



# Inventory Management Webinar

August 11, 2014

# Introduction



Janet Fath, CDC

# Inventory Management Benefits

3

- Overall
- Vaccine Program Staff
- Providers

# Overall Benefits

4

- More visibility into provider inventories, with better information about associated costs
- Reduced waste

# Benefits for Vaccine Program Staff

5



## Vaccine program staff

- Can hold providers more accountable
- Have better tools to ensure that public stock is administered only to eligible persons
- Can identify pockets of vaccine inventory and facilitate transfers as needed
- Can identify opportunities for education

# Benefits for Providers

6



## Providers

- Monitor inventory more easily with better tools for storage and handling
- Over-order less frequently
- Avoid double data entry
- Save time

# Agenda

7

- Benefits of Good Inventory Management Practices
- Increasing Inventory Data Quality – Washington
- Decrementing On-Hand Inventory using EHR data – Arizona
- Reconciling Inventory – Florida
- Documenting Returns and Wastage – New York City

# Key Concepts

8

- Policies
- Process
- Tools
- Tips



# Increasing Inventory Data Quality



Jan Hicks-Thomson/Kristina Crane, Washington

# WA Inventory Reporting Policies

10

- IIS use is not mandated in Washington
- Inventory and doses administered are due
  - Every month ~ Every provider

WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM  
Every age. Every vaccination.

Logged in: MARIAMA GONDO  
Organization (IRMS)/Facility: MARIAMA'S CLINIC (3392) / MARIAMA'S WELLNESS CENTER  
Date: September 11, 2013

**Reconcile Inventory**

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
HPV, quadrivalent (Gardasil)	1554651	01/31/2014	0		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
HPV, quadrivalent (Gardasil)	TEST100	04/06/2014	41		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+
	UWJJA048756	09/30/2013	33		0.0	--No Category Required--	--No Reason Required--	N	<input type="checkbox"/>	+
	15854HVH	01/31/2014	10		0.0	--No Category Required--	--No Reason Required--	Y	<input type="checkbox"/>	+

Click here, then click **Reconciliation** to open the reporting screen.

