

# Traceability in the hospital – in theatres, on wards, for instruments, for home care

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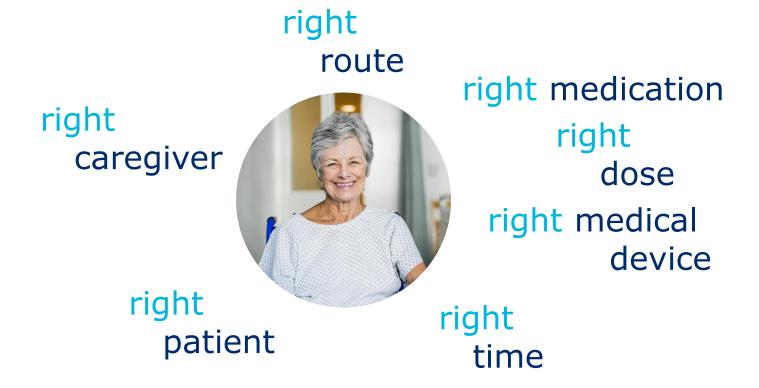






### ...the patient rights were reality, all the time!







# ...dispensing and administration errors are a thing of the past





I still remember when dispensing errors due to typos, illegible handwriting or oversights was a risk we all had to live with.

It's good those days are over!

#### A future where<sup>1</sup>:

- Computerised physician order entry (CPOE) has replaced hand-written prescriptions
- Barcode scanning procedures cut current potential adverse drug events by up to 75%
- There is a general >50% reduction of current medication errors saving lives, cost and time for better patient care



# ...where counterfeit medicines never reach a patient





We never worry anymore that the drugs taken by your father could be counterfeit, endangering his life.

That is a huge relief!

#### A future where<sup>1</sup>:

 Counterfeit drugs rates drop from 5-10% globally and up to 30% in developing countries



### ...where recalls are easily managed





We still can't avoid recalls of medical devices, but now we can easily identify which patients have these and can contact them. We know we have a 100% success rate.

#### A future where<sup>1</sup>:

- Due to easily identified specific batch numbers clinical staff can spend less time on recalls and more on patients, improving care
- Patient safety is improved by being able to pinpoint affected products and patients more quickly
- There are huge costs savings due to efficient and selective inventory management



### ...where clinical decision making and time for patient care is better than ever





The new technology available to positively identify patients as part of every single care giving process. This means that I don't have to worry about the wrong care being given to the wrong patient.

#### A future where<sup>1</sup>:

- A global data standard can substantially reduce medication errors and supports improved clinical decision making
- Product ID scanning and point of care barcode scanning not only delivers increased patient safety, but also frees up time to care for patients





# MMU USA standards?

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### Why do mistakes happen?



"The main causes (of medication error) are human factors including...

- Fatigue
- Inattention
- Memory Lapse
- Lack of Knowledge
- Failure to communicate"

**Source:** American College of Obstetrics and Gynaecologists – August 2012



# Do barcodes and scanners suffer from any of the causes listed?





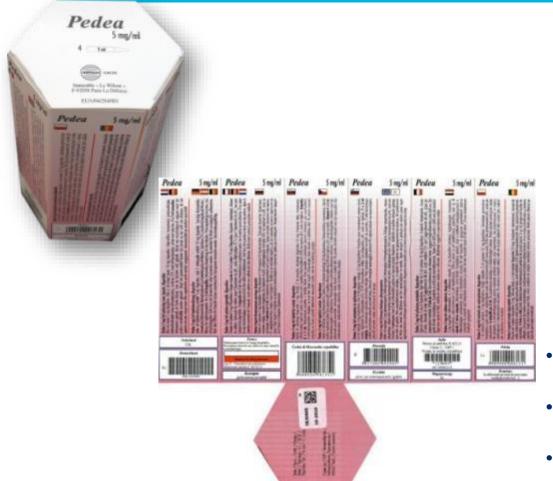
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#### But we also don't want this!







- Multiple bar codes on one package which one to scan?
- Different types of bar codes inconsistency; incompatibility
- No bar code need to bar code; repackage; re-label



### How can standards help?



GS1 standards enable identification, automatic data capture and with that traceability across borders

Identify and mark the product once with a globally unique number and barcode...

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### New McKinsey & Company report quantifies supply chain issues in Healthcare





New McKinsey report "Strength in unity: The promise of global standards in healthcare"

Highlights the **cost savings and patient safety** benefits of adopting a **single global supply chain standard in healthcare** 

Available at:

http://www.gs1.org/healthcare/mckinsey

Source: http://www.mckinsey.com



# Huge cost savings and patient safety benefits when adopting a single global standard in healthcare



"Implementing **global standards** across the entire healthcare supply chain **could save 22,000-43,000 lives** and avert 0.7 million to 1.4 million patient disabilities"

"Rolling out such standards-based systems globally could prevent tens of millions of dollars' worth of counterfeit drugs from entering the legitimate supply chain"

[We] "estimate that healthcare cost could be reduced by \$40 billion-\$100 billion globally" from the implementation of global standards

"Adopting a single set of global standards will cost significantly less than two" (between 10-25% less cost to stakeholders)



### Our speakers... learn from those who have implemented



- Feargal Mc Groarty, National Haemophilia System Project Manager, St. James's Hospital, Ireland
- Georges Nicolaos, Chief Pharmacist and President of the Hospital Medicine Commission, Groupe Hospitalier de l'Est Francilien, Hospital of Coulommiers
- Pascal Bonnabry, Chief Pharmacist, University Hospitals Geneva

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### Questions and discussion



