



2019 Supply Chain Integrity Assessment
Trauma Service Area D (TSA-D)

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Summary

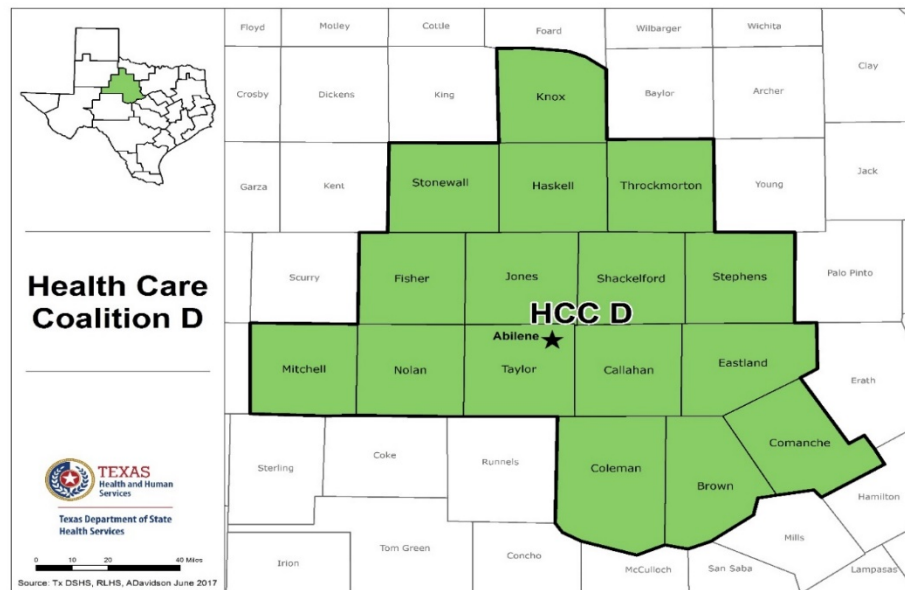
The survey is a part of a HPP grant deliverable issued in YR 17 of the Hospital Preparedness program. This survey was distributed by the Texas Department of State Health Services. The results are being distributed as part of a collaborative effort to determine access to critical supplies, quantities available in the region, and potential alternate delivery options in the event access or infrastructure is compromised.

Health Care Coalition Boundaries

The geographical area served by TSA-D includes sixteen counties and all municipalities within. There were a total of 21 surveys sent out to hospitals, emergency medical services, long-term care facilities and behavioral health organizations. Of the 21 organizations asked to complete the survey, 10 hospitals and 2 Behavioral Health organizations responded for a response rate of 57%.

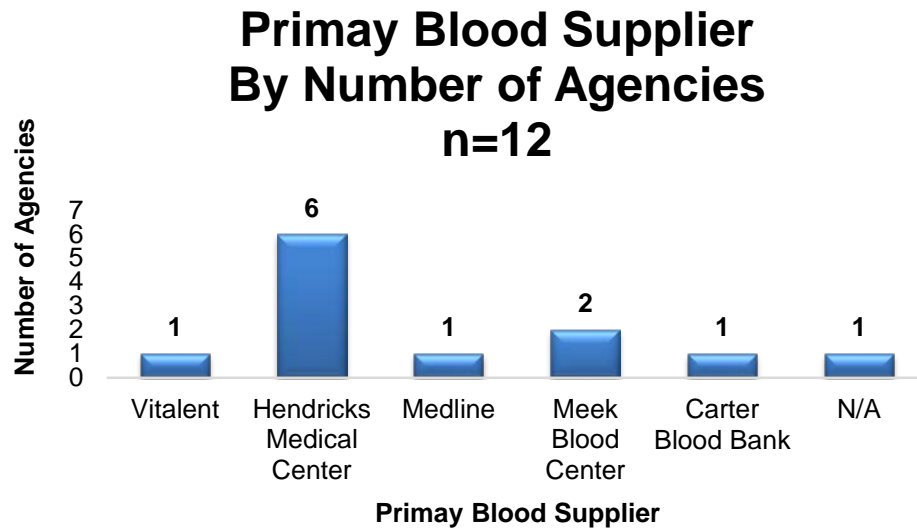
County Map of the BCHCC TSA-D Region

- Knox
- Stonewall
- Haskell
- Throckmorton
- Fisher
- Jones
- Shackelford
- Stephens
- Mitchell
- Nolan
- Taylor
- Callahan
- Eastland
- Coleman
- Brown
- Comanche



The healthcare system in the sixteen-county region is a network of providers of hospital, ambulatory care, in-home services, long-term care, behavioral health, and ancillary care services. Healthcare services across the region are organized into systems, medical groups, public services, and individual providers.

Blood Supply

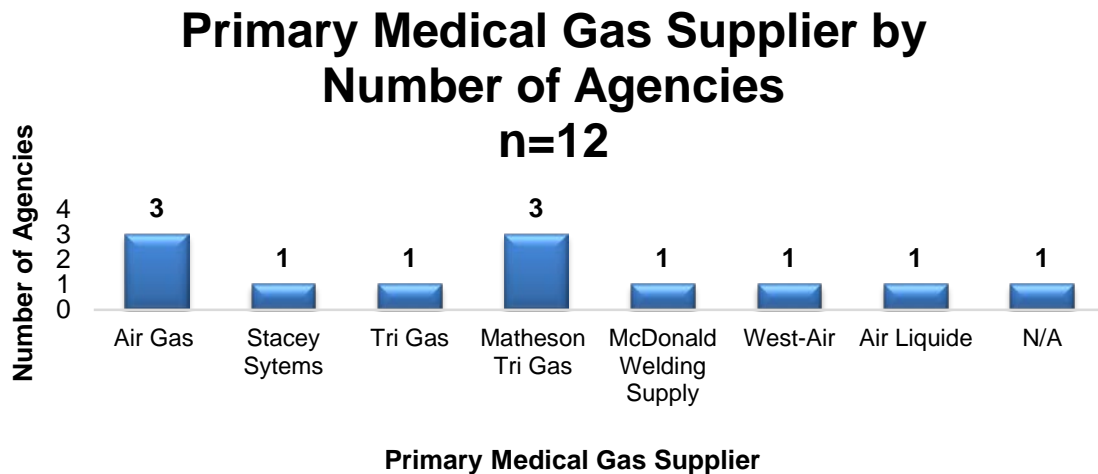


*When respondents were asked “What is their greatest vulnerability of their facility blood product supply” responses ranged from:

- Insufficient supply on hand
- Distance to receive the units
- Limited O Negative supply

*Key Gaps: Only 4 agencies indicated having a secondary supplier of blood

Medical Gas



*When respondents were asked “How frequently is medical gas delivered to your facility. Responses ranged from:

