

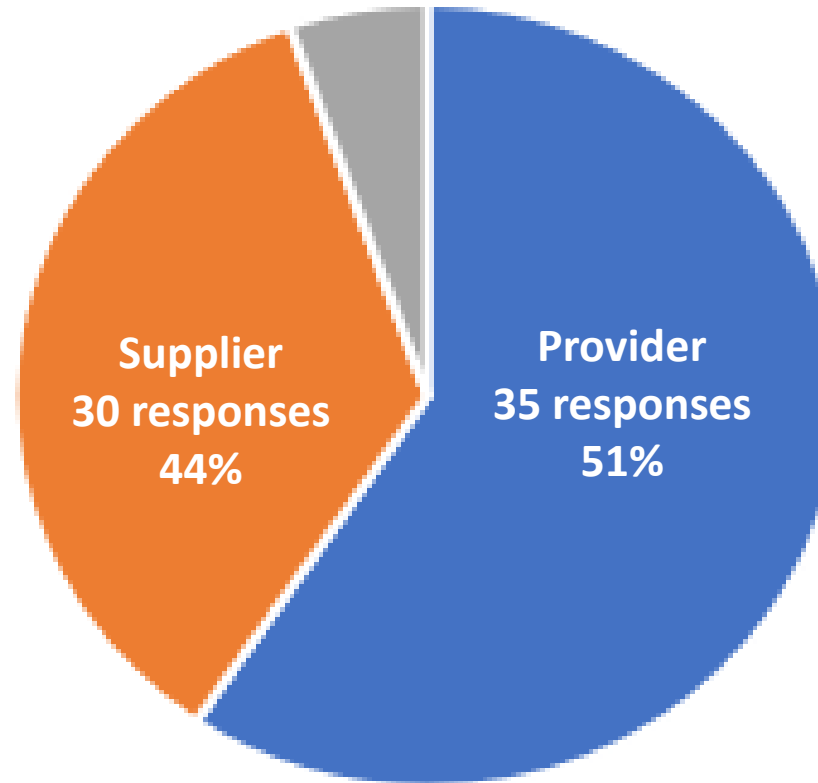


Strategic Marketplace Initiative

August 3, 2020 Quick Quiz Results

Total Respondents = 69

Are you a...

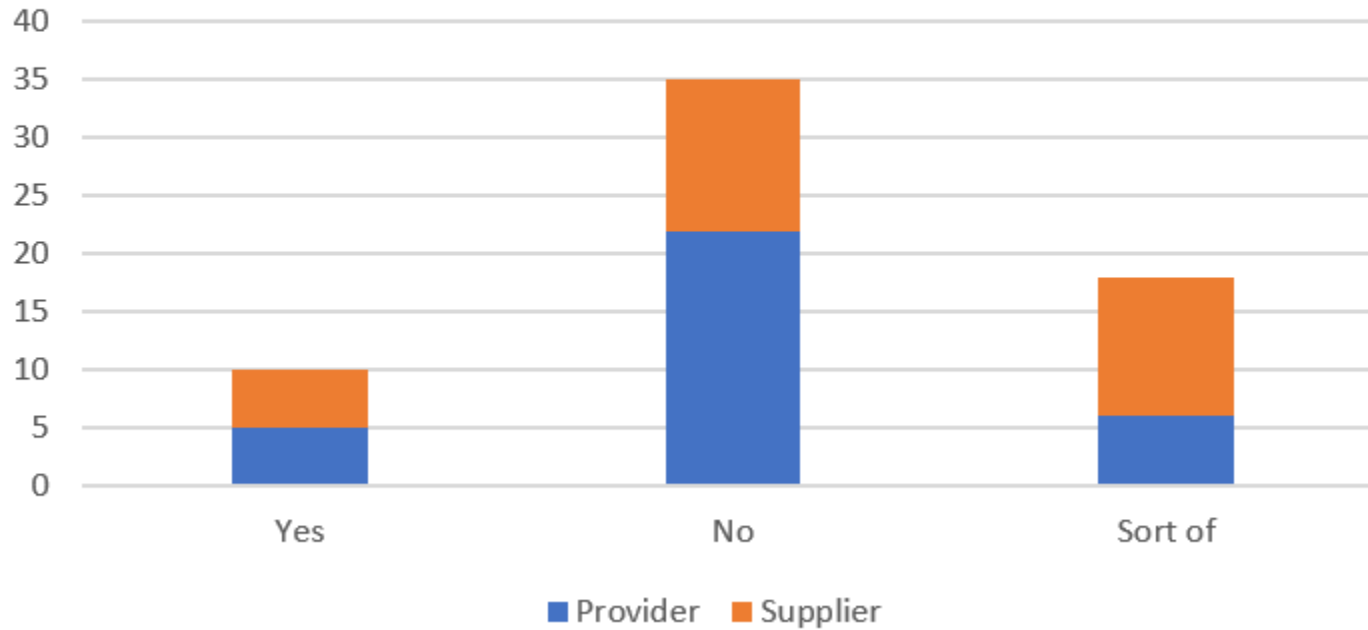




Strategic Marketplace Initiative

August 3, 2020 Quick Quiz Results

Do you understand how product is added to the Strategic National Stockpile?

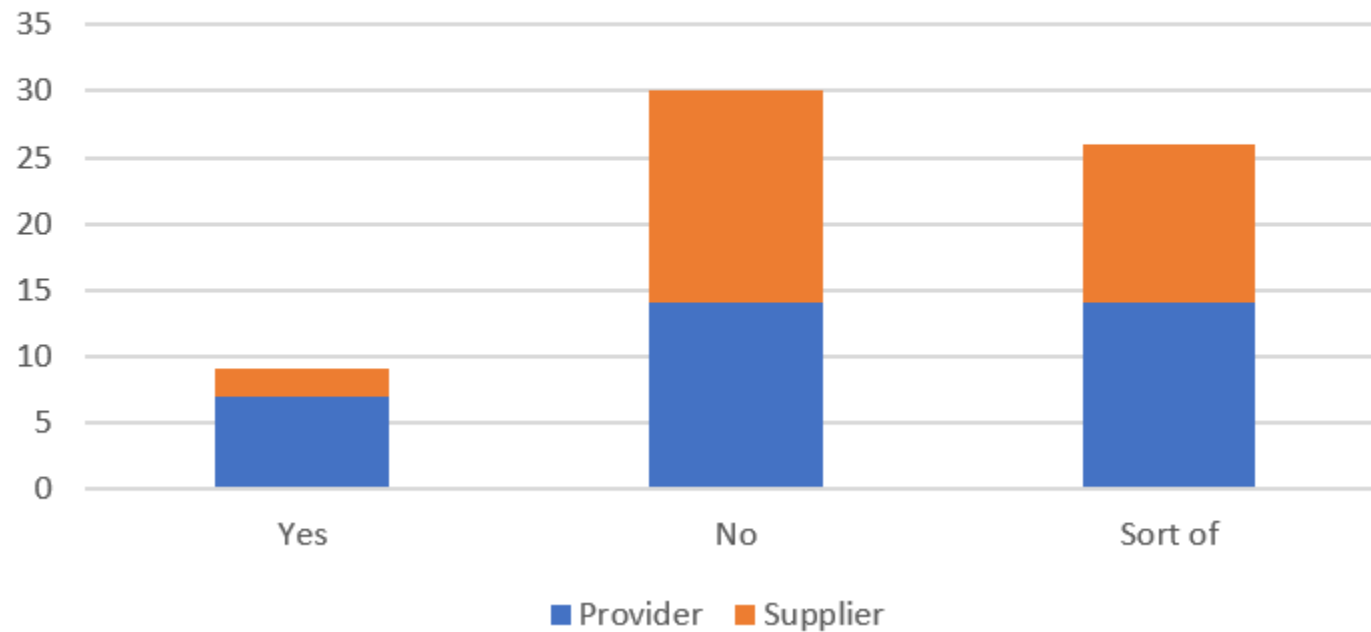




Strategic Marketplace Initiative

August 3, 2020 Quick Quiz Results

Do you understand how product is distributed from the Strategic National Stockpile?

