




SUPPLY CHAIN Q&A:

PAUL LYONS, GOSHEN HEALTH



Failure to answer basic questions about inventory — What do I have in stock? How much do I have? Where is it located? Who's using it? When will I run out? — can put hospitals and health systems at risk for costly stockouts that endanger patient and clinician safety. Such stockouts ultimately contributed to a nationwide economic shutdown when COVID-19 arrived in early 2020.

For many hospitals, the source of the problem is trying to manage inventory with their existing ERP systems, which are simply not designed to track and manage supply utilization. At Goshen Health in Goshen, IN, for example, supply chain staff relied on their MediTech ERP system to manage inventory, but without a point-of-use scanning system to collect data, staff were making decisions based on opinion and gut instinct rather than facts.



In 2020, Goshen Health worked with Jump Technologies to implement JumpStock, which features a simple point-and-click, handheld scanner for data collection, and a powerful data analytics platform that integrated easily with their existing Meditech ERP.

The result? The supply chain team at Goshen was able to reduce on-hand inventory while eliminating stockouts because they had clear, immediate visibility into all areas of their materials utilization across the hospital.

Goshen director of materials management Paul Lyons answered questions recently about the hospital's transition and how it has helped them save money while keeping patients and staff safe and preventing costly stockouts.



What did your supply chain operations look like before Jump Technologies?

Lyons: We were using machines to restock our units and there was misordering or too much ordering, which led to stockouts and/or items expiring on the shelf. So, we replaced the machines with a KanBan workflow and handheld scanners from Meditech. That brought down the amount of items we kept up on the units, but it also increased our scanning time due to the data entry on the mobile devices. MediTech has a lot of steps, and it took time to learn and to teach a new colleague on how to do it.



Did your old workflow drive a fair amount of human error?

Lyons: It really did, because it ended up allowing the person scanning the bins to decide how much to order. That led to overstocking for a lot of items. That's also where the reporting would come in. MediTech really did not give us a clear picture of what we were using and what we had left. We would have to manually create formulas and we even had to go out and hire someone to help us create formulas to put that data into a usable format.

Was it fair to say there were a select few people who knew how to run those reports?

Lyons: The people who knew the reports went through copious amounts of training and had more experience within the tech to understand exactly how the reports worked. If those people were out of office for a while, there was little to no movement or reporting going on.

How usable were the reports provided by Meditech?

Lyons: We came across a lot of data that we wanted, but it required pulling two reports and combining the reports in Excel, just to get the data that we needed. Then, we had to comb through the data on our own, and make opinion-based decisions from there. The process ended up using a lot of time and effort.

How does the reporting that JumpStock offers compare?

Lyons: JumpStock reporting is simpler with fewer steps, and one of the things I really enjoy with Jump Technologies is you're able to bring up the report you need, and easily download everything necessary for manipulation and data-driven decisions. From there, you can easily find what you're looking for or share the information. With MediTech, you really have to comb through the data. JumpStock has significantly alleviated time spent on reporting, allowing more time to work on other important duties.





How does your current KanBan data system compare to your previous system?

Lyons: It's a 180-degree difference. It's simple and has made training new colleagues easier and order submissions faster. With MediTech, there were about 10 steps, but with JumpStock we're down to about four or five, and that is it. From the moment we scan, the order is in the system and ready to be pulled for a report.

What is the secret to your 90% staff compliance?

Lyons: What really drove that was the need to move quickly so that we could understand our savings and data faster, which in turn allowed us to start making data-driven decisions. It was a domino effect of saving a little here, and then we saved money by not purchasing as much as we thought we needed, thanks to KanBan. We also have fewer expired products on the shelf with a more accurate breakdown of usage frequency.

What impact has the mobile scanner had on your workflow and outcomes?

Lyons: The scanner is a very simple tool compared to our previous process of using a COW or a computer on wheels with a handheld scanner attached to it. One of the more tedious things about using our ERP for inventory management was the process of scanning and then separating orders. With JumpStock, the key fob allows you to scan the items all at once and the system separates them. This switch freed up a lot more time for our colleagues and has also allowed us to catch more expired items than ever before.

What has Goshen's journey to success been?

Lyons: The process was simple and easy from the beginning. Jump Technologies came down for a site visit to see the facility and give recommendations. Following a custom assessment, we decided to move forward with their JumpStock platform and saw the benefits almost right away. As soon as we launched Jump Technologies in one unit, we were reduced scanning time by 10% to 15%. Also, rather than one person determining order quantities, now the par system makes those decisions for us. We have now implemented about 90% of our units with JumpStock's KanBan system.

How has the integration between Jump Technologies and MediTech worked for you?

Lyons: It has worked out very well. Jump Technologies handles the integration and everything has worked seamlessly between the two programs.



What does the future of supply chain look like for Goshen Health?

Lyons: We're working on implementing JumpStock on all units and want to do more adjusting and forecasting after the 90 days, which is a good starting point. Shortly after that, we're moving to the OR and getting that up and running on JumpStock and we'll set up the OR Core as a KanBan system, as well. Hopefully, once everything is set up and we get things going, we'll look at extending this out past the walls of the hospital to the outbuildings that only use 'what the eyes see' type ordering. This would allow us to see who has what if we were to have a back order or an allocation and where we can borrow from, if needed.





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