Critical Item Allocation SOP
UW Medicine System Level SOP

With the expanding COVID-19 pandemic, UW Medicine has taken extraordinary measures to conserve PPE and other critical items while maintaining our commitment to excellence in patient care, to staff safety, and to our educational mission. In addition to conservation and mitigation, UW Medicine must be prepared to allocate PPE and other critical items in the event of shortages or outages across the system.

SECTION 1: GUIDING PRINCIPLES ON PPE AND CRITICAL ITEM ALLOCATION

1. UW Medicine’s allocation strategy will take into consideration the PPE and critical items needs of the following entities: UWMC (Montlake and Northwest), Harborview, Valley, UW Neighborhood Clinics, Airlift Northwest, the School of Medicine, Seattle Cancer Care Alliance, UW Physicians, and others.

2. The system-level allocation methodology will be based upon inpatient/in-person patient volume and needs driven by direct patient care delivered to COVID and other patients requiring isolation.

3. All entities which are a part of the allocation program have agreed to abide by the conservation policy during this event to provide the greatest sustainability of scarce resources. Additionally, all entities agree to routinely provide their on-hand quantities to Supply Chain to support decision making by the UW Medicine Incident Commander. All entities agree to level load on hand quantities across facilities based on PPE on-hand information and patient volume.

4. At no time will personal or handmade PPE be allowed. All PPE used on site at UW Medicine facilities shall originate from UW Medicine supply chain.

SECTION 2: SUPPLY ALLOCATION PROCESS

- In order to support conservation practices and access to critical items like PPE, unit stock levels will be adjusted for acuity in coordination with UW Medicine Incident Command. These levels will be monitored and adjusted as needed to best support patient care and to preserve critical supply levels.

- Supply Chain will implement reduced PAR levels on the units as follows:
  - In-Patient Units with COVID Care: Full allocation
  - In-Patient Units without COVID Care: Reduced PAR levels
  - PAR Supported Clinics and Ancillary Locations: Reduced PAR levels
  - Clinic and Ancillary Locations without PAR Support: Limits based on historic usage
  - Partner Organizations: Request process with allocation team
  - Anything above designated PAR level: Request process with allocation team

- Fulfillment will be through standard distribution channels.

- For PAR stocked locations: When PAR does not meet daily need (census, emergent, etc.) units will contact stores with request. Stores will reach out to clinical point of contact for validation. Approved requests will be issued and distributed per standard processes.
For all other locations: Requests shall be submitted to the allocation team for review and approval through the COVID-19 Critical Supply Request Form. Approved requests will be issued and distributed per standard process (see Section 3).

SECTION 3: CRITICAL SUPPLY REQUEST PROCESS

- All COVID-19 daily critical supply requests beyond PAR are submitted via the COVID-19 Critical Supply Request Form.
- The Allocation Committee, which has been formed and appointed by UW Medicine Incident Commander, will huddle each morning to review inbound requests. Over time this may also result in identifying training opportunities for conservation or determining higher PAR levels needed based on volume on select units, etc.
  - Allocation committee established to review critical supply requests that come up from departments. Allocation committee will be comprised of the following:
    - Data Analyst-Command Center representative
    - Supply Chain- Anne Hamilton, RN and Command Center representative
    - Executive leader- Jeff Richey
    - Infection Control representative
    - Anneliese Schleyer, M.D.
- This committee will operate under a UW Medicine system wide approach
- Each entity will assign a clinical liaison. The clinical liaison will support the allocation and conservation process by helping to track, monitor, communicate, and coach front-line staff on clinical conservation and allocation of supplies. Clinical liaison will also message on substitute supplies “we are now using this instead of that”.
- If request is denied, email notification will be sent to requestor with reasoning.
- If request is approved, supply chain follows standard process for distribution.
- For urgent requests (cannot wait for above daily process) end user should reach out to their respective site allocation designee.