Public Lots  
Private Lots  
Expired Vaccines  
Expires in 30 days or less

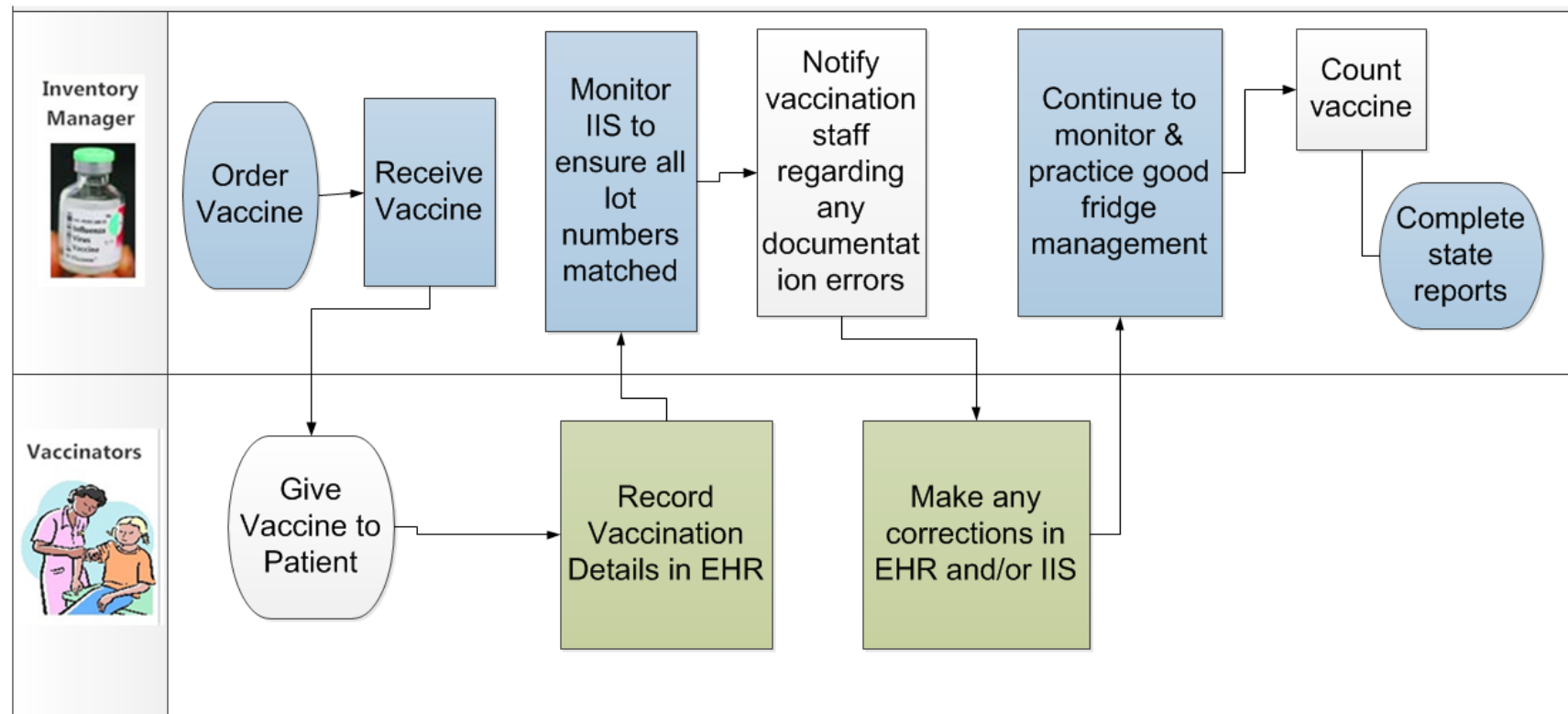
Last Submitted: 09/05/2013

Print Reset Save  
Submit Monthly Inventory

Main  
Fav  
Pa  
Va  
Or  
Fa  
Phy  
Vaccinator  
Lot Numbers  
Reconciliation  
Search/Add  
Search Results  
Detail  
Orders/Transfers

