

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 13 August 2019

Response Date: 21 August 2019; updated 28 August 2019

Type of TA Request: Complex

Request:

The requestor asked for technical assistance in identifying resources related to healthcare coalition (HCC) joint purchasing and just-in-time delivery models.

Response:

The ASPR TRACIE Team reviewed our [Select Healthcare Coalition Resources](#) page (which includes links to several existing Topic Collections, including the [Coalition Administrative Issues](#), [Coalition Models and Functions](#), and [Coalition Response Operations](#) Collections).

We also reached out to ASPR TRACIE Subject Matter Expert (SME) Cadre members and asked for related resources and feedback.

Section I includes feedback provided by ASPR TRACIE SMEs via email. Section II includes resources that address HCC joint purchasing, and just-in-time delivery methods within HCCs or across healthcare entities. Finally, Section III provides additional relevant resources.

A list of comprehensively developed Topic Collections can be found here:
<https://asprtracie.hhs.gov/technical-resources/topic-collection>.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- Our HCC has been involved in joint purchasing endeavors beginning in 2002 after we had a weaponized anthrax incident in our area and all hospitals did not have appropriate personal protective equipment (PPE) or effective communication equipment.
- We believe that if we gain consensus on which types of equipment to purchase, and train our providers to use it correctly through joint purchase and training sessions provided by the selected vendor, then staff will already be familiar with the equipment if it ever needs to be shared between facilities.
- Our Medical Society is a 501C6 organization (i.e., professional organization) with a 501C3 arm, and the HCC is sponsored through the 501C3. This mechanism serves to give us a critical mass for best pricing and a way to make sure all the facilities targeted for the equipment are included.

- Our first endeavor of this sort was to purchase an initial supply of butyl Powered Air Purifying Respirators (PAPR), 800 MHz radios and decontamination equipment for our hospitals as this was a priority need based on all the thousands of white powder incidents that continued to occur after the anthrax incident. The initial purchase was accomplished through a grant award by a health foundation to the area's medical society.
- Since then, we have collaborated on other equipment needs in the time interval when Health Resources and Services Administration (HRSA)/ASPR offered contracts for equipment to hospitals through the Hospital Preparedness Program (HPP). Since this program operated on a reimbursable status for each facility, hospitals did the individual purchasing. However, we aligned our purchases with our state's equipment committee, which provided a list of required inventories and amounts appropriate for varied hospital bed sizes. This included a mass casualty incident, PPE and decontamination equipment listing, burn/trauma inventory, and even Mark I and cyanide antidote kits.
- Patient evacuation equipment was recognized as another priority and we invited an assortment of vendors to demonstrate what they could offer for a brief presentation before our coalition meetings (and they were available afterwards as well). We conducted a survey of all our hospitals and found that few had sufficient supplies to support a major evacuation (i.e., a horizontal, vertical down and up and full-facility exodus).
 - The exception was our Veteran's Affairs (VA) medical center, which had directed federal funds that included an evacuation sled under every one of their patient beds. This was supplemented with a cadre of trained staff that knew how to safely evacuate patients, and eventually also ambu-buses to transport both ambulatory and non-ambulatory patients. The buses were included as a resource that could be used at any non-VA facility in the event of a declared disaster.
 - In 2004-2005 our state department of health (DOH) developed a Hospital Emergency Evacuation Toolkit that included examples of pediatric and adult equipment. This was particularly helpful for our coastal hospitals that decompress with approaching threats.
- Our coalition made sure to offer joint trainings at varied locations for multidisciplinary staff to be able to attend. Hospitals with educational training capabilities would offer to sponsor a training and open it up to all coalition facilities. This became a norm for disaster-related and other medical training. Vendors even brought samples of Meals Ready to Eat, emergency water supplies, snap lights, security devices, etc. to our meetings and these would be discussed among members.
- Our HPP program eventually transitioned to purchasing based on priority needs of the coalition. For example, we initiated a Stop the Bleed project after the Pulse Nightclub and Parkland high school mass shootings.
 - Our HCC supported the purchase of Stop the Bleed go bags and kits for all 14 area hospital emergency departments (ED), free-standing EDs, and affiliated urgent care centers.
 - Agencies are also provided the vendor contact so they can purchase additional supplies. They are trained to the type of tourniquet purchased. The training is complimentary and structured in a train-the-trainer format.
 - Since the project was launched, over 4,200 persons are now trained through 250 formal training sessions in addition to staff trained by each agency.
 - Kits and trained personnel are now at airports, our area's port, every police vehicle, every state highway patrol officer, 125 school nurses, public and private