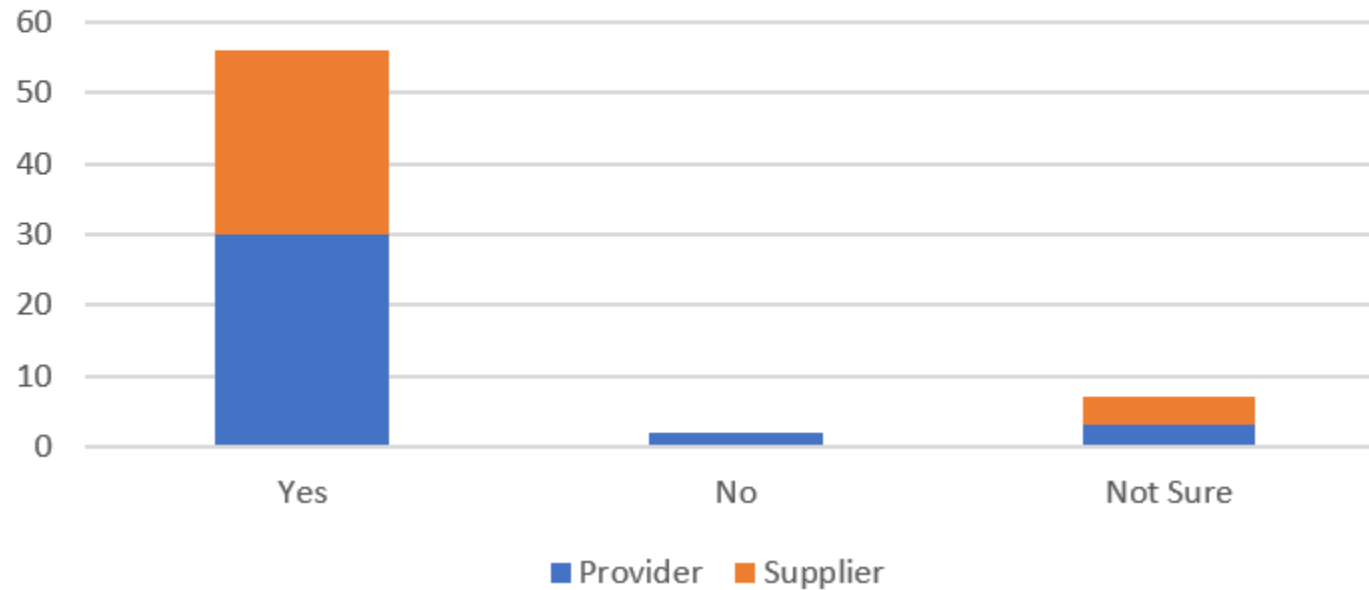




Strategic Marketplace Initiative

August 3, 2020 Quick Quiz Results

Do you believe having a strong and effective healthcare product stockpile is an important part of a national emergency preparedness strategy?





Strategic Marketplace Initiative

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SMI Member Comments – lots of different experiences with the SNS:

One of my direct reports has been managing an initiative with a vendor who has a government contract to provide ventilator kits for the Strategic National Stockpile. We are providing one component for those kits. It is significant and keeps growing.
Worked with FEMA and National Stockpile while working for the Dallas-Fort Worth Hospital Council and its responsibility for coordinating emergency response to weapons of mass destruction and/or natural disaster. There are pros and cons about an effective national sthe feds and states are too quick to shift emphasis and product/equipment to areas they deem priority and leave other areas less protected.
I know it exists. I'm not sure on the criteria on which it is distributed. I think they distributed based on the equal amounts instead of hot spots but not sure.
My understanding is that there are designated storage facilities operated by the federal government(not sure which agency) to store and distribute select items for response to several disaster/pandemic related events. How it works ????? Who determines distribution and stocking levels???

This feels like a black box of competing federal agencies where there isn't a clear command and control top down or transparent leadership structure and distribution mechanism. I hope I am wrong.
monthly meetings with FEMA leadership at the national level, stockpile 2.0, air bridge, etc.
Very limited experience. Have not relied on them historically or through the pandemic. Understand they typically allocate to the State and then the State allocates to healthcare providers.
It's been a cluster and disaster. Very unprepared from a national disaster with the global pandemic.
Lack of visibility into items available and allocated in national stockpile caused some issues early on but since then steps taken at the federal and state level (we are in CA) have tremendously expedited the processes.