# Process and Potential Issues

11

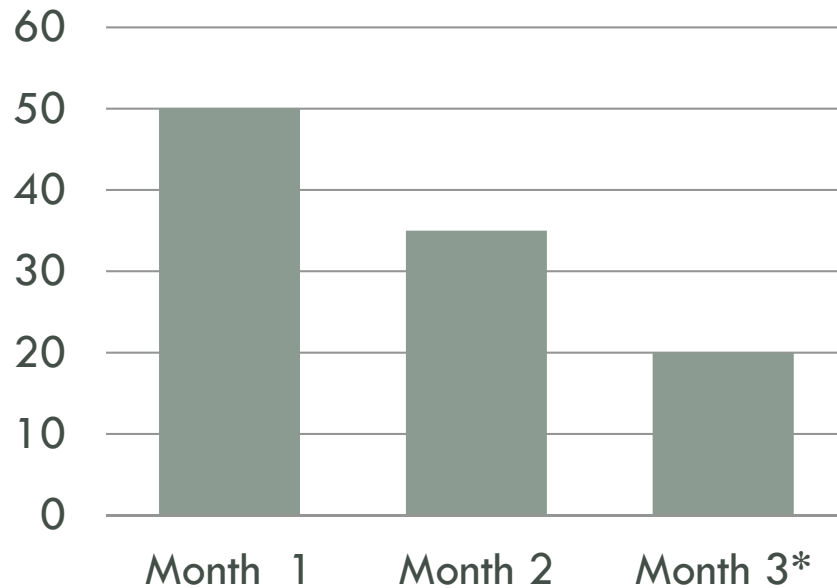


# The Results

12

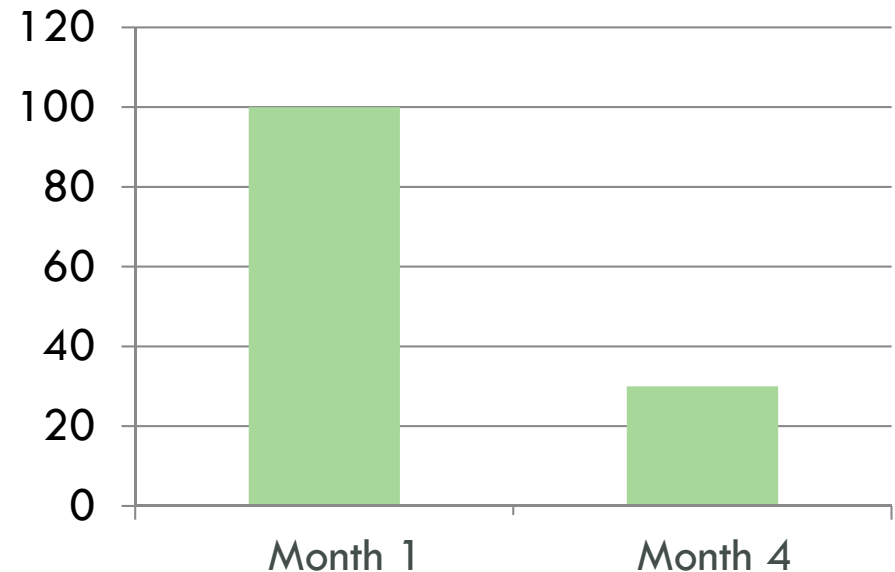
## Average Number of Documentation Errors per Month

Site 1 – Chart base of 6,600



Saves 6 – 10 hours per month  
conducting state  
accountability reports

Site 2 – Chart base of 39,500



Reporting time: Was 24 hours  
per month now 11 hours per  
month

# Tools

13

- Patient Detail Report – to find lot number documentation mistakes
- Training includes best practices in vaccine storage

Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Vaccinator
IPV	12/06/2013	Full	PMC	J1382	N	Y	N	

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	VFC Eligible	Facility			
							NO	PC MACC PEDIATRICS			
Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
Rotavirus, pentavalent RV5	12/03/2013	Full	SKB	J001252	N	NO	N		DOWNTOWN	12/03/2013	

# Decrementing On Hand Inventory using EHR Data



Terry Rinck, Arizona

# Arizona Policies

15

- Message Conformance - Message must contain the following:
  - RXA.15 - Lot Number
  - RXA.16 - Expiration Date
  - RXA.17 - Manufacturer Code
  - OBX - Eligibility Code and Funding Source
- Message Testing – Must be performed to “Go Live in Production.”
  - Provider must send 200 successful message

# Process

16

- Process Steps

1. Provider must enter the Inventory Lot Number in the IIS System prior to sending messages or as the inventory is received.
2. Provider enters doses administered into the EHR.
3. Data from the EHR are sent to the IIS using a properly formed message.
4. Doses administered decremented from inventory by the IIS System.

- Potential Issues

- Non-conformance of messages.
  - Missing Facility IDs may cause decrementing issues.



# Tools

17

- IIS System – with decrementing capabilities
- Interface Engine – Primary message filtering
- Experienced HL7 Staff



18

- Review and verify message conformance

HL7 Message TAnalyzer\_v2a : Database (Access 2007) - Microsoft Access

File Home Create External Data Database Tools

>> frm\_Main


Health and Wellness for all Arizonans  
Arizona Department of Health Services


IRMS: 60131	ProvName:	BegDate:		<input type="button" value="Search"/>
Version:	UserName:	EndDate:		<input type="button" value="Reviewed"/>
1 1 1 1 1 1 1 1 2	Req: 1 ACK: 1 Term: 1			

Messages	MSH...	PID...	PD1...	NK1...	ORC...	RXA...	RXR...	OBR...	RXA-05	RXA-11	RXA-17	Provider List	Comments
<div style="float: left; width: 40%;"> <b>IRMS:</b> 60131 <b>Controllid:</b> T0002         </div> <div style="float: right; width: 60%;"> <b>CreatedOn:</b> 7/18/2014 3:58:42 PM <b>MType:</b> Req; ACK; Term;         </div> <hr/> <pre> MSH ^~\&amp; TEST 60131 ASII\$  20140718  VXU^V04^T0002 P 2.5.1  NE AL     PID 1  ASIM60131-B^MENDOZA^M  20040720 M  60131 6090 TEST CIR^Firebird^AZ^B5020                     PD1  Mendoza Medical                 NK1 1 ASII\$^Homer^FTH^Father^HL70063                 ORC RE                 RXA O 1 20040721 20040721 OB^Hep B^CVX 1   OO Nurse Debbie ^SII\$CLIENT32218^Mendoza Medical   H032218  MSD^Merck and Co^MVX    A     RXR  LFA     OBR 1 CE 30963-3^Vaccine purchased with^LN  PVF    F  20040721  OBR 2 CE 64994-7^funding pgm elig^LN  VO1    F  20040721            </pre> <hr/> <p><b>ACK:</b> MSH ^~\&amp; ASII\$ AZ00 TEST 60131 20140718155843  ACK^V04^ACK 000T2 P 2.5.1  NE NE MSA AA T0002</p> <hr/> <p><b>TERM:</b> MSH ^~\&amp; ASII\$ ^ TEST^ 60131^ 20140718155845  ACK^ 2282285178.100096511 P 2.5.1  MSA AA T0002 Patient ASIM60131-B "MENDOZA ASII\$" with 1 vaccination accepted into vaccination staging table for immediate deduplication </p>													

Record: 1 of 1    No Filter    Search

Record: 13 of 83    No Filter    Search

From Parsed Message

# Tools: HL7 Implementation Guide

19

- Contains tabbed segments, data types, HL7 tables, CVX and MVX codes

[illegible]

# Tools: HL7 Specific Rules, 2.5.1\*

20

- A field by field document containing the rules specific to Arizona

The following specifications and rules supersede CDC and general HL7 guidelines when sending messages to the Arizona Immunization Program. Otherwise CDC and general HL7 guidelines apply.	
MSH.1	– Field Separator will be the pipe   identified as (ASCII 24)
MSH.2	– Encoding Characters will be ^~\& identified as (ASCII 94, ASCII 126, ASCII 92, ASCII 38) respectively.
MSH.3	– Sending Application is <b>required</b> and shall be the pre-share name of the application that is generating this message. This field is filtered and new values must be preloaded.
MSH.4	– Sending Facility is <b>required</b> and shall be the IRMS Id assigned and provided by the ASIIS System.
MSH.5	– Receiving Application is <b>required</b> and shall always be ASIIS.
MSH.6	– Receiving Facility is <b>required</b> and shall always be ASIIS.
MSH.7	– Date/Time of Message is <b>required</b> and shall be in the following format (YYYYMMDDHHMMSS) and have a degree of precision to the minute generated.
MSH.9	– Message Type is <b>required</b> and shall be VXU^V04^ for Unsolicited Vaccination Messages.
MSH.10	– Message Control Id is <b>required</b> and shall be unique for each message attempt from a sending facility with a maximum of 20 characters.
MSH.11	– Processing ID is <b>required</b> and because the ASIIS system has separate points for sending test and production messages it is acceptable for a test message to contain a P in this field. This must not be a T if you want vaccinations to post to ASIIS.
MSH.12	– Version Id is <b>required</b> and shall contain the version of the message being sent.
PID.3	– Patient Identifier List is <b>required</b> and shall contain the <b>Patient Medical Record Number</b> in parts 1 and the number type identifier of MR in parts 5 pursuant to the CX DataTypes formats. Social Security Number should reside here with the SS identifier.

\* Excerpt – The original document is 4 pages long.

# Tips

21

- Get provider production data during the testing phase.
- Have a stable IIS system with good support.
- Provide well-written HL7 guides and rule sets pertinent to your implementation.

# Reconciling Inventory



Baskar Krishnamoorthy / Morgan Maclean, Florida

# Florida Policies

23

- All VFC providers must place the order request in Florida SHOTS (IIS).
- Inventories must be reconciled before the provider can place their order request.
- Public providers can perform inventory management in Florida SHOTS (IIS).
  - Required for VFC funded vaccines.
  - Must record inventory details when recording shots that were provided in the last 15 days.
  - Majority use the functionality for their private purchase vaccines as well.
- Private providers who are also VFC providers can perform inventory management in Florida SHOTS.
  - Must self report doses administered and current inventory-on-hand data.

# Process

24

- **Receive Inventory by accepting Pending Receipts** – created by import of shipment data from VTrckS - for VFC funded vaccines shipped.
  - If shipment data is not correct, provider has the ability to modify the values.
  - If provider modified the values, an exception report is available for program staff to review.

