This paper explains five common elements that all supply chains have. The author points out the difference between supply management and supply chain management. However, the writer explains of logistics traffic and its methods but with regards to hospitality and serving guests. I can use the definitions and models of logistics traffic the writer provided to understand how it works on micro-hospitality and apply it to hospitals supply if possible.

Marsanic, R. (2014). Logistic traffic--A supply chain management factor in hospitality.*Tourism and Hospitality Management, 20*(2), 221-233. Retrieved from <https://search.proquest.com/docview/1658529221>

This paper focuses on the role of the inter-organizational requirements because understanding demands will evolve logistics in disaster planning. The author stresses that a strong foundation in support and sustainment considerations should be included in any strategic planning. The author clarified some consequences if supply lines were ceased. The authors offer how strategic health care logistics could be accomplished. No emergency management can remain fully functional or applicable. It needs to be revised and modified and find best solutions to facilitate operational mission.

VanVactor, J. D. (2012). Strategic health care logistics planning in emergency management.Disaster Prevention and Management: An International Journal, 21(3), 299-309. doi:10.1108/09653561211234480

This study mainly explores four elements of dynamic capabilities in the supply chain: visibility for sensing (VFS), learning (VFL), integration (VFI), collaboration (VFC). The author adopted to study the four dynamic capabilities because it helps managers in the turbulent environment to reconfigure existing operational capabilities which in turn influence operational performance. Hospitals need to sense these changes in their environment to react positively. If the hospital developed these capabilities, then it will facilitate the collaboration from the medical supply chain partners. They are more willing to collaborate with hospitals if the hospital provides them with sufficient information. Also, it has statistics for the study. The author used statistic difficult to interpret. However, the author did a test on the effect of technology orientation on the four dynamic capabilities.

Mandal, S. (2017). The influence of dynamic capabilities on hospital-supplier collaboration and hospital supply chain performance.*International Journal of Operations & Production Management, 37*(5), 664-684. doi:10.1108/IJOPM-05-2016-0249

This paper explains what the concept of surge capacity and its three basic components is. Although this chapter is about disaster preparedness, it gave me a fundamental concept of resources management and its relation to disaster preparedness. This resource opened the eye on creating inventory outside the hospital, and within the community, in case the hospital infrastructure was affected. This book was published in 2013 and has many chapters. I should look at other chapters to find something that has more connection to my work.

Vogel, L. (2013). Disaster preparedness.*CMAJ: Canadian Medical Association Journal, 185*(12), E579. doi:10.1503/cmaj.109-4567

This paper is quite similar to Mandal's paper. It focuses on the hospital supplier integration process and its impact on hospital performance. They almost use it the same methodology but different variable. This study tested the hospital logistics integration, IT, information sharing and trust and its effect on hospital performance. this study was conducted in Saudi Arabia and tested around 498 public and private local hospital using a questionnaire survey. The author explained the structural provision of hospital services in terms of budgetary allocation and healthcare management. Although firms focus on improving internal operation, it also focuses on the integration with their suppliers and customers.

Alshahrani, S., Rahman, S., & Chan, C. (2018). Hospital-supplier integration and hospital performance: Evidence from saudi arabia.*The International Journal of Logistics Management, 29*(1), 22-45. doi:10.1108/IJLM-12-2016-0287

The author used a framework for managing the received Strategic National Stockpile (SNS) assistance. The writer considered 3 types of delay in response to a disaster; the delay in initiating request federal assets, the delay in federal process which is responsible for assets only if the declaration of a disaster happened, and last the time it takes to get the supplies from SNS stockpile to the affected area. The first two factor of delay are avoided in case of hurricanes, because the government can make warnings in advance to the community and has prediction of occurring disaster. Alternatively, if an earthquake happened, then the 3 factors usually cannot be avoided. The author focused on the location of the stockpile and how to choose it. The author tested the hypothesis using two case studies, the first one depended on prior warnings of a disaster and the latter if there was no prior warnings. These case studies used HAZUS-MH software as a model. In future studies the author intend to study other types of disasters such as anthrax, smallpox, nuclear attacks.

Paul, J., & Hariharan, G. (2012). Location-allocation planning of stockpiles for effective disaster mitigation.*Annals of Operations Research, 196*(1), 469-490. doi:10.1007/s10479-011-1052-7

This paper discuss the preparedness of 45 hospitals in Los Angeles County and hospital surge capacity. The author conducted on-site survey and the audience were ED nurse, the hospital safety officer, or the radiation safety officer. The study measure whether the hospitals have trauma centers or not. And also discuss mutual aid agreements with other hospitals. This paper clarify the weakness of hospitals to provide additional beds in case of emergencies, shortage of equipment, supplies and pharmaceuticals and chemical antidotes stockpile. The author asked if hospitals have less than 5 ventilators availably immediately. It is still small number comparing to response standard for mass causalities incidents. 48% of hospitals conduct a biannual decontaminatinon drills and 98% conduct drills involving multiple agencies.

Kaji, A. H. and Lewis, R. J. (2006), Hospital Disaster Preparedness in Los Angeles County. Academic Emergency Medicine, 13: 1198-1203. doi:[10.1197/j.aem.2006.05.007](https://doi-org.ezproxy.philau.edu/10.1197/j.aem.2006.05.007)

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Reilly, M. J., & Markenson, D. S. (2011). *Health care emergency management: Principles and practice*. Sudbury, MA: Jones and Bartlett Learning.