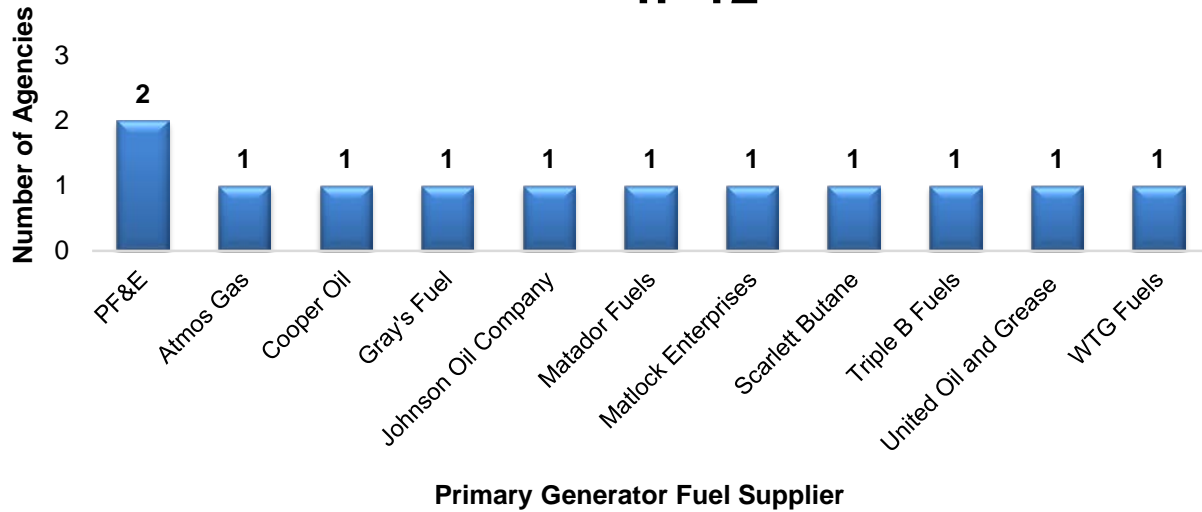
- Daily
- Weekly
- Monthly

*Key Gaps: Only 5 agencies indicated having a secondary supplier for Medical Gas

Generator Fuel Supply

Primary Generator Fuel Supplier By Number of Agencies

n=12



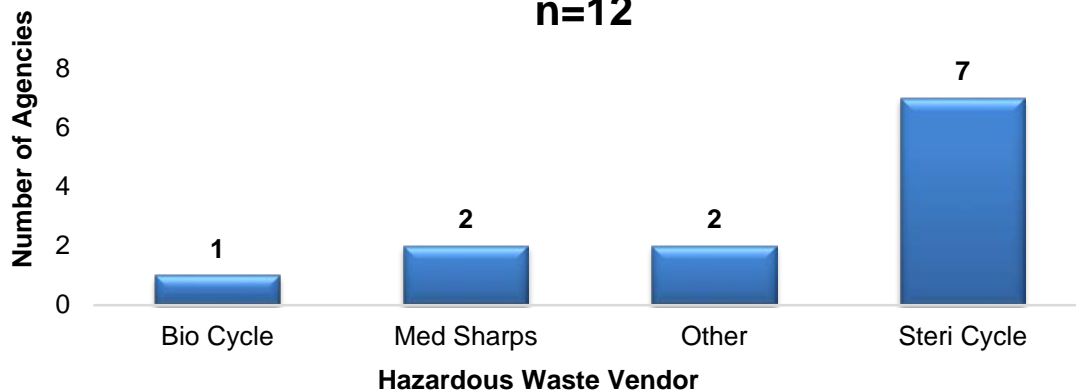
*When respondents were asked "How many days of generator fuel do they maintain. The response ranged from 1.8 - 365 days.

*Key Gaps: Only 1 agency indicated a secondary supplier.

Waste Management

Hazardous Waste Vendor By Number of Agencies

n=12



*When asked to list their facilities hazardous waste removal service provider. The response indicated a wide range of vendors used.

*Key Gap: Due to rural areas some facilities are limited to only one vendor with no secondary

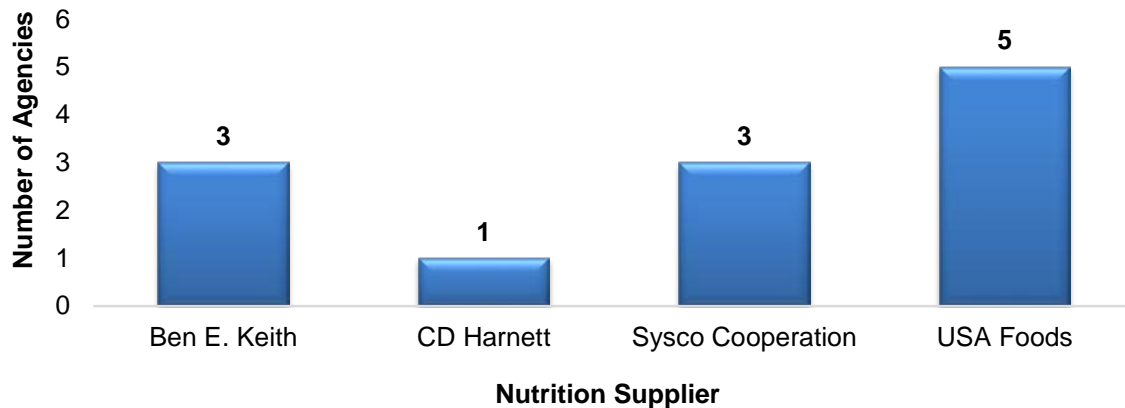
Category A Waste Contractor By Number of Agencies n=12



*When asked does your facility have a contract with a vendor to transport suspected or actual Category A waste? (EX. Ebola)
 Responses were split 50/50.
 *Key Gap: 50% of facilities do not have a contractor in place.

