

The Global Language of Business

Patient safety around the globe

33rd Global GS1 Healthcare Conference <u>Bogotá, C</u>olombia

April 10, 2018

Jean-Michel Descoutures, Hospital Pharmacist Centre Hospitalier Victor Dupouy, Argenteuil, France, IHF Tony Scanio, Director Data Management and Business Intelligence, Christus Health, US Feargal Mc Groarty, National Haemophilia System Project Manager, St. James's Hospital, Dublin, Ireland Mrs Hennie Mulder, Registered Nurse (OR nurse), Maxima Medical Centre, Eindhoven/Veldhoven, the Netherlands



The Global Language of Business

Patient safety around the globe

33rd Global GS1 Healthcare Conference Bogotá, Colombia

Jean-Michel Descoutures, chair, Hospital Pharmacist Centre Hospitalier Victor Dupouy, Argenteuil, France, IHF

April 10th, 2018





- Medical devices: serious adverse events in US trippled from 2008 to 2011 (18 000 to 55 000): pacemaker and defibrillator pulse generators, pacemaker and defibrillator electrodes, hip implants ... (*1)
- Medication errors: 10 20 % of in-patient admissions in US and UK. Higher rate in developing countries. Globally 50-100 million (*2)

(*1) MAUDE Data Base(*2) McKinsey Report, October 2012







• Incidence rate of preventable adverse drug events:

2 – 7 % of hospital admissions in developed countries (*2)

- > 13 % in developing nations (*3)
- \rightarrow Thousands of patient deaths and millions of short and long term disabilities every year (*2)
- Associated potential healthcare costs : 18-155 billion dollars (*2)

(*2) McKinsey Report, October 2012(*3) WHO paper (Benkirane and al, 2009)







- 1 in 10 medications in low and middle income countries are substandard or falsified (*3)
- The international trade in false medicines is estimated to harm hundreds of thousands of people every year (*3)
- 700 000 deaths per year due to falsified antituberculosis and antimalarial drugs (*4)

(*3) WHO Report, 2017 (*4) OECD, 2013





The « six rights »

• **Right patient** Verification of the patient's identity

Right medication

Does the medication label match the order ?

Right dose Confirmed against the prescription











-2-



Right time

Right time

Does the administration time match the order ?

Right route

Does the route match the order? Can the medication be crushed or mixed in other substances ?

Right documentation

Document immediately after the medication is administered \rightarrow medical record





Be sure the patient does not receive a counterfeit health product

- Drug Supply Chain Security Act (DSCSA): US
- Falsