

# GET US PPE SHORTAGE INDEX

OCTOBER 2020

All information in this index is derived from Get Us PPE's database of Personal Protective Equipment (PPE) requests unless otherwise stated.

# **Get Us PPE Shortage Index**

### **TABLE OF CONTENTS**

Shortage Index Key TakeawaysShikha Gupta, MD, Executive Director	2
Get Us PPE Shortage Index By The Numbers	3
Long-Term Care Facilities4	ļ
Top 3 Most Requested Items Nationally, October PPE Supply Remaining Supply Remaining by PPE Type	5
Total PPE Requests	6
About the Data	7

### **ABOUT GET US PPE**

Get Us PPE is a grassroots nonprofit organization founded by emergency physicians early in the COVID-19 pandemic. Driven by volunteers, our mission is to equitably provide PPE to frontline workers and organizations with the greatest need. We have amassed the largest non-governmental repository of PPE shortage data in the United States. The Get Us PPE Shortage Index is a monthly collection of proprietary summary metrics derived from this database of PPE requests.

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# SHORTAGE INDEX KEY TAKEAWAYS October 2020

- The total number of requests for PPE nationally increased from the month prior for the first time since April 2020.
- 92% of requests were from non-hospital facilities.
- 36% of long-term care facilities had no supply remaining of at least one type of PPE and at least one confirmed COVID case.
- Get Us PPE has delivered over 3 million units of PPE, fulfilling 12% of requests. 88% of requests remain unfilled due to lack of funding and supply.
- For the third consecutive month, over 70% of facilities were completely out of one or more types of PPE.



# SHIKHA GUPTA, MD EXECUTIVE DIRECTOR

Get Us PPE is excited to announce that Dr. Shikha Gupta, MD, will be serving as our inaugural Executive Director. Dr. Gupta has been with Get Us PPE since its founding in March 2020, and she was compelled to join the organization after seeing fellow healthcare workers reusing PPE for months. "I was deeply impressed by the speed and selflessness with which a group of frontline physicians and grassroots volunteers came together to help solve the PPE crisis," said Gupta. "We never expected to still be doing this work eight months later."

## **GET US PPE SHORTAGE INDEX**

# March — October 2020 By the Numbers

12% requests filled

88%

requests unfilled



3,000,000+

PPE Units Delivered to Frontline Workers; just 12% of the requests in Get Us PPE's database

16,808 21.9+ M

16,808 PPE Total Requests Since Late March 2020

21.9+ M PPE Units Requested to Fill One Week's Worth of Need

# WHY IS OUR COUNTRY STILL EXPERIENCING A CRITICAL PPE SHORTAGE?

- Most PPE on the market is not NIOSH/FDA approved
- Medical-grade PPE is still hard to find, very expensive, often on backorder
- Many suppliers have high minimum order quantities, leaving smaller facilities without a source of supply
- Some suppliers require advance payment, but there is no guarantee that PPE will actually be delivered or meet quality standards



## LONG-TERM CARE FACILITIES

Nursing homes, assisted living, and skilled nursing facilities

**August — October 2020** 

OF ALL REQUESTS ARE FROM LONG-TERM CARE FACILITIES **LONG-TERM CARE FACILITIES** 

40% OFFER REDUCED OR NO COST SERVICES

69%

**HAD NO SUPPLY REMAINING OF** AT LEAST ONE TYPE OF PPE

36%

HAD NO SUPPLY REMAINING OF AT LEAST ONE TYPE OF PPE AND **HAD AT LEAST ONE CONFIRMED COVID CASE** 

This is the silent tragedy of the pandemic—not only that so many lives are being lost, but that we could be doing something to save them. We need to get PPE to our most vulnerable communities.