550010	37026	00005-1971-02	50 / 50	37026-4	Fulfilled	Shipment	Shipped/Received Lot Numbers do not match.
		Prevnar 13					
550010	37026	00006-4045-41	10 / 10	37026-3			received Lot Numbers do not match.
		Gardasil					

	Shipped Value	Received Value
Doses	50	50
Lot #	H08092	H08093
Exp Date	03/31/2015	03/31/2015

- Public providers also have a Receive inventory functionality to enter their private purchase vaccines.
- By using the receive inventory functionalities, Inventory Records (Vaccine Type/NDC/Lot Number/Expiration Date) are created in the system.



# Process

25

The providers have the following functionalities available to reconcile inventory in Florida SHOTS.

- **Adjustments** (Spoiled, Wasted, Expired, Unusable, Unaccounted For, Borrowing and Payback etc.)

Inventory Record Being Adjusted

Site: ROBERTS AND STEVENS

Vaccine Type: DTAP

Manufacturer: SKB-GLAXOSMITHKLINE

Lot Number: H7E57      Expires: 12/17/2015      NDC: 58160-0810-52

Program Component: 01-VFC VACCINE

[Return to Inventory List](#)

Effective *	Effective	Adjust *	Adjust *	Resulting	Adjustment Reason *
Date	Qty	Direction	Qty	Qty	
08/05/2014	11	Decrease (-)	1	10	SPOILED

Doses that have spoiled/gone bad due to exposure to improper temperature, contamination, etc.

Explanation / Return Reason \*

☒ Returned? Mark this box if these doses have been or will be returned to the distributor.

[Submit](#) [Cancel](#)

# Process

26

- **Transfers** - The providers can record transfers of vaccine to either a different eligible provider or to a different funding source (only for public providers)

**TRANSFER INVENTORY** [Show Help Text](#)

Inventory record being reduced

Site: ROBERTS AND STEVENS  
Vaccine Type: DTAP-IPV  
Manufacturer: SKB-GLAXOSMITHKLINE  
Lot Number: JP2HP Expires: 08/17/2015 NDC: 58160-0812-52  
Program Component: 01-VFC VACCINE

[Return to Inventory List](#)

Pending Transfer to be created for:

Select by providing Receiver Pin:  - OR - Select by providing Organization Name: \*

[Lookup pin number](#) [Retrieve matching organizations](#)

Effective Date: \* 08/05/2014 Site: \* PHARMACY (370041)

Available Quantity	Transfer *	Remaining Quantity	Reason *
10	<input type="text" value="1"/>	9	<div><div>--- Select ---</div><div>Excess Inventory</div><div>Inadequate Inventory</div><div>Loss of Inventory - Mechanical failure</div><div>Other</div><div>Practice Closure</div><div>Return to central pharmacy</div></div>

Comment:

Maximum characters permitted is: 425. Character count: 0

[Submit](#)

# Process

27

- **Transaction History** - Providers will be able to see all transactions that have occurred for an inventory record

**INVENTORY TRANSACTIONS**

Inventory Record

Site: ROBERTS AND STEVENS Vaccine Type: DTAP  
Quantity On Hand: 11  
Date Qty Last Updated: 08/05/2014 Archive Date:  
Manufacturer: SKB-GLAXOSMITHKLINE NDC: 58160-0810-52  
Lot Number: H7E57 Expires: 12/17/2015  
Prog Component: 01-VFC VACCINE

[Return to Inventory Transaction Criteria](#)

<u>Timestamp</u> ↑	<u>Effective Date</u>	Qty Amt	Activity	Reverse?
<b>Additional Info</b>				
2014-02-25 08:16:44	02/25/2014	10	Transfer In	
WENDY BAILEY				
Transfer From: Site:PHARMACY ProgramComponent:01-VFC VACCINE				
2014-03-05	03/05/2014	-1	Vaccinations	
2014-03-06	03/06/2014	-2	Vaccinations	
2014-03-06 08:01:58	03/06/2014	10	Transfer In	
WENDY BAILEY				
Transfer From: Site:PHARMACY ProgramComponent:01-VFC VACCINE				
2014-03-13	03/13/2014	-1	Vaccinations	
2014-03-17	03/17/2014	-1	Vaccinations	
2014-03-18	03/18/2014	-1	Vaccinations	
2014-03-19	03/19/2014	-4	Vaccinations	
2014-03-24	03/24/2014	-1	Vaccinations	
2014-03-25	03/25/2014	-1	Vaccinations	
2014-03-27 08:46:19	03/27/2014	10	Transfer In	
WENDY BAILEY				
Transfer From: Site:PHARMACY ProgramComponent:01-VFC VACCINE				
2014-03-31	03/31/2014	-1	Vaccinations	
2014-04-02	04/02/2014	-1	Vaccinations	
2014-04-03	04/03/2014	-1	Vaccinations	
2014-04-04	04/04/2014	-1	Vaccinations	
2014-08-05 11:59:52	08/05/2014	-3	Adjustment	<input type="checkbox"/>
BASKAR KRISH				
Reason:UNACCOUNTED FOR				

