CHECKLIST 1: EOQ Inventory Management	YES	NO
If you are manager of medical office central supplies, doctor-director of durable medical equipment, or an inventory control specialist in a clinic or healthcare organization, are you aware of these basic inventory management requirements for EOQ costing?		
Do I recognize EOQ costing as a key parameter of supply chain inventory management?	o	o
Do I determine the correct amount and delivery time for inventory orders and supplied items?	o	o
Do I understand the balancing act between too much inventory (holding and opportunity costs), and too little inventory (stock outs and repurchasing costs)?	o	o
Do I determine which inventory items to ignore and which items to manage?	o	o
Is my annual inventory demand:		
fixed for each item?	o	o
Variable for each item?	o	o
constant for each item?	o	o
Is inventory waste occurring through repeated orders?	o	o
Do I know my re-order point for each inventory item?	o	o
Am I aware of my lead time for each inventory item?	o	o
Is there a minimum quantity of each inventory item identified?	o	o
Do I use the "rule of common sense" (e.g., do not spend $10,000 to avoid $1,000 of opportunity cost) in my inventory management duties?	o	o
Is there a supplier purchaser in place for the facility?	o	o
Is a purchase order system in place?	o	o
Is a single facility, or centralized department, in place for multiple entity inventory supplies?	o	o
Have I developed a plan to work with JIT suppliers or vendors and delivery schedules?	o	o
Have vendor prices been checked recently?	o	o
Are inventory order quantity discounts given?	o	o
Is competitive bidding an option by vendors?	o	o

© iMBA, Inc

CHECKLIST 2: Inventory Do's and Don'ts	YES	NO
If you are a doctor or manager of central supplies, physician-director of durable medical equipment, or an inventory control specialist in a medical office or healthcare organization, you must monitor purchasing activities to ensure that the correct amount of inventory is ordered at the appropriate time for maximum financial efficiency:		
Am I a manager of supply chain inventory control or central supplies and DME?	o	o
Do I use LIFO costing?	o	o
Do I use FIFO costing?	o	o
Do I use specific identification costing?	o	o
Do I use average cost methods?	o	o
Do I use JIT costing?	o	o
Do I use EOQ costing?	o	o
Do I understand JIT purchasing?	o	o
Do I understand the implications of the above costing methods in periods of rising or declining inflation rates and inventory prices?	o	o
Do I understand the inventory flow process?	o	o
Do I recognize inventory revenues or inventory depletion rates?	o	o
Are inventory revenue and/or depletion rates constant?	o	o
Do I know the annual carrying costs per each unit of inventory?	o	o
Do I know the annual use or percentage of use for each unit of inventory?	o	o
Do I know the costs per order for each inventory segment or item?	o	o
Are the costs per order stable?	o	o
If not, can I obtain stability from vendors and suppliers?	o	o
If so, does the company's board of directors have an SCIM or DME purchasing individual, manager, or committee?	o	o
Do I understand how JIT delivery allows the placement of orders so that new orders arrive when inventory approaches zero?	o	o
Do I use EOQ costing?	o	o
Do I know when to order DME inventory?	o	o
Do I know how much DME inventory to order?	o	o
Do I have a budget for supply chain management activities?	o	o
Is the inventory budget fixed?	o	o
Is the inventory budget variable?	o	o

	YES	NO
Do I have discretion over the inventory budget?	o	o
Does it satisfy requirements for independence, authority, and economic DME resources?	o	o
Does it provide appropriate economic oversight during inventory audits?	o	o
Does it contain at least one inventory, SCIM, or EOQ costing financial expert input?	o	o

CHECKLIST 3: Healthcare Materials Management Information System Software Selection and Functionality Review	**YES**	**NO**
As a doctor, central supply, physician executive or health facility inventory manager, never assume a software package "must" be capable of handling something you consider a standard function.		
Is the software program, eMR, cloud or SaaS application, under consideration capable of the following functions:		
Multi-facility demand planning?	o	o
Postponement and configure-to-order functionality?	o	o
Back-order processing?	o	o
Forecasting and demand planning?	o	o
Forward pick location replenishment?	o	o
Lot or serial number tracking?	o	o
Batch or wave order picking?	o	o
Returns processing?	o	o
Back-flushing DME inventory?	o	o
Co-product processing?	o	o
Outsourcing specific operations?	o	o
Multiple stocking units of measure?	o	o
Product substitutions?	o	o
Blanket orders?	o	o
Shipment consolidation?	o	o
Multi-carrier rate shopping and manifesting?	o	o
First-in first-out processing?	O	O
	o	o
	o	o
Is the software application under consideration CD-ROM based?	o	o
Is the software application under consideration Internet based?	o	o

© iMBA, Inc

	YES	NO
If Internet delivered, is it secure and HIPAA compliant?	o	o
Is the software application under consideration delivered by a SaaS model?	o	o
If SaaS delivered, is it secure, "always-on" and HIPAA compliant?	o	o
Do I have a budget for the HMMIS software?	o	o
Is the HMMIS budget fixed?	o	o
Is the HMMIS budget variable?	o	o

CHECKLIST 4: Using Automatic Data Capture Technologies for Inventory	**YES**	**NO**
As a physician-executive, central supply or health facility inventory manager, am I familiar with these hospital ADC technologies:		
Bar Codes?	o	o
Bar Code Scanners?	o	o
Are you familiar with these subtypes:		
Laser or CCD Scanners?	o	o
Auto-Discrimination Scanners?	o	o
Keyboard-Wedge Scanners?	o	o
Fixed Position Scanners?	o	o
Portable Computers?	o	o
Hand-Held Devices?	o	o
Vehicle-Mounted Devices?	o	o
Wearable Systems?	o	o
Voice Recognition Technology?	o	o
Optical Character Recognition (OCR)?	o	o
Light Systems?	o	o
Electronic Product Codes?	o	o