THOUGHT LEADERSHIP | HEALTHCARE SUPPLY CHAIN

Front-Line Inventory in VHA: What VISN 20 Taught Us — and Where RTLS and RFID Fit Next

Front-line inventory in the Veterans Health Administration sits at the intersection of clinical care and logistics. It connects the national supply chain — VA's strategic sourcing, prime vendor contracts, and Defense Logistics Agency partnerships — to the bedside, the OR, the cath lab, the ED, and the clinic storeroom. The people running it every day are the bridge between enterprise policy and patient care.

Our recent work in VISN 20 — VHA's Pacific Northwest network — deepened our understanding of how that bridge actually functions on the ground. The patterns we observed are broadly representative of front-line supply realities across VHA: the same workflows, the same pressure points, and the same dedicated people making the system work day in and day out.

Three observations stood out:

- **Front-line ownership is the system's greatest asset.** Logistics and clinical staff manage thousands of SKUs through deep institutional knowledge and on-the-ground judgment. Any modernization effort needs to build on that expertise, not around it.
- **The biggest opportunities live at the seams.** Stockouts, overstocks, and search time for mobile equipment concentrate where ownership is shared — between storerooms, shifts, and specialties. This is exactly where a real-time data layer creates the most leverage.
- **Manual effort is the constraint, not capability.** Counts, expiration checks, and equipment hunts consume hours that could be returned to patient care. The data to fix this exists — it just isn't visible to the people who could act on it in real time.

This is where evolving Real-Time Location Systems (RTLS) and Radio Frequency Identification (RFID) technologies have become genuinely practical. Bluetooth Low Energy and Ultra-Wideband location now deliver bay-level accuracy at a fraction of earlier infrastructure cost. Passive RFID has reached price points that make item-level tracking viable for implants, pharmacy stock, and high-value consumables. FedRAMP-aligned platforms integrate cleanly with VistA and Oracle Health environments. The technology constraints that limited earlier VA pilots no longer apply.

Encouragingly, some VHA sites are already on this path — piloting smart cabinets, RFID-enabled implant tracking, and RTLS for mobile equipment. Their early work is a real asset for the enterprise. At the same time, the underlying technology is changing fast: tag costs, location accuracy, and integration patterns look meaningfully different than they did even two years ago. The strategic opportunity is twofold. First, VHA can position itself to evolve with the technology — establishing the governance, reference architectures, and lessons-learned channels that let early-adopter sites keep pace as the capability matures. Second, VHA can extend a clear on-ramp to the many sites that have not yet started, so they can begin from today's mature baseline rather than recreating the early learning curve.

The bottom line. VHA's front-line teams are skilled, dedicated, and ready partners for thoughtful modernization. Sites already implementing asset tracking have shown what is possible; the rest of the enterprise is well positioned to follow. The work ahead is to evolve with a fast-moving technology landscape and help every site — wherever they are on the journey — take the next step.