

Procedure: CommonSpirit Health AB 2537

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➤ Summary of AB 2537

Assembly Bill 2537 covers general acute care hospitals licensed under Health and Safety Code 1250(a) in California. The reporting requirements under this legislation go into effect on January 1, 2021 and stockpile criteria must be met by April 1, 2021.

Reporting Requirements

General acute care hospitals must be prepared to report to the Division of Occupational Safety and Health (Cal/OSHA), under penalty of perjury, its highest seven day consecutive daily average consumption of personal protective equipment. The in-scope PPE categories include:

- N95 Masks
- Shoe Covers
- Isolation Gowns
- Surgical Masks
- Eye Protection (Goggles)
- PAPR (reusable)
- EAPR (reusable, no usage data for our facilities available nationally)

Hospitals are not required to submit data to Cal/OSHA – the information must be available as of January 15, 2021 and produced upon request of the department.

Stockpile Requirements

General acute care hospitals shall maintain a stockpile of PPE items in the amount equal to three months of normal consumption.

➤ CommonSpirit Health Data Sources/Calculation Methodology

- The in-scope PPE categories include items that are not patient chargeable, and therefore true utilization data is unavailable. To fulfill the AB 2537 reporting requirements – CommonSpirit Health will use Lawson issue data as a proxy for item utilization.
 - **Lawson Transactions Data:** ICTRANS Table. This table contains all transactions done through Lawson, the organizations ERP system. This exercise utilizes net issues from inventory as usage.
- The SSRM National Operations Analyst team has developed a SQL query referencing the Lawson ICTRANS data table to calculate the highest seven days usage. The query will filter to relevant PPE items and California hospitals.
 - The query will only consider CY2019 data as per the requirements of the bill:

(e) On or before January 15, 2021, an employer licensed under subdivision (a) of Section 1250 of the Health and Safety Code shall be prepared to report to the department, under penalty of perjury, its highest seven-day consecutive daily average consumption of personal protective equipment during the 2019 calendar year, upon request by the department.

- The query will display issues in and out of inventory locations for the PPE item list that has been developed. Each day will have a total quantity issued (Qty issued out vs. Qty issued back in or returned).

- The SSRM National Operations Analyst team will sum together all transactions for PPE categories across each day the transaction occurred in Lawson, to first determine daily usage. The output will have a sum of daily usage for each category for each day of the year, Jan 1, 2019 to Dec 31, 2019.
- The SSRM National Operations Analyst team will then group together California data in total and sum together each consecutive seven day period. A =MAX formula will be used to find the highest sum of seven days. These results will represent the seven days of highest usage for the division as a whole.
- The SSRM National Operations Analyst team will repeat the exercise for each hospital, allowing CommonSpirit Health to have a highest seven days use for each hospital.
 - These numbers are kept separate so we can see 1) the highest 7 day period for the entire state, and separately, 2) each hospital's individual highest seven day period
- If the exercise is repeated in the future for a different time period, which is not yet required in the bill – the markets will be supplying all new PPE item Lawson numbers to the national analytics team. These items will be added to the query so issues can be examined, and reporting accuracy maintained.
- All raw data sources for CY2019 have been retained for future reference as needed.
- As noted in the bill, hospitals can decide how to report on reusable items (i.e. PAPR). This will need to be quantified in the division – we recommend reporting a stock on-hand number and the approximate times used per month based on clinical protocols, with more purchased if necessary.
- The SSRM team within each division will be responsible for requesting the report from the SSRM National Operations Analyst team, as needed.
- The SSRM team within each division will be responsible for final review of the report output and submitting to Cal/OSHA upon request.