[Submit](#) [Cancel](#)

# Process

28

- **Order Request** – Public Providers will be provided with snapshot of the current inventory on-hand (for all inventory records) when placing the order request.

Vaccine Category: IPV										
Brand Name	Packaging \$ per dose	Lot #	ExpDate	Begin Inv	Rcvd + Xfer In	Doses Admin	Xfer Out	Adjust ments/ Returns	Calc Inv On-Hand	
Ipov 49281-0860-10	10 doses per Multi-Dose Vial \$ 12.4200	J15811	10/12/2015	0	30				30	
		J14081	07/20/2015	30			20		10	
		J12811	06/05/2015	0				0	0	
		H13542	07/08/2014	1				-1	0	
		Total for all 49281-0860-10 lots:				31	30		20	-1

- **Order Request** – Private Providers will be provided with a snapshot of the inventory transactions (for all inventory records) when placing the order request. Private providers can self report, any discrepancies will be system noted with a color highlight.

Provider's designated ordering schedule is: M1: Monthly 1st through 15th of any month.											
The Provider orders Vaccines of Type: Both (DirectShip and Non-DS)											
Vaccine Category: DTaP											
Brand Name	Packaging \$ per dose	Lot #	ExpDate	Begin Inv	Rcvd + XFer In	Doses Admin	Xfer Out	Adjust ments/ Returns	Calc Inv On-Hand	Current Inv	
Daptacel 49281-0286-10	10 Single Dose Vials \$ 15.3800	C4617AA	10/22/2016	20		0			20	0	
		C4587AA	08/01/2016	200		150			50	25	
		C4504AA	03/12/2016	27		27			0	0	
		Total for all 49281-0286-10 lots:			247		177			70	25

# Tools: For Refrigerator Counts

29

- **Physical Inventory Report** - printed list of vaccines (with NDC/lot number/expiration date) expected to be on hand – for public providers

			D	E	F	G	H	I	J	K	L
			D + E + F - G + H - I = J							J - K = L	
Vaccine Type	Mfg/Lot #	Expiration Date	Begin Inventory	Doses Received	Doses Trnfrd In	Doses Sent Out	Doses Adjusted	Doses Admin	Calculated Doses On Hand	Physical Inventory	Variance
DTAP	SKBC59CP	02/20/2016	10	0	0	0	0	0	10		
DTAP	SKBH7E57	12/17/2015	10	0	0	0	0	0	10		
SUBTOTAL DTAP			20	0	0	0	0	0	20		
DTAP-IPV	SKB3ZL2Y	03/27/2016	30	0	0	0	0	0	30		
DTAP-IPV	SKBJP2HP	08/17/2015	0	0	0	0	0	0	0		
DTAP-IPV	SKBPY3DZ	05/31/2016	10	0	0	0	0	0	10		
SUBTOTAL DTAP-IPV			40	0	0	0	0	0	40		

- **Order Request Worksheet** - printed list of vaccines (with NDC/lot number/expiration date) – for private providers

Vaccine Type	Brand Name	Packaging \$ per dose	Lot #	ExpDate	Doses Admin 04/03/2014 to 08/05/2014	Current Inv	Place X if you don't need vaccine
DTaP	Daptacel 49281-0286-10	10 Single Dose Vials 15.38					
	Infanrix 58160-0810-11	10 Single Dose Vials 16.17	AC14B153AA	08/18/2014			
DTaP/HEP B/IPV	Pediarix - Latex Free 58160-0811-52	10 Single Dose Syringes 53.88	7537C	04/17/2016			

# Tools: Reports

30

- **Aging Vaccine Report**
  - Already expired, expires within 30, 60, 90, or by a specified date.
  - For removing expired vaccine from IIS inventory.
- **Vaccine Accountability Report**
  - Available for providers.
  - Also statewide report available for the program office.

