

## Constant Contact Survey Results

**Survey Name:** Inventory Survey 2015

**Response Status:** Partial & Completed

Sep 11, 2015 10:56:12 AM

### 1. Do you have a structured inventory management system? - Comments

	Number of Response(s)	Response Ratio
Yes	4	44.4%
No	5	55.5%
<b>Total</b>	9	100%

#### Answer

That is our goal but hasn't been completely set up yet.

We have inventory spread out amongst each department except for unified pharmacy

However, we continue to struggle use it correctly.

Limited to pharmacy items

### 2. If you have an inventory management system, is it the same as your practice management system (PMS) or a separate program? - Responses

#### Answer

No - but we plan to use our PMS

It is the same as the PMS.

The same

excel on a basic level

IT IS THE SAME SYSTEM

Yes, it is part of our PMS

Excel and practice management system

### 3. If you use your practice management system (PMS), what program do you use? - Responses

#### Answer

Specvet

Impromed

do not use PMS

IMPROMED INFINITY

Infinity

DVMax

### 4. If you use a dedicated inventory management software program, what do you use? - Responses

#### Answer

none

None

### 5. Do you have full time employee(s) dedicated to inventory control/purchasing? - Comments

	Number of Response(s)	Response Ratio
Yes	5	55.5%
No	4	44.4%
<b>Total</b>	9	100%

**Answer**

We have a few full time employees that are each responsible for a different aspect of inventory. Examples: Injectables, Oral Medications, Surgery supplies, etc. There is no one that only does inventory though.

A full time person does this, but she doesn't do it full time.

**6. If you have established minimum and maximum inventory levels throughout the hospital, how did you determine what levels you have? - Responses****Answer**

For a few items, yes. These were determined by evaluating our product usage (per PMS). Ideally, we will have it done for all items but there has not been the time to do that yet.

The maxim and minimum have been established by the usage in a 2-3 week period

We use the mins and maxs for ordering alerts, including:

1. medications

2. specific inventory items linked to a product (ie central lines).

Mins and maxs are set for each location by the inventory tech based her experience of how quickly the items can be replaced. Those that have rapid availability have lower numbers than those that take weeks to arrive.

We do not track items used in bulk such as IV catheters, 4x4 gauze, bandage rolls; these she finds it more efficient to do a visual inventory each week.

Trial and Error in the pharmacy. We had actually gone through this process 3 years ago and never followed through when we fired the inventory manager that was supposed to run this

Most of our minimums are based on averages from 90 day use reports. Other products are just based on product counts.

WE EVALUATED A YEAR'S WORTH OF PURCHASE AND SALES NUMBERS TO REACH OUR MINIMUM AND MAXIMUM NUMBERS. WE THEN ADJUST THEM QUARTERLY DUE TO SEASON AND USAGE

We are implementing Mins and Maxs now. We are utilizing reports on Products Sold to determine the quantities used during a set period of time.

Getting there with Pharmacy, but not other items

**7. Please address how often you order, is it driven by minimums automatically, by phone, or on line, by an individual? - Responses****Answer**

At the start of each billing cycle, each department will place a large order of supplies they will need for the month. However, if certain items get low during the month, they will place smaller orders as needed.

We place weekly orders

We order weekly regardless. Sometimes there is an urgent need and it is addressed on an individual basis.

Our inventory person uses an Ipad through Henry Shein, visual inventory, phone call and on-line orders depending on the vendor. individuals

Inventory is reviewed twice a week and orders are placed online or by phone by that individual taking the inventory.

WE ORDER WEEKLY FROM SOME VENDORS AND TWICE WEEKLY FROM OTHERS. IT IS PRIMARILY DRIVEN BY MINIMUMS BUT ALSO BY SPECIAL DEMANDS OF OUR PATIENTS. IE: IF A PATIENT IS USING A LARGER THAN NORMAL AMOUNT OF SOMETHING WE ARE NOTIFIED BY THE NURSING STAFF AND ORDER ACCORDINGLY AFTER SPEAKING WITH THE DVM ON THE CASE

It is ordered driven by minimums based on an individual's assessment, along with requests by Doctors/Technicians.