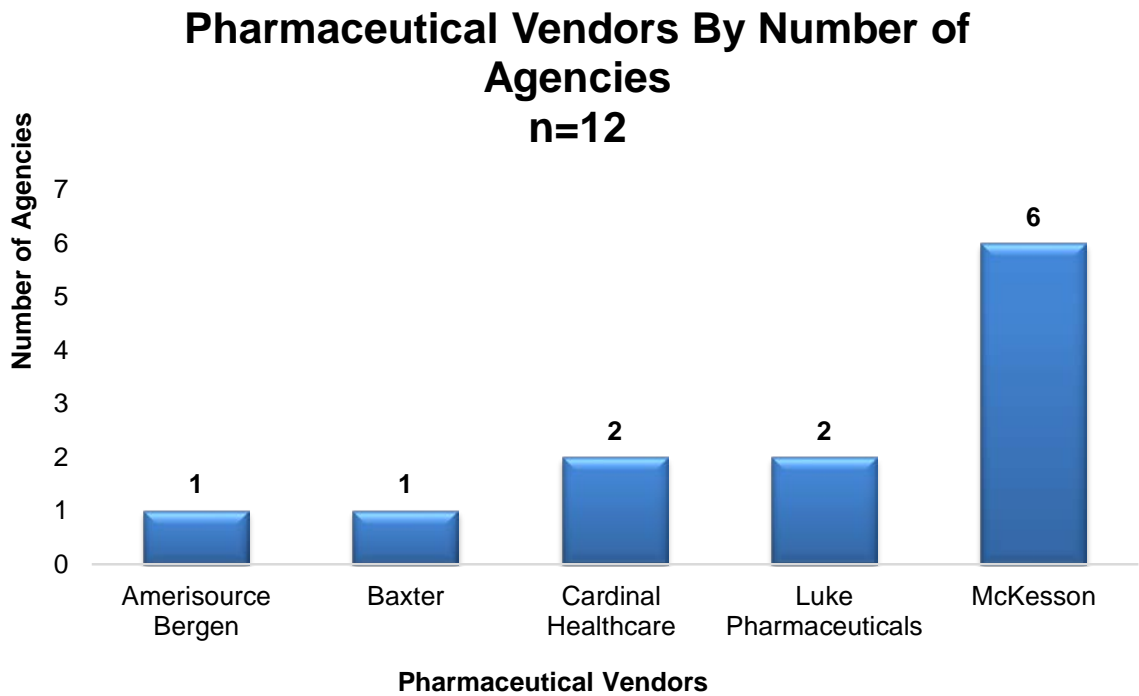
Nutrition Supply

Nutrition Supplier By Number of Agencies n=12



*When respondents were asked “During normal operations, how frequently are deliveries of food and nutritional supplies? Every_____day(s)” responses ranged from daily to weekly.
 *Key Gaps: 58% of respondents did not note a secondary supplier.

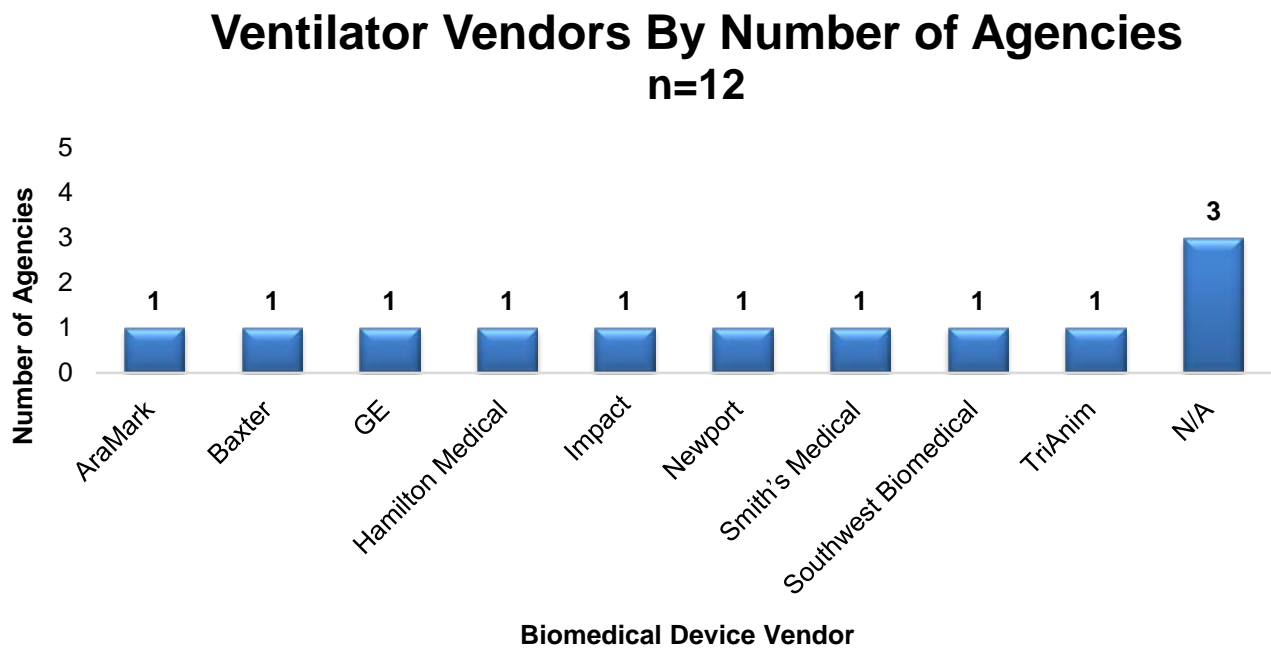
Pharmaceuticals



*Of the agencies surveyed only 33% had three vendors.