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SMI Member Comments – lots of different experiences with the SNS:

Unless local sourcing is competitively available, we will need a stockpile for critical PPE items

Not transparent. With rumors of products diverting to the stockpile and then not knowing anyone who got much of it brings many questions. on question 4-i said yes because its important to have one locally, not federally.
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There has been no provision of information on how we can access it other than at the state level to "qualify" for anything they had early on. We keep hearing about the stockpile with no direction.
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We need clear and consistent leadership to manage the SNS. It seems this has not been the case through the pandemic.
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we hold some Pandemic inventory in our warehouses for Federal government and they do a poor job of managing what they have!

The availability of product from the national stockpile was a critical issue and as a result, I believe almost all large HCOs will create their own stock piles once again moving forward.
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This is not a reliable source for us, so we do not rely on this stockpile for our organization.

We supposedly have a national stockpile but no one seems to know what's in it and/or how we access it. That's very frustrating!

it doesn't seem like the stockpile is managed by anyone who understands how healthcare supply chain operates. Because of this, we will be 'forced' to manage our individual or collaborative stockpiles.
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Always has been not very clear on their direction and procedures of operation. Don't have confidence as to how they make decisions on how to set their stockpile. Lack of collaboration among providers has been evident.



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SMI Member Comments – lots of different experiences with the SNS:

No visibility, no clear communications and insufficient to support COVID. Competes with providers by taking production capacity while healthcare providers are trying to secure PPE for in the moment use
Ineffective
No real experience or knowledge... just very general awareness.
My observation is that it was poorly organized, unreliable and not enough.
Only heard from Providers during early stages of the Pandemic that stockpile was A) outdated, B) not the right products or C) not made available to their organization.
To have an effective National Stockpile you need to have control over your supply chain. That means all critical supplies need to be manufactured in the US

I do not think the SNS should be built during a crisis. It should be built before or after and should be robust. Data transparency and a robust algorithm are needed to execute effectively.
If the fed govt maintained a robust SNS, with inventory positioned and managed at commercial locations around the country, it might alleviate the need for states and providers to do the same. Right now multiple entities are competing with each other to obtain and stockpile products, which appears to drive up both prices and shortages.
The inventory needs to be turned so it does not outdate. Adding to the stockpile needs to have fewer disruptions to regular distribution channels.
We received product from county emergency management departments. As we span multiple counties, but have a centralized supply chain, this was a difficult model. It was very difficult to manage as the process was entirely different from our normal order/receipt process.
Have received items from SNS in the past, and during this current event. I have found the product to be outdated and not very effective. I have learned not to count on anything from the SNS.



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SMI Member Comments – lots of different experiences with the SNS:

Unfortunately today, the SNS is not adequately supplied to support health systems throughout the nation. In order for it to be effective the amount of resources need to be increased as well as a formal and easy understanding distribution plan that can supplement health systems when needed of required.

The national stockpile is good for disasters such as tornado's hurricanes where there is a limited area that needs support and supplies. For a national pandemic the process around the stock[pile has hindered the procurement if much needed supplies and services as they divert the products from local use to national use.

We received older model Cardinal N95 masks from the stockpile. We were able to fit test to these masks, but will need to re-test to the newer model at some point. It is duplicative effort.

In January there was a false sense the national stock pile was robust and would be there in the event of pandemic. Providers elected not to bulk up on PPE in Jan-Feb in part because of this sense of security. We were wrong about that. Transparency is needed now. thanks

Because of the nature of our products (many PPE) and our government contracts, we've had a lot of interaction with Admiral Powalczyk - so probably a bit more knowledge than others.

Congress has to appropriate the money for the stock pile and after the last pandemic in 2009 they did not appropriate any monies to restock. I was also told by a member of congress that they are trying to figure out how they would store and deploy. I really don't know if he is correct or not but it seems we as providers need to plan and protect reserves locally.

We received 2 small allotments of product in March and April. It was provided to the state and then they distributed by "district".. All product was very old. Stuff just turned up. Often quality was questionable