SMI Thought Leadership Councils

Resilience & Transparency Council

April 26, 2023

SMI

Council Co-Chairs:
Alan Mavis, Baxter
Amanda Chawla, Stanford

Agenda

Welcome	5 mins
What have we done?	5 mins
What are we doing today?	10 mins
Group Discussions & Your Input	90 mins
Next Steps & Wrap Up	10 mins

SMI

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.

July 2021

SMI Resilience Planning Initiative started

Q3/Q4 2021

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

Q1 2022

Initiative transitions to the SMI Resilience and Transparency Council

Work continues on the RMM, discussion starts on defining Criticality

Q2/Q3 2022

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.

Q4 2022

Work on Critical Product Attributes Framework continues

Q1 2023

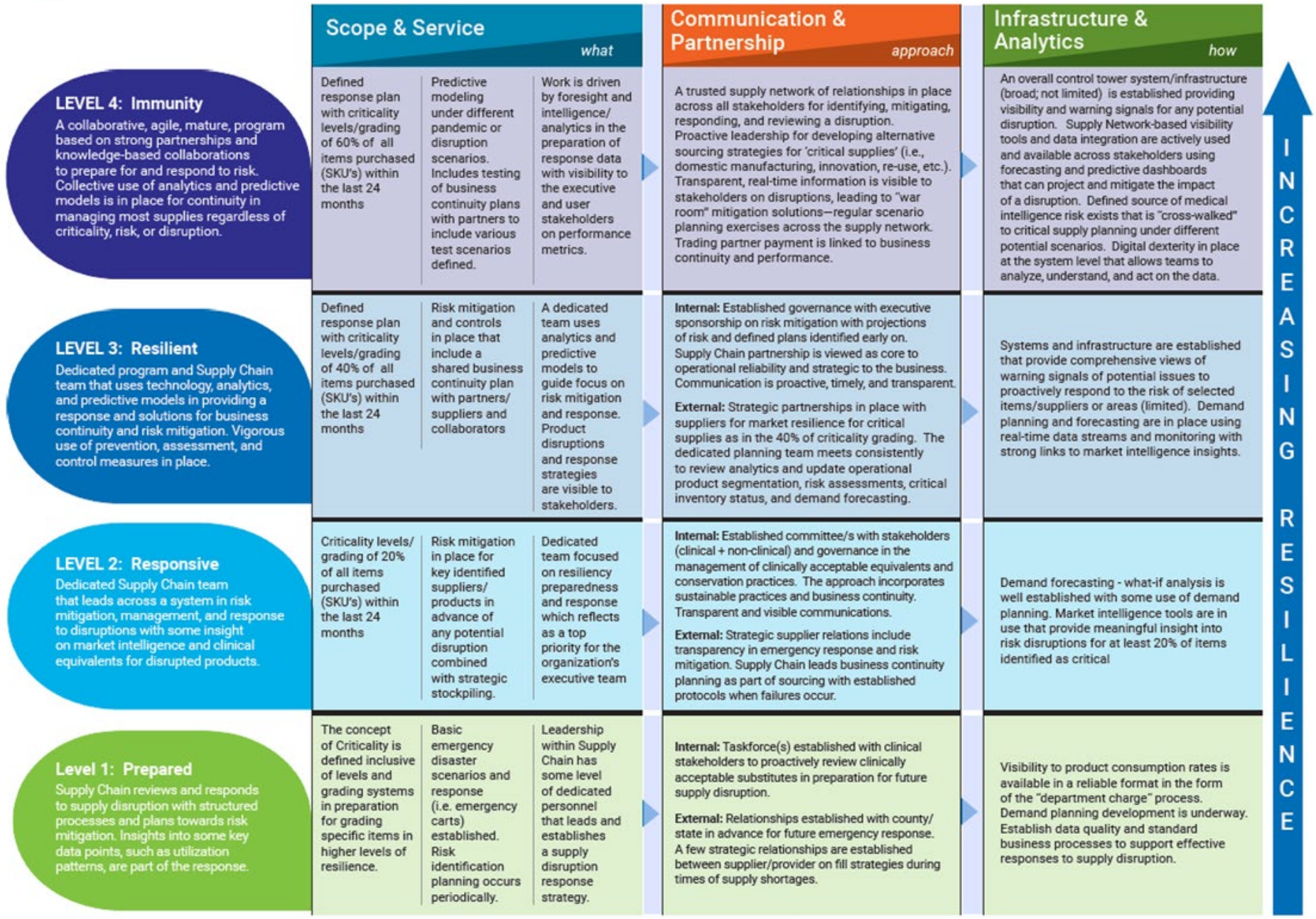
Final Critical Product Attributes Framework completed and released to the industry