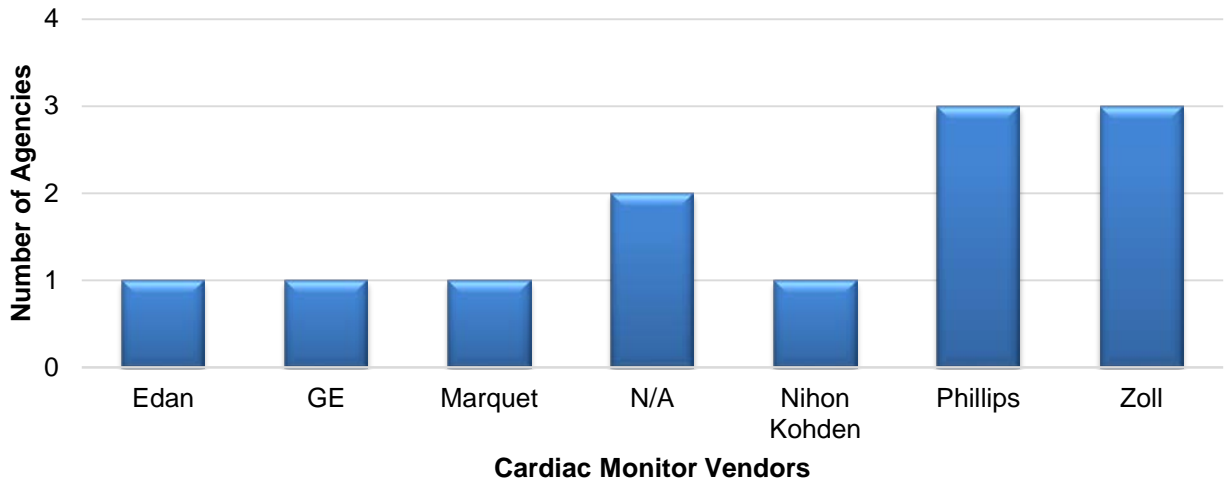
*Key Gaps: 77% have two pharmaceutical vendors or less.

Biomedical Devices



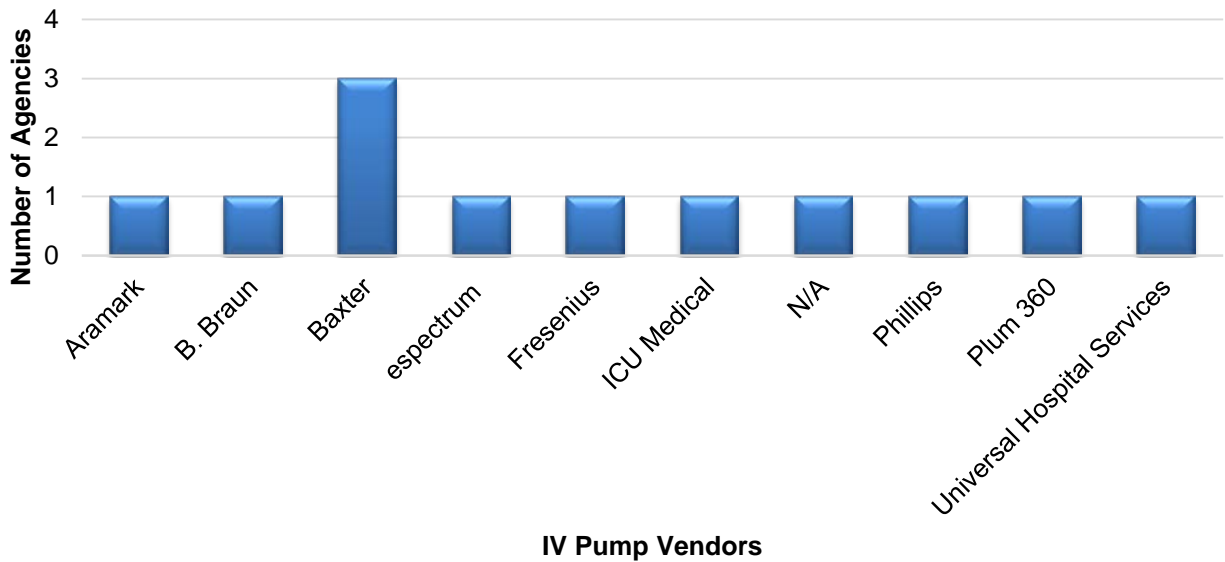
*Key Gap: Of the agencies surveyed only 25% had a secondary vendor