Orders are done as a combination of online and over the phone

We have recently updated this process. Our hope is to order no more than every other week on supplies. Weekly on medications. We are using a combination of reports and our inventory control person to identify what is needed for order. We place most orders online. orders are random and often weekly. phone is most common.

8. Do you put out inventory lists for bidding by vendors, use a single vendor, or do you price shop when ordering? - Comments		
	Number of Response(s)	Response Ratio
Bidding by vendors	2	22.2%
Use a single vendor	4	44.4%
Price shop when ordering	5	55.5%
<b>Total</b>	9	100%
<b>Answer</b>		
Generally we use a handful of vendors but on occasion price shopping is done.		
Usually we know which vendor has the best price on particular items, leaving little to shopping and more selecting by vendor we used previously.		
However, in 2015, we did take bids from HS specifically because the competition is a local hospital association who has become much less competitive.		
a little of both		
We mostly order from a single vendor for basic items, most of our orthopedic supplies from from direct sources.		
USE CERTAIN VENDORS FOR CERTAIN ITEMS. WE USE MULTIPLE VENDORS. THE PRICE SHOPPING IS DONE BY OUR MAIN PURCHASING AGENT AT OUR MAIN FACILITY		
Price shop although majority of our supplies go through the same vendor regularly		
We have a main vendor and ancillary vendors for items not available.		
9. Do you use Pixis/Cubex for inventory control? - Comments		
	Number of Response(s)	Response Ratio
Yes	1	11.1%
No	8	88.8%
<b>Total</b>	9	100%
<b>Answer</b>		
I am interested in using it though.		
We have Cubex but I main usage is fee capture. Inventory manager feels that personal inventory is a better control than using Cubex		
NOT CURRENTLY BUT WE ARE LOOKING INTO THE CUBEX SYSTEM FOR SOME OF OUR INVENTORY. PRIMARILY CONTROLLED DRUGS AND INJECTABLES		
Cubex. We don't use it well, we are currently trying to update our process in using it and get it tied to our PMS.		
10. Do you have any items (such as orthopedic implants) that are held on consignment (you pay when you use them)? If so, please comment on who you		
	Number of Response(s)	Response Ratio
Yes	2	22.2%
No	7	77.7%
<b>Total</b>	9	100%

**Answer**

We have a mobile veterinary service that maintains their own inventory of implants; then sells them to our facility when used. Fortunately, it is our surgeons that also run the independent mobile service - so they arrive to work prepared for almost anything.

With one Doctor we do purchase the surgical implants from him.

No, we pay for them up front.

**11. Comment on any efforts that you have made that have had a significant impact on decreasing costs of inventory: decreased total inventory, better pricing,****Answer**

Decreased total inventory by establishing a 1-2 month supply limit for most products. This has reduced the quantity of product sitting on shelves as well as reducing unused expired product. I do not have the percentage of revenue, though.

We are using the Cubex for fee capture which has been very helpful. We are looking closely at shrinkage now using the Cubex and ordering.

We try to order by "just in time" theory, but as we grow it is more difficult to predict those levels. With an upcoming expansion we will be moving toward a dedicated central inventory that provides each department with their needs for the week.

The main thing is you need someone to put their hands on items at least once a week. When you don't have someone looking at items regularly you find things get over ordered when the hospital runs out or expire before being used. It is very important to have someone checking stock and expiration date a regular basis...

I FOUND THAT ONCE WE HAD OUR MINIMUM AND MAXIMUM POINTS SET IN THE SYSTEM, WE CUT DONE DRAMATICALLY ON OUR TOTAL INVENTORY. ALSO ADJUSTING THOSE POINTS BY SEASON HAS MADE A BIG DIFFERENCE AS WELL

This is still a large pain point for us as we have not had much focus.

We are looking to create an inventory room to better control tracking of where inventory goes.

I supplied an extensive answer to this in the previous questionnaire, hopefully you can find it.

Setting up mins and maxes for pharmacy. Combining inventory in some areas of the hospital across departments, rather than having duplicate inventory.