventory Control
During COVID-19:
NYC H+H Bellevue

John Maharaj, Associate Executive Director of Support Services
Trish Tennill, RN, BSN
Bellevue Hospital is part of the greater H+H public health system
  - Includes 11 acute care hospitals
  - 5 post acute/long-term care facilities
  - Shared supply chain
  - Centralized ordering and storage locations for PPE stores
PPE Needs - In the Beginning

PPE

- PPE was in accordance to CDC COVID-19 guidelines

Initially

- PPE distribution started with three carts based on our initial predictions - 1:1 patient to cart
- Using existing crash carts allowed the PPE to be portable
- Supplies were acquired from central stores, then taken to satellite PPE room
- Labor
  - Restocked during the day by central stores staff
  - Three in-house staff members operated the night shifts
PPE Needs – As the Pandemic Numbers Increase

PPE demands increased as:

- The number of patients increased
- There was an influx of outside staff
- Protocols changed
Supply Management and Inventory Control During COVID-19

PPE Supply

- PPE changed from day to day:
  - PPE varied from different supply chains
  - Donations

- All PPE was approved by either
  - H+H Central Infection Control
  - Bellevue Infection Control
PPE Supply Chain and Delivery Services

**Strengths**
- In house labor pool
- Outside vendor support

**Challenges**
- Hard to keep tight inventory control with the number of patients, care teams, and new staff
- Could not keep up with burn rate
- Sizing

**Benefits**
- Could borrow from our sister facilities
- Corporation had a large off-site warehouse
State of Preparedness

Where do we go from here
  • Low Covid census gives us a chance to do inventory

Implementation of a 90-day supply of PPE
  • This is across the corporation

Standardization of respiratory protection
  • Will assure its availability
Supply Management and Inventory Control During COVID-19

State of Preparedness

- Tracking of valuable resources
  - N95 respirators
  - PAPRs
  - DLC lenses

- Restructured PPE delivery
  - From 24/7 delivery to M-F 7a-7p
Conservation Strategies

Personal Protective Equipment:
- Bundling care

Reuse of Respiratory Protection:
- N95 respirators
- PAPR DLC lenses
- Face shields
Supply Management and Inventory Control During COVID-19

Education Strategies

- Initial PPE training
  - Reinforcement that gowns, gloves, and respiratory protection may change

- Making staff feel safe and secure
  - Going into the room with them

- More is not better
  - Adding more can complicate donning and doffing

More is not better
NETEC Resources

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NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

**NETEC is Here to Help**

**Ask for help!**

- Send questions to [info@netec.org](mailto:info@netec.org) - they will be answered by NETEC SMEs
- Submit a Technical Assistance request at [NETEC.org](http://NETEC.org)
Questions and Answers