# Tips

31

- Reconcile vaccine inventory regularly as events occur.
  - For public providers, policies have helped.
  - Private providers who upload data to the registry login/access the IIS only for ordering. This results in reconciliation not occurring in a timely fashion.
    - A potential issue to consider when looking at automatic decrementing of doses administered when reported through upload.
- When recording an inventory transaction, the date of occurrence (effective date) is critical.
- From IIS point of view, plan on having the capability to undo transactions (reversing the adjustments).

# Documenting Returns and Wastage



Alaina Stoute, New York City



# CIR\* Background

33

- \* Citywide Immunization Registry (CIR)
- A population-based IIS
- Launched in 1997
- Vital records uploaded twice a week
- ~125,000 births annually
- Mandatory reporting of immunizations for children 0-18 years, voluntary  $\geq 19$  years with consent

# Returns/Wastage Definitions

34



## Returns

- Spoiled/expired vaccines that can be returned to McKesson so that CDC can apply for federal excise tax. These vaccines should be returned within 6 months to maximize CDC's chance to receive excise tax credit. The doses should still be returned to McKesson even if 6 months have passed.

## Wastage

- Vaccines that cannot be returned to McKesson so that CDC can claim excise tax credit—such as damaged doses; doses not in their original container; doses remaining in a multi-dose vial that were opened but not finished. It doesn't matter when these doses are reported to the program—they are still wastage and should not be returned to McKesson.

# New York City Policies

35

- Providers are required to complete the VFC Returns/Wastage form in the CIR.
- The form contains the following fields:
  - Vaccine Returns/Wastage reason
  - Vaccine Type
  - Brand
  - Manufacturer
  - Vaccine Lot
  - Expiration Date
  - Unit Presentation
  - Number of Doses
- Providers who fail to report spoiled, expired, or wasted vaccine are identified and are subject to VFC compliance site visits or CIR outreach site visits.
- Providers with instances of excessive spoilage or expired vaccine, will be required to reimburse publicly funded vaccine.

# Process

36

- Reporting VFC vaccine returns and wastage in the CIR is a 3-step process
  1. Enter VFC vaccine returns/wastage information
  2. Review and confirm VFC vaccine returns/wastage information
  3. Receive VFC Vaccine returns/wastage receipt
- Providers receive a confirmation email

# Process (continued)

37

- VFC returns and wastage files are automatically created from CIR data.
- The VFC returns and wastage files are uploaded daily into VTrckS using the new vaccine returns/wastage interface.

# VFC Returns/Wastage Screen

38

## VFC Vaccine Returns/Wastage:

Vaccine Return/ Wastage Reason	Vaccine Type	Brand	Manufacturer	Vaccine Lot	Exp. Date	Unit Presentation	# of Doses
<div>Reset</div> <div>-- Select --</div> <div> <div>Improper storage upon receipt</div> <div>Refrigerator/Mechanical failure</div> <div>Power outage</div> <div>Opened multi-dose vial</div> <div>Refrigerator too cold</div> <div>Refrigerator too warm</div> <div>Expired vaccine</div> <div>Natural disaster</div> <div>Other vaccine return</div> <div>Recall</div> <div>Broken Vial/Syringe</div> <div>Vaccine drawn into syringe but not admin</div> <div>Lost or unaccounted for vaccine</div> <div>Other wastage (non-returnable)</div> </div>							
<div>Add Event</div>							
<div>Note: You can add up to <b>25 returns</b> in this Vaccine Returns/Wastage Form. If you need to add more returns, complete and submit an additional Vaccine Returns/Wastage Form(s).</div>							
<div> <div>If you have purchased or VFC stock to use on non-VFC eligible patients, do you currently have in your VFC stock privately that you borrowed and now need to report as return/wastage?</div> <div> <input type="radio"/> Yes           <input checked="" type="radio"/> No         </div> </div>							
<div> <div>Clear</div> <div>Continue</div> </div>							

# VFC Returns/Wastage Confirmation

39



Please print the VFC Vaccine Return/Wastage Receipt and insert it in a shipping box with your non-viable returnable vaccines.