– Megan Ranney, MD, Get Us PPE Co-Founder

## **TOP 3 MOST REQUESTED ITEMS NATIONALLY, OCTOBER 2020**



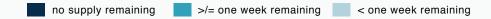


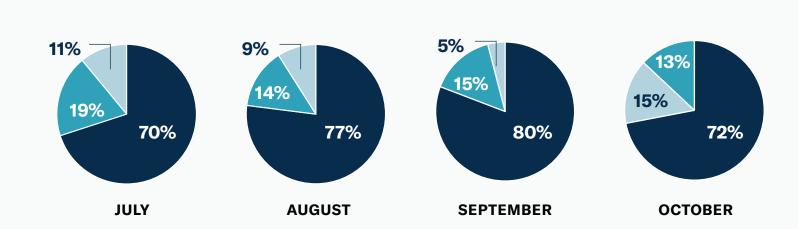




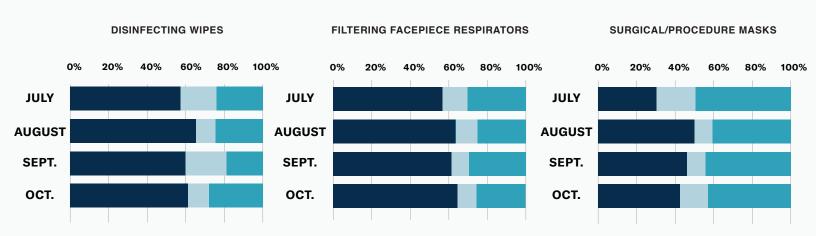
SURGICAL/PROCEDURE MASKS

#### SUPPLY REMAINING OF ONE OR MORE TYPES OF PPE





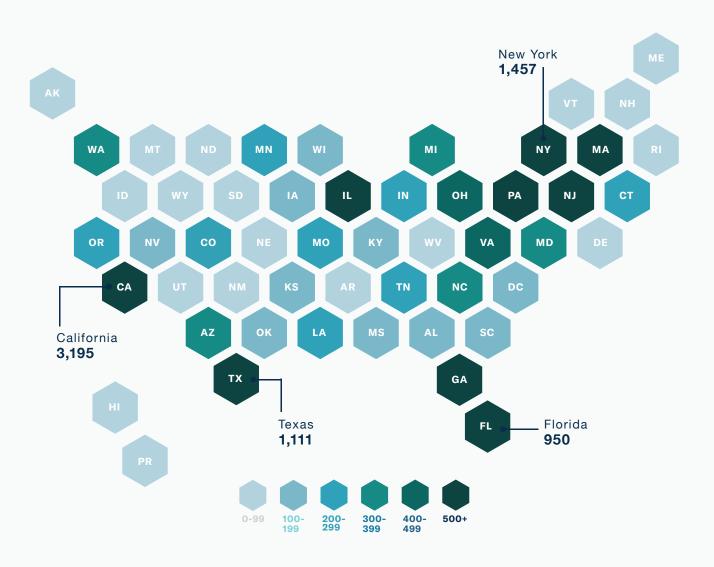
#### **SUPPLY REMAINING BY PPE TYPE**





# 16,808 TOTAL PPE REQUESTS as of October 30, 2020

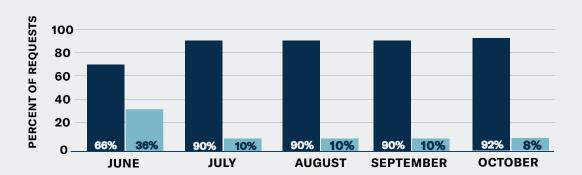
This map displays the total number of PPE requests per state since March 2020. Get Us PPE has received requests for PPE from all 50 states, DC, and some US territories.



### **% REQUESTS FROM NON-HOSPITALS FACILITIES VS HOSPITALS**

Non-Hospitals\* Hospitals

\*Such facilities include homeless shelters, dental clinics, nursing homes, social services, and more. Some facilities fall into more than one category, and are therefore counted once in each category.





#### **ABOUT THE DATA**

Get Us PPE is driven by hundreds of dedicated volunteers, and though we maintain a commitment to equity as a central value, our perspectives are still limited. Here, we explain our methods for data collection, the limitations of the data, and the individuals involved at each step.

This data is derived from PPE requests entered into the request form on our website. We accept requests from a range of frontline organizations, including healthcare facilities and organizations, natural disaster relief groups, homeless shelters, social services organizations, and many more. On our request form, we capture information on the location, size, and scale of each requesting facility and the type of care provided there. This helps us deliver the most appropriate PPE for each facility and to prioritize the most underserved, in-need communities, while taking into account logistical factors for PPE deliveries. Finally, we collect information on need—types of PPE needed, amount needed per week, how the requester/institution is currently using PPE (normally? rationing?), and how long until PPE runs out.

We maintain a large store of need and supply-related data. This data is provided by individuals and institutions across the United States in critical need of PPE. In order to ensure we have the most up-to-date information, we clean the data by removing duplicate requests and ensuring requesting facilities are only counted once.

Sometimes, individuals filling out our request form make mistakes while entering their needs and information. They may not have exact figures, or may not know answers to specific questions on the form. Our Data Verification team works to verify requesting facilities and to ensure the information they're entering is accurate.

Get Us PPE was founded quickly and scrappily. We assumed we would not be needed long—two weeks at most—before another group would solve the PPE crisis. Yet we are still seeing PPE shortages across the country. Our original scope and mandate didn't demand sophisticated technological architecture, but we have since adjusted. We became the architects of our own technology solutions in order to meet the immense and continued need nation-wide. Over time, we have improved our request form and systems to ensure we are capturing all the information required to make the most equitable distribution choices possible. As a result, many data fields are absent from earlier requests. We are now working to fill those blanks wherever possible by retroactively providing more information about institutions requesting and their needs, allowing for improved visualization and analysis both now and in the future.

One of the largest factors driving the data we chose to compile and visualize in this index is the qualitative data obtained through numerous outreach projects to facilities nationwide. Hundreds of Get Us PPE volunteers called or emailed facilities, especially those in under-served communities and recorded their comments, many of which provide anecdotal evidence for types of shortages that may remain hidden in large datasets. The data in this document, pulled from our database, tells many of these stories quantitatively. As this crisis evolves, we will continue to employ this mixed-methods approach in order to tell the story of the PPE shortages frontline workers are experiencing on the ground every day.

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