Cardiac Monitor Vendors By Number of Agencies n=12



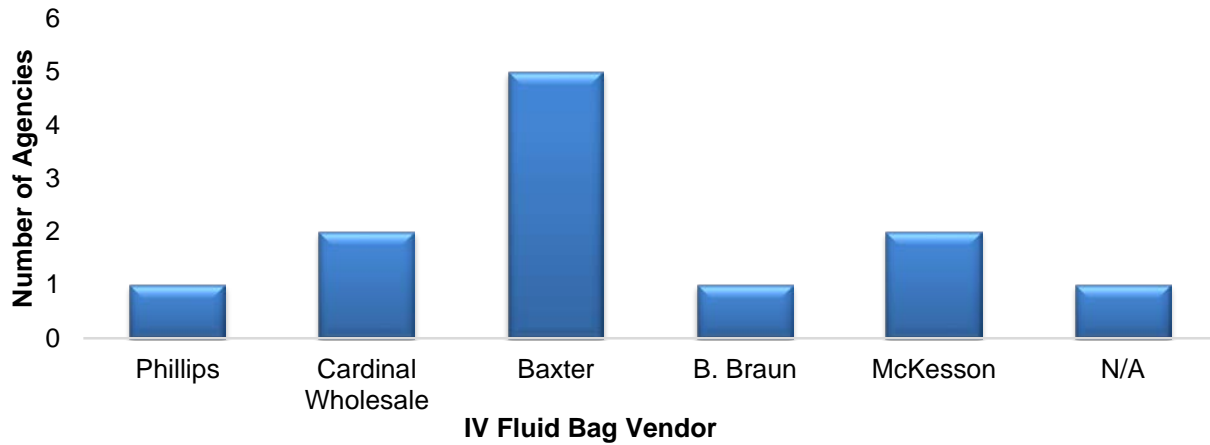
*Key Gap: Of the agencies surveyed only 42% had a secondary vendor

IV Pump Vendors By Number of Agencies n=12



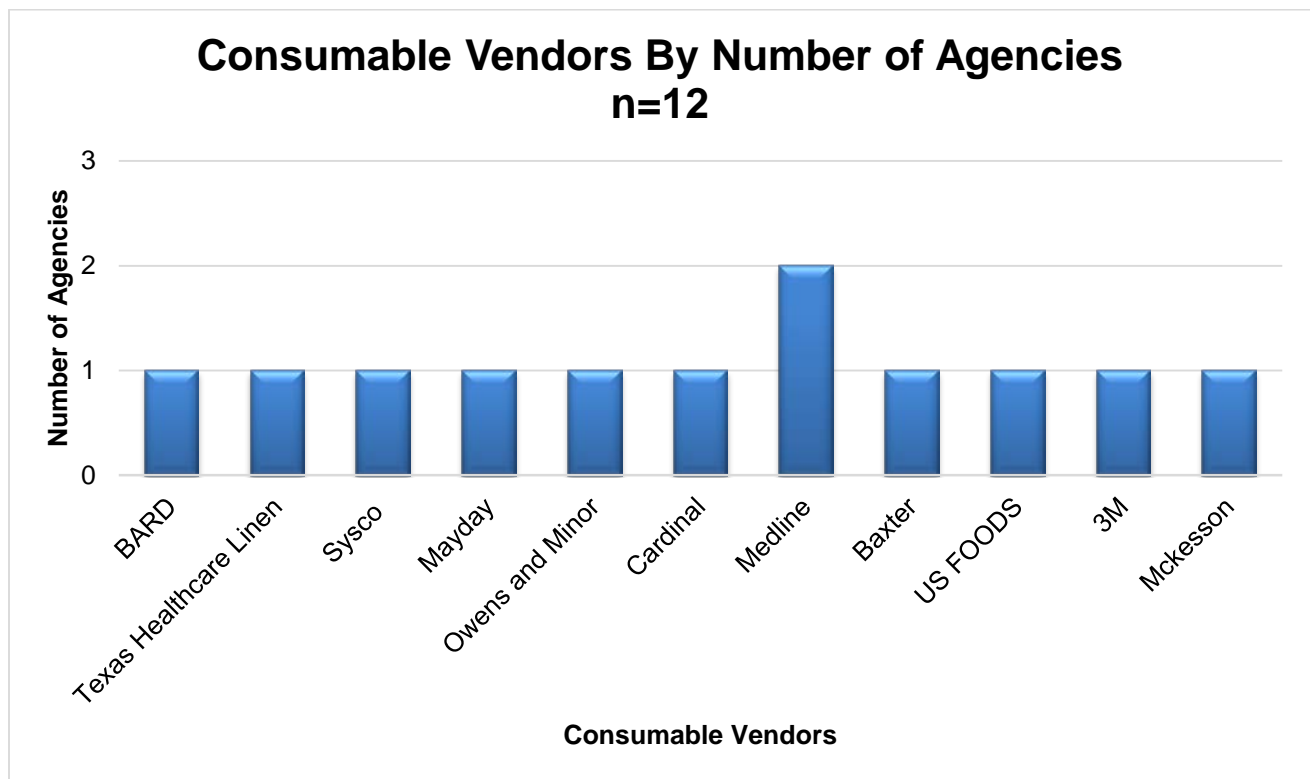
*Key Gap: 92% of the agencies do not have more than one vendor