Thank you. This VFC Vaccine Return/Wastage form has been submitted by **Melissa Mickle** on 07/30/2014 at 2:59 PM.

The confirmation number is 2438. A copy of this return has been emailed to [MMICKLE@HEALTH.NYC.GOV](mailto:MMICKLE@HEALTH.NYC.GOV).

- Please use the [Printer-Friendly Format](#) link below to print this confirmation and **only** insert the VFC Vaccine Return/Wastage Receipt with your vaccines in an empty shipping box. If you are unable to print the screen, you can also print the email confirmation you will receive and include it in the vaccine delivery box.
- If returning vaccines, return label(s) will be sent to you from McKesson Specialty after you submit your form to the Bureau of Immunization. Please allow up to 2 weeks for delivery.
- **DO NOT** mail any vaccine products directly to the Bureau of Immunization. They will be returned to you.
- **DO NOT** include ice packs.
- **DO NOT** send open vials, broken vials or syringes.
- Give the packed and labeled box to UPS the next time a delivery is made to your site.
- Only the vaccines eligible for return that you originally reported on the **vaccine return/wastage** form will be accepted. Please do not add any additional vaccines to the box.
- Please **DO NOT** call McKesson Specialty, UPS, or Federal Express to arrange a pickup or you will be charged for the pickup. Below are samples of the return label and return envelope.
- Please e-mail [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov) or call 347-396-2405 with your CIR facility code and/or VFC PIN if you have questions.



# VFC Returns/Wastage Receipt

40

Printer-Friendly Format 

NYC Department of Health & Mental Hygiene  
Bureau of Immunization  
Vaccines for Children Program

## VFC VACCINE RETURN/WASTAGE RECEIPT

### VFC Contact Information

<b>VFC PIN:</b> BAA VFCCIR	<b>Provider Name:</b> CITY IMMUNIZATION REGISTRY	<b>Transact Date:</b> 07/30/2014
<b>Shipping Contact Name:</b> MARY JOE	<b>Phone/Ext:</b> (212) 555-1212	<b>Fax:</b> (212) 555-2323
<b>Email:</b> MMICKLE@HEALTH.NYC.GOV		

### VFC Vaccine Returns/Wastage

#### VFC Return/Wastage #1

**Vaccine Return/Wastage Reason:**  
Improper storage upon receipt

**Brand:**  
Varivax

**Expiration Date:**  
01/03/2014

**Vaccine Type:**  
VAR

**Manufacturer:**  
MERCK

**Unit Presentation:**  
SDV, 10-Pack

**NDC:**  
00006-4827-00

**Vaccine Lot:**  
0082AE

**Number of Doses:**  
100

**Number of Return Labels Requested:** 0



# Tools

41



VFC vaccine returns and wastage data is used to:

- Identify providers who have poor storage practices
- Identify providers who do not administer vaccines with the earliest expiration dates first and/or over order
- Calculate reimbursement

# Tips

42

- If possible, use the same returns and wastage reasons in your IIS as listed in VTrckS
- Include returns/wastage receipt in a confirmation e-mail in case the user is unable to print what is on screen
- Create a method for staff to modify the files before they are uploaded to VTrckS; providers do make mistakes

# Discussion



# Resources

44

- *MIROW Immunization Information System Inventory Management Operations*
  - <http://www.immregistries.org/pubs/mirow.html>
- *VTrckS ExIS Integration: File Specifications & Additional Information*
  - <http://vtrcks-library.cdc.gov/gm/folder-1.11.4299>
- *Processing VTrckS ExIS Orders*
  - Business rules applied to inventory uploads
  - <http://vtrcks-library.cdc.gov/gm/folder-1.11.4125>



Thank You

# Learning Objectives

46

- Describe the **benefits of good inventory management practices**
- Describe and discuss **methods for increasing inventory data quality**
- Describe and discuss the process, policies, IIS tools, and tips for **decrementing inventory with data from EHR**
- Describe and discuss approaches for **reconciling** on hand inventory with inventory calculated from shipments received and doses administered
- Describe and discuss approaches for **documenting adjustments** to on hand inventory