- schools at all levels, reserve officers' training corps, criminal justice and healthcare programs, faith-based organizations, churches and synagogues, all emergency medical services (EMS) vehicles, etc.
 - Stop the Bleed kits are also in automated external defibrillator (AED) kits in public gathering locations.
 - A recent estimate showed that at any one time there are 1,365 vehicles with tourniquets traveling around the county. In addition, there have been several lives saved from everyday emergencies, such as a recent major motor vehicle crash.
 - This project is also ongoing as there is always a need to train new students and new responders. Our medical society facilitated the initial purchase of the kits. However, the project was also supplemented with funds from other law enforcement, EMS and school funding sources.
- After conducting another recent survey of our coalition hospitals, a number of which have integrated campuses that include urgent care centers and free-standing ED's, we identified another priority, which is the need to purchase Bio-PAPR's in order to manage a highly infectious disease threat.
 - We had already updated butyl PAPR's a year prior for each hospital; however, butyl PAPR's are not ideal for staff caring for suspect infectious disease patients.
 - Only 2 of 14 hospitals had bio-PAPR's; however, they were past manufacturer recommended longevity recommendations and were no longer available to update them.
 - Therefore, it was a consensus decision with presentations provided by several vendors and discussions with our regional and state DOH response leaders to identify a product that was easy to use with minimum training and that could be shared between facilities as needed. This project has now been accomplished to ensure that we do have this capability.
 - The project continues to grow, and it is also in our budget for next year to continue to supplement equipment availability.
 - The vendor had not only helped us with exchanging the BE-10 exhalation valves on our butyl PAPR's, at the same time that they did an inspection on every kit to ensure seams were intact and all components were operational. This resulted in a coalition survey to quantify what our potential need really was. This project started two years ago, but we now have the equipment purchased. It was definitely a team effort.
- Our coalition has diverse members and is constantly growing. Therefore, our project priorities do not solely reflect the needs of hospitals as it did initially back in 2002.

SME Cadre Member 2:

- As a 501c3 we have been doing joint purchases for several years. We collect the purchase needs from the individual facilities, then work with our trusted vendors for the best bulk price.
- With regards to the partner storage and deployment model, we have a housing agreement for several of our assets that are held by partners.

SME Cadre Member 3:

- In our HCC we have jointly purchased evacuation and burn equipment. The process does work in saving money and promoting commonality.

- The challenge for us was finding someone who will serve as the administrator to assimilate all the needed purchase information, organize and place the purchase order, and distribute the items when they come in. This can be a time-consuming task and the position is unpaid in our experience.
- Fortunately, we found healthcare systems that are willing to step up on behalf of all the HCC members.
- As for EMS participation in warehousing and delivering items, that will be a community decision since our jurisdiction does not have a warehouse. Therefore, everyone must store their own items purchased.
 - However, I know in our neighboring HCC, they manage a warehouse of purchased items on behalf of the coalition members. I believe the facilities must come pick up the items themselves when needed.

II. HCC Joint Purchasing and Resource Delivery Materials

DC Emergency Healthcare Coalition. (2010). [Resource Functional Annex to DC Emergency Healthcare Coalition's EOP](#).

This functional annex provides guidance to personnel who are supporting an incident in which resources are requested by or shared among healthcare organizations in DC.

Holt, C. (2014). [Hospital Coalitions Save Money and Improve Care](#). Harvard Business Review.

The author explains how local and regional collaboration reduces healthcare costs and improves patient outcomes for HCCs founded for joint purchasing.

Northern Utah Healthcare Coalition. (n.d.). [Resource Management & Sharing](#). (Accessed 8/14/2019.)

The Northern Utah Healthcare Coalition created this guidance to help members have the right resources available at the right time and place after an incident. It describes protocols for resource requests, as well as reimbursement among members.

Southeast Texas Regional Advisory Council (SETRAC). SETRAC Agreement for Housing and Storage. (Document attached).

This document is an agreement template between SETRAC and another agency they may partner with to store and deploy regional assets.

III. Additional Relevant Resources

ASPR TRACIE. (2017). [Healthcare Coalition Resource and Gap Analysis Tool](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This tool is designed to help HCC partners develop a common understanding of their resources and existing gaps, and strategies for prioritizing which gaps to close. Gaps may

include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, and/or services. HCCs are encouraged to modify the template to reflect their coalition members, resources, and unique community attributes. A companion HCC Aggregator Tool allows information from multiple HCCs to be summarized to present an overall picture of a larger geographic area, including an entire state.

ASPR TRACIE. (2017). [Healthcare Coalition Resource and Gap Analysis Aggregator](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This tool was developed as a companion to the Healthcare Coalition Resource and Gap Analysis Tool. It is intended to summarize the results from multiple Healthcare Coalition Resource and Gap Analysis reports to present an overall picture of a larger geographic area, including an entire state.