IV Fluid Bag Vendors By Number of Agencies n=12



*Key Gap: 83% of the agencies do not have more than one vendor.

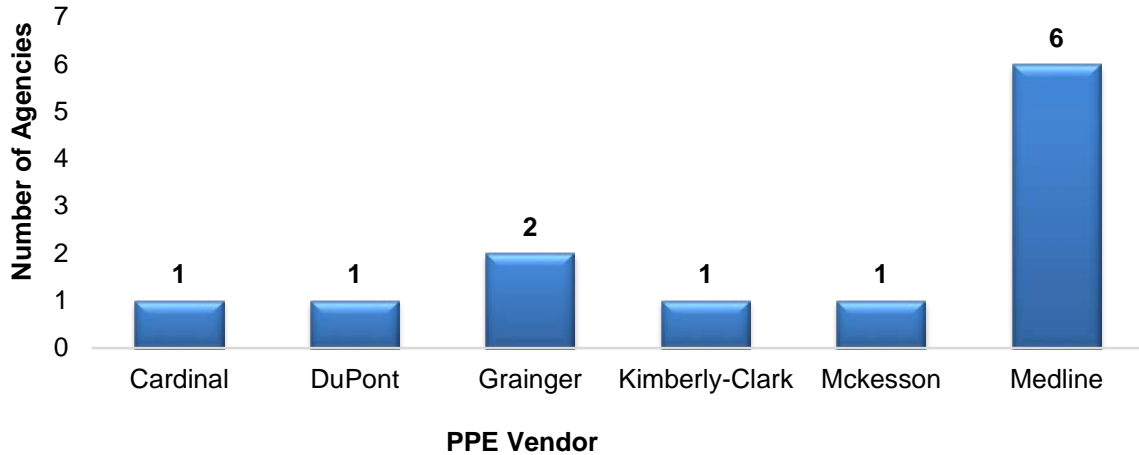
Consumables



*Key Gap: Only 25% of agencies surveyed have two vendors.

