

Descending the Apex of the Slippery Slope of Kit Management

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1. Background

Clinical trial sponsors deliver supplies based on contracts with the central labs, which often end up as excess trial materials. Automatic resupply from sponsor triggers an apex of trial materials that can quickly become overwhelming. Two disease centers were selected for a pilot study of Slope.io for inventory management at UPMC HCC CRS. One disease center (DC1) is a large and high accruing Phase I center, who opens and closes studies quickly. Disease center 2 (DC2) is long established within the department and opens trials and accrues on a routine and predictable basis.

2. Goals

The plan was to create a snapshot of the current inventory in the department disease centers and provide a method of action to manage kit supply using the Slope.io inventory management application.

3. Solutions and Methods

The department was divided into zones and the cabinets and shelving were labeled accordingly. The CRS Lab (Neutral party) staff members approached each DC by asking for the known location of the kits. Lab staff logged the items in an “as-is” state to determine a snapshot of the center and then completed a walkthrough of the department to locate additional supplies. The lab identified supplies unknown to the DC, for which they tracked separately. Once all the known DC supplies were imported, an item report was generated from Slope. The unknown supply locations and the Slope item report were compiled in Excel and color coded: green (DC known, not expired), yellow (DC known, expired), and grey (DC unknown, mixed). DC Staff were given the task of disposing five kits per day in the yellow area and two hours per week in the gray areas to either dispose or inventory within Slope.

4. Outcomes

DC1 had approximately 68 percent of items either expired or unaccounted for, total amount of usable items where location was known being 2134. Of known items, 760 (26 percent) items were expired on site and occupying space, therefore 43 percent of kit supply items were on site but unaccounted for. DC2 had 3 percent of items expired or unaccounted for, with a total amount of usable items known being 1249. DC1 had 32 percent of allocated space correct and up to date, whereas DC2 had 53 percent of allocated space utilized appropriately. Departmental space was able to be more efficiently distributed due to this data.

5. Lessons Learned and Future Directions

Automatic resupply from sponsor triggers an apex of trial materials that can quickly become overwhelming. The attack position to reach the berm of oversupply is a multiphase approach. DC1 was able to dispose of 1901 kits. DC2 was able to increase allocated space to 96 percent and unused space was given to a disease center in need based on trial volume. The department was inventoried to create a full picture (17,102 known trial supplies, 44 percent of space unusable). The Slope inventory system created a snapshot of the excess within the department and allowed us to target an approach to manage the oversupply across departmental DCs.

Figure

Descending the Apex of the Slippery Slope of Kit Management
Supplemental Figure

