SMI Thought Leadership Councils

Resilience & Transparency Council

April 26, 2023





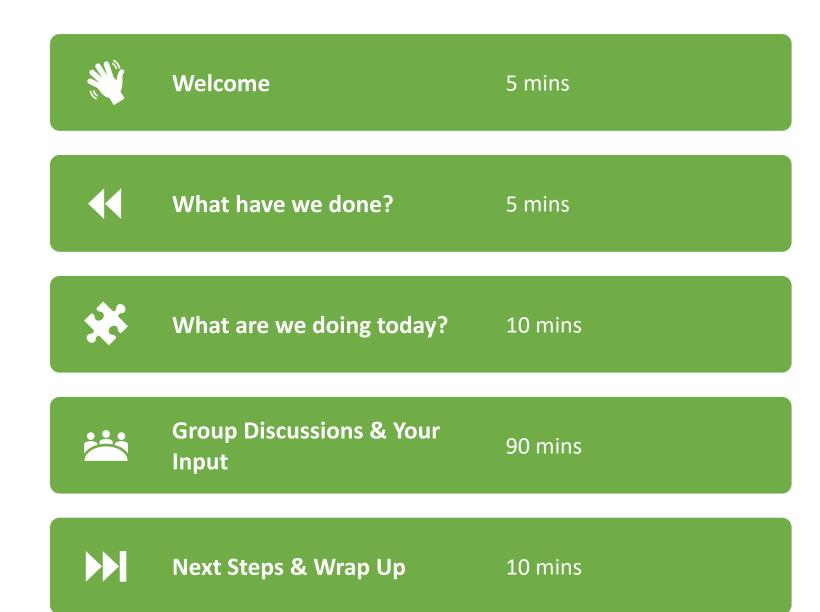








Agenda





Resilience and Transparency Council



Mission Statement:

To envision, design, and transform the Health Care Supply Chain of 2030 as an immune, reliable, and interconnected supply network collaborating across the continuum.



SMI Resilience Planning Initiative started



Q1 2022

Initiative transitions to the SMI Resilience and Transparency Council Work continues on the RMM, discussion starts on defining Criticality



Q4 2022

Work on Critical Product Attributes Framework continues



April 2023

Begin discussion of a Disruption component to the measurement of criticality

The Resilience Planning Initiative Team begins development of the SMI Resilience Maturity Model and Playbook with support from North Carolina State University.

Q3/Q4 2021

Resilience Maturity Model released to the industry.

Begin development of the Critical Product Attributes Framework.

SMI Quick Quiz – rate yourself on the RMM/SMI Baseline created.

Q2/Q3 2022

Final Critical Product Attributes Framework completed and released to the industry

Q1 2023



LEVEL 4: Immunity

A collaborative, agile, mature, program

Collective use of analytics and predictive

managing most supplies regardless of

based on strong partnerships and

to prepare for and respond to risk.

models is in place for continuity in

criticality, risk, or disruption.

knowledge-based collaborations

Resilience Maturity Model (RMM)

Resiliency Program

Scope & Service

what

Defined response plan with criticality levels/grading of 60% of all items purchased (SKU's) within the last 24 months

Predictive modeling under different pandemic or disruption scenarios. Includes testing of business continuity plans with partners to include various test scenarios defined.

Work is driven by foresight and intelligence/ analytics in the preparation of response data with visibility to the executive and user stakeholders on performance metrics.

Communication & Partnership

responding, and reviewing a disruption.

Proactive leadership for developing alternative

sourcing strategies for 'critical supplies' (i.e.,

Transparent, real-time information is visible to

stakeholders on disruptions, leading to "war

room" mitigation solutions-regular scenario

planning exercises across the supply network.

Trading partner payment is linked to business

Internal: Established governance with executive

sponsorship on risk mitigation with projections

of risk and defined plans identified early on,

Supply Chain partnership is viewed as core to

operational reliability and strategic to the business.

Communication is proactive, timely, and transparent.

continuity and performance.

approach

A trusted supply network of relationships in place across all stakeholders for identifying, mitigating, domestic manufacturing, innovation, re-use, etc.). potential scenarios. Digital dexterity in place at the system level that allows teams to

> Systems and infrastructure are established that provide comprehensive views of warning signals of potential issues to proactively respond to the risk of selected items/suppliers or areas (limited). Demand planning and forecasting are in place using real-time data streams and monitoring with

External: Strategic partnerships in place with suppliers for market resilience for critical supplies as in the 40% of criticality grading. The dedicated planning team meets consistently to review analytics and update operational product segmentation, risk assessments, critical inventory status, and demand forecasting.

Internal: Established committee/s with stakeholders (clinical + non-clinical) and governance in the management of clinically acceptable equivalents and conservation practices. The approach incorporates sustainable practices and business continuity. Transparent and visible communications.

External: Strategic supplier relations include transparency in emergency response and risk mitigation. Supply Chain leads business continuity planning as part of sourcing with established protocols when failures occur.

Internal: Taskforce(s) established with clinical stakeholders to proactively review clinically acceptable substitutes in preparation for future supply disruption.

External: Relationships established with county/ state in advance for future emergency response. A few strategic relationships are established between supplier/provider on fill strategies during times of supply shortages.

Infrastructure & Analytics

An overall control tower system/infrastructure (broad; not limited) is established providing visibility and warning signals for any potential disruption. Supply Network-based visibility tools and data integration are actively used and available across stakeholders using forecasting and predictive dashboards that can project and mitigate the impact of a disruption. Defined source of medical intelligence risk exists that is "cross-walked" to critical supply planning under different

analyze, understand, and act on the data.

how

strong links to market intelligence insights.

Demand forecasting - what-if analysis is well established with some use of demand planning. Market intelligence tools are in use that provide meaningful insight into risk disruptions for at least 20% of items identified as critical

Visibility to product consumption rates is available in a reliable format in the form of the "department charge" process. Demand planning development is underway. Establish data quality and standard business processes to support effective responses to supply disruption.

LEVEL 3: Resilient

Dedicated program and Supply Chain team that uses technology, analytics, and predictive models in providing a response and solutions for business continuity and risk mitigation. Vigorous use of prevention, assessment, and control measures in place.

response plan with criticality levels/grading of 40% of all items purchased (SKU's) within the last 24 months

Criticality levels/

grading of 20%

of all items

purchased

the last 24

months

(SKU's) within

Defined

and controls in place that include a shared business continuity plan with partners/ suppliers and collaborators

Risk mitigation

analytics and predictive models to quide focus on risk mitigation and response. Product disruptions and response strategies are visible to

A dedicated

team uses

stakeholders. Dedicated

Risk mitigation in place for key identified suppliers/ products in advance of any potential disruption combined with strategic

team focused on resiliency preparedness and response which reflects as a top priority for the organization's executive team

defined inclusive of levels and grading systems

The concept

of Criticality is

disaster response in preparation for grading carts) specific items in higher levels of Risk resilience.

stockpiling.

periodically.

Basic Leadership within Supply emergency scenarios and (i.e. emergency established. a supply identification planning occurs

Chain has some level of dedicated personnel that leads and establishes

disruption response

strategy.

Level 1: Prepared Supply Chain reviews and responds

LEVEL 2: Responsive

Dedicated Supply Chain team

that leads across a system in risk

to disruptions with some insight

on market intelligence and clinical

equivalents for disrupted products.

mitigation, management, and response

to supply disruption with structured processes and plans towards risk data points, such as utilization



Critical Product Attributes Framework

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Framework on Criticality

Framework on Criticality

HOT
Extremely
High Severity
Threat to
patient safety

WARM

High Severity Negative impact on patient care

COOL

Moderate Serverity

Could pose a patient safety challenge

COLD Not Critical

No threat to patient safety

Clinical Attribute

Critical to Mission

 Required for life sustaining procedure or care and/ or without product there is substantial risk of patient harm

 Inability to provide elective care if product is unavailable; no alternatives

- Change in practice required for use of alternative items. Undesirable, but alternatives are tolerable.
- Product substitutions require some clinical practice change.

- Individual use product product does not have any links to any other materials or equipment use; easily substituted.
- Product substitutions do not require clinical practice change.

Supply Chain Attribute

Supply Constraints

- No manufacturing redundancy for any upstream product component
- Sole source to distributor with no acceptable substitutes on the market
- · Proprietary; no other alternative to product or category
- Limited upstream product component suppliers, limited manufacturing redundancy (2 plants for each product)
- Sole source to distributor with no acceptable substitutes maintain in distributor inventory;
 acceptable substitutes are available from other sources
- No alternative available in the market. No impact on critical patient care.
- Moderate upstream product component resiliency and manufacturing redundancy (3 plants for each product)
- Available substitutions come from limited sources
- · Alternative product available
- Requires link to ancillary products and can also link to alternative substitute products (i.e., bags and sets — interchangeable)
- High degree of upstream component souring availability and manufacturing redundancy (4 plants or more for each product)
- Multiple sources and items available as substitutions
- Item is set up in the ERP with available alternative substitute(s) identified and acceptable to clinical staff
- Clinically acceptable alternative products are on market

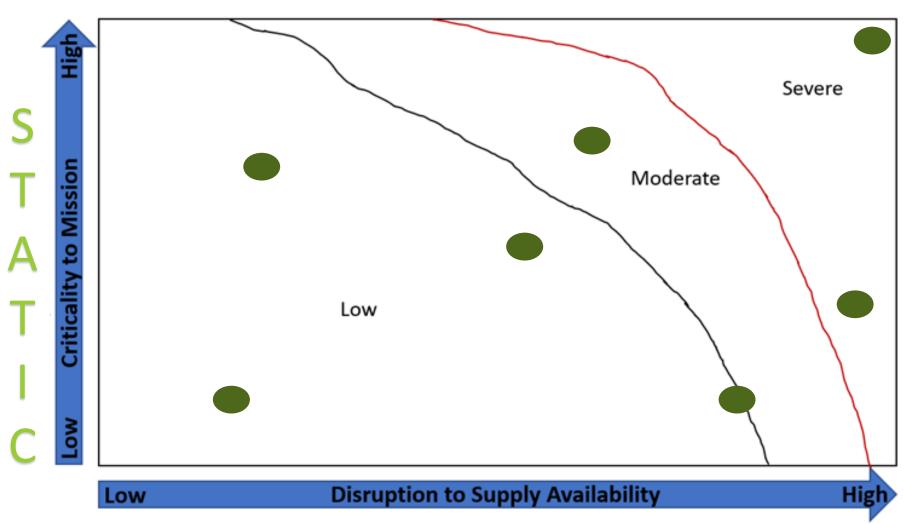
Question - Where Are We Going Now

The Critical Product Attributes Summary contains static and variable factors.

How do we apply the criticality framework to guide us and in prioritizing our mitigation and response to disruptions?



Our Task Today is to take the Criticality Meter Framework and put into practice



What factors are static?

What factors have variability and are subject to change; essentially are more fluid?

With Thanks to Allen Klingsporn





First Task: Static & Variable Factors



Our job for today:

- 1. Confirm and align which of these factors are static vs. variable
 - Combine themes (i.e. substitutes availability into a single factor)
- 2. Identify variable factors that impact disruption that are NOT on the Critical Attribute Framework (i.e. inventory on hand)

Break out into groups of 5-7

Discuss & Outline for 20 Minutes

Groups Presents 10 Minutes



- Required for life sustaining procedure or care and/ or without product there is substantial risk of patient harm
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Static & Variable Factors

Static (y-axis)

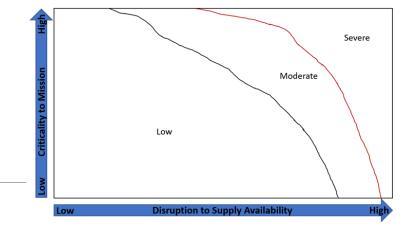
Primary Clinical Attributes

Variable (X-Axis)
Subject to Change Frequently

GROUP DISCUSSION & REPORT OUTS



Now, lets focus on the Variable Factors Only....how do they play into the Low, Moderate & Serve Zones?



Our Next Job:

- 1. Take the Variable factors and identify which would be in a low, moderate or severe zone and whether it should by # of factors or something else (i.e. below)
 - 2 out 7 = low zone
 - 3 out 7 = moderate
 - 4 or more = severe
- 2. Once you have mapped out your variable factors by zone (Low, Moderate, and Severe); run a test with example scenarios

Discuss & Outline in Groups for 20 Minutes

Groups Presents 10 Minutes



Variable Factors in the Zones



What are the variable factors that cause disruption and will drive action on an item?

How do we best layer in variable factors?

How do we use this disruption information to drive action?

Low	Moderate	Severe

GROUP DISCUSSION & REPORT OUTS



Next Steps

- Refine the Variable Factors
- **2. Confirm Static Factors** (primarily clinical attributes i.e. required for life sustaining procedure)
- 3. Incorporate disruption into the Critical Product Attributes Framework based on today's discussion
- 4. Send enhanced tool to Council for input by July 1, 2023
- 5. Finalize enhanced tool at Q3 Virtual Council Meeting
- 6. Publish the tool to the industry
- 7. Re-survey members on RMM status in September for comparison to 2022
- 8. Tackle next priorities at Council meeting at October Forum







Time for an evaluation



DINNER NOW AT THE OMNI

Up Next

- 6:15 PM: Cocktails
- 7:00 PM Dinner
- Dress code is casual.
- Las Colinas Ballroom



Thank you!