PPE Manufacturers/Distributors

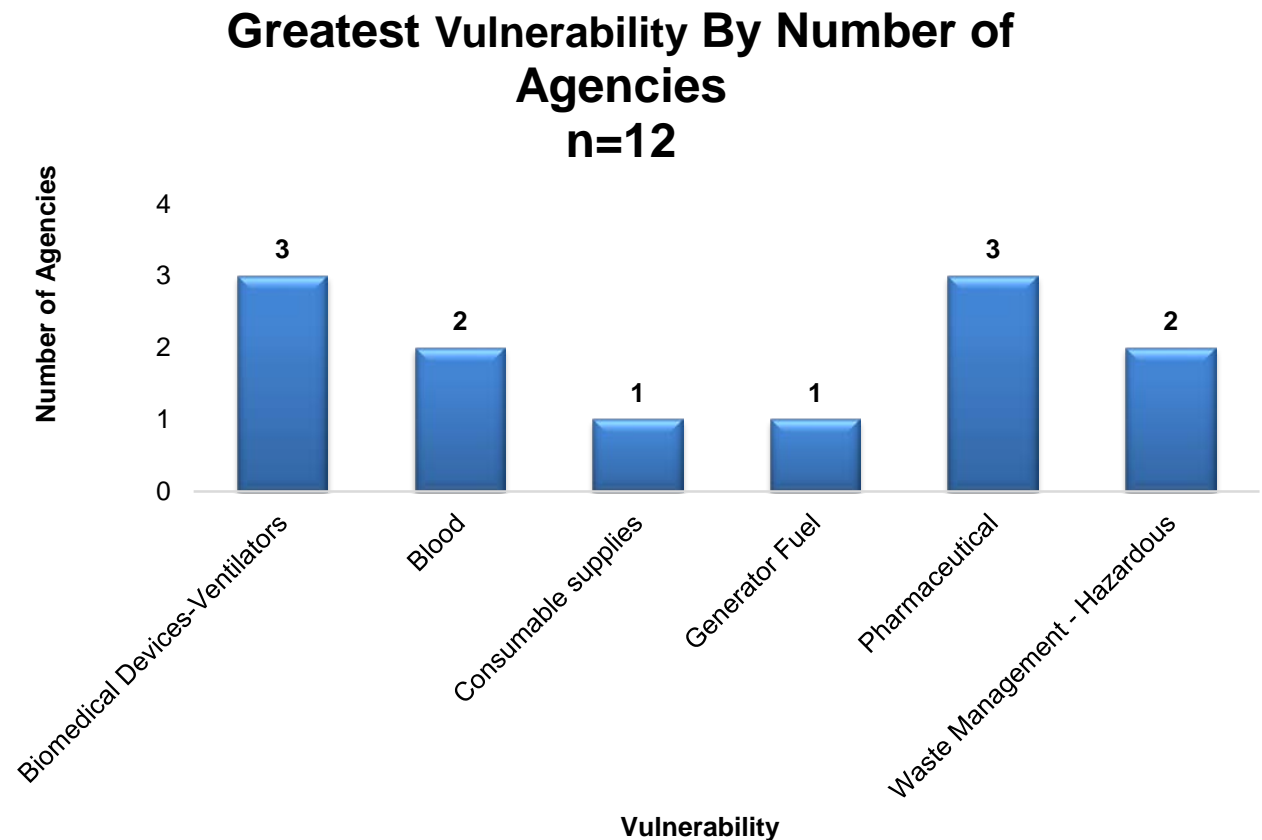
PPE Vendors By Number of Agencies n=12



*When agencies were asked to “list how much specialized PPE your facility has on hand for use during chemical decontamination procedures (EX: Class C PAPR/Hood/Suit). Responses ranged from 3-12.

*Key Gaps: Facilities should have a minimum of six sets per facility. When respondents were asked “Please list how much-specialized PPE your facility has on hand for use when treating a patient with suspected or confirmed high consequence infectious disease (HCID). (List type and quantity) (EX: Viroguard; Provent 10,000 etc.). Responses to this question were not in full, therefore will be addressed in future assessments.

Greatest Vulnerability



When respondents were asked “Why is this your facility's greatest supply chain vulnerability?” responses ranged from:

- No transport resources for blood supply and the most frequently used is in low supply
- Availability of pharmaceuticals during an outbreak or catastrophic events
- Inconsistency of supplies for Biomedical devices such as cardiac monitors, over the last 5 years, will make it difficult to meet demands.
- Some agencies do not have a hazardous waste vendor for their area.
- Due to facilities being located in rural areas, the ability to restock supplies during outbreaks and disastrous events is limited.

*Key Gap: Limited vendor availability and agreements.

Rotation

Q: Do you have plans for rotation, use, and disposal of any stockpiled supplies?

Response: No 50%, Yes 50%

Strategic National Stockpile

Q: Do you and your staff understand what Strategic National Stockpile (SNS) is and what they provide?

Response: No 8%, Yes 92%

Q: Does your facility have a closed POS (Point of Dispensing Plan)?

Response: No 50%, Yes 50%

Q: Does your organization know how to request Strategic National Stockpile (SNS)

Response: No 33%, Yes 67%

*Key Gaps: Training and understanding of Strategic National Stockpile.

Q: How many days of Antimicrobials are maintained at your facility?

Response ranged from 5 days to 6 months

*Key Gap: Some agencies have a limited supply.

Q: Does your facility have a pharmacy that can compound doxycycline or ciprofloxacin to a suspension for those unable to swallow pills?

Response: No 75%, Yes 25%

Next Steps

1. Report findings to Executive Board and full membership.
2. Share information with ESF-8 lead agencies.
3. Develop processes to replenish agencies in more rural locations.
4. Test strategies within the framework of Table Top, Functional and Full Scale Exercise.
5. Update plans, concept of operations, SOPs, guide manuals and policies and procedures to reflect lessons learned.