April 2023

Begin discussion of a Disruption component to the measurement of criticality

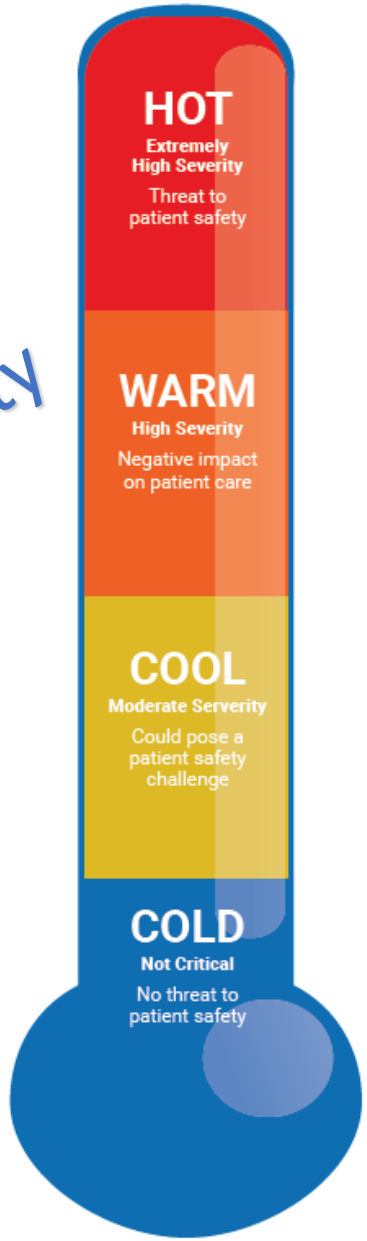
Resiliency Program

Resilience Maturity Model (RMM)



Critical Product Attributes Framework

Newest Release Framework on Criticality



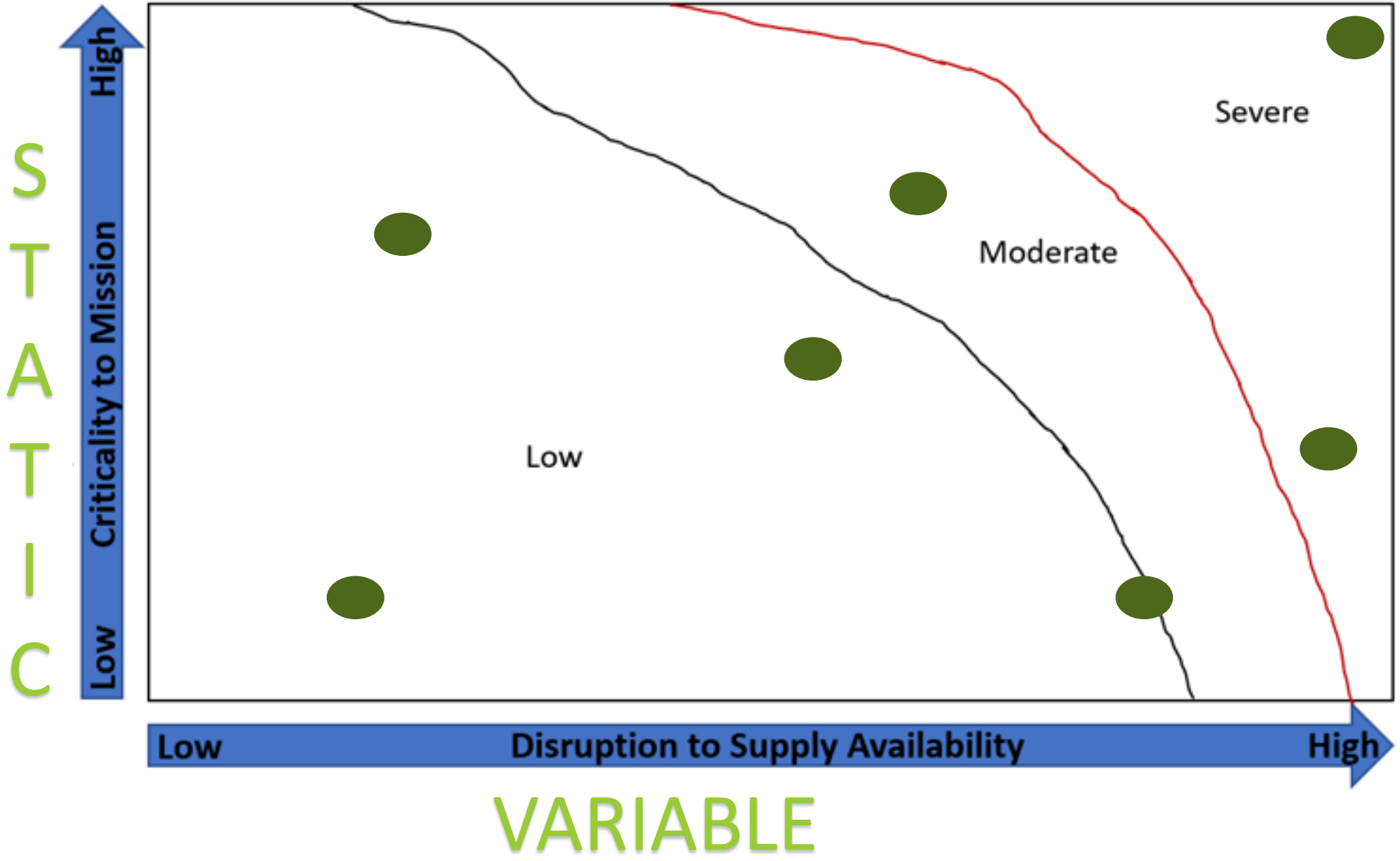
Clinical Attribute *Critical to Mission*	Supply Chain Attribute *Supply Constraints*
• Required for life sustaining procedure or care and/ or without product there is substantial risk of patient harm	• No manufacturing redundancy for any upstream product component • Sole source to distributor with no acceptable substitutes on the market • Proprietary; no other alternative to product or category
• Inability to provide elective care if product is unavailable; no alternatives	• 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.
• Change in practice required for use of alternative items. Undesirable, but alternatives are tolerable. • Product substitutions require some clinical practice change.	• 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)
• 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.	• 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

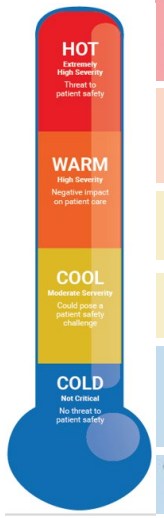
Our job for today:

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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- 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.
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- 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
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- Sole source to distributor with no acceptable substitutes maintain in distributor inventory;
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Static & Variable Factors

Static (y-axis)

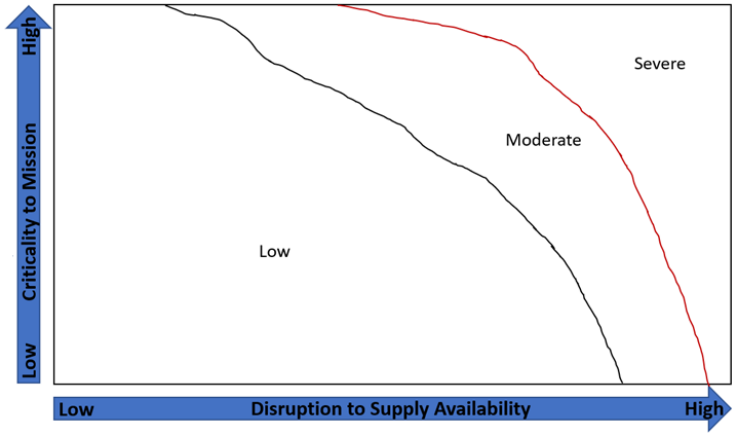
Primary Clinical Attributes

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

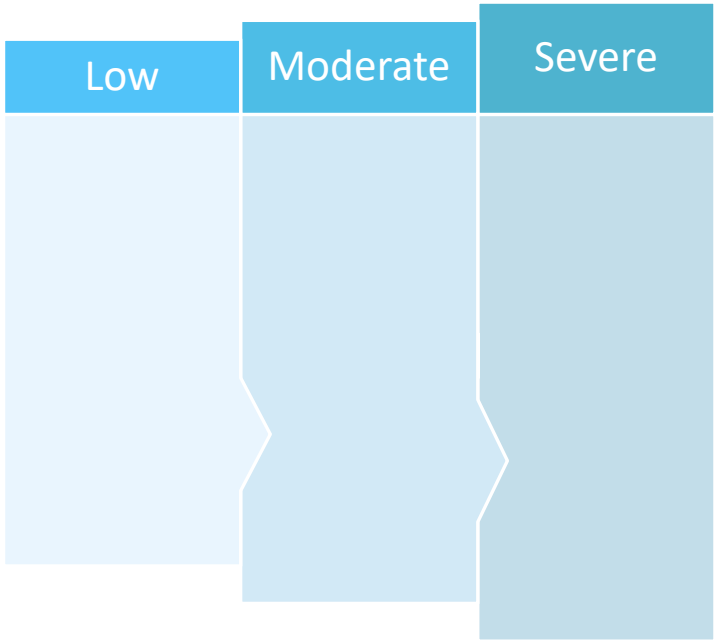
Discuss & Outline in Groups for 20 Minutes

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?



GROUP DISCUSSION & REPORT OUTS

Next Steps

1. **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**

Hold Up Your Phone!

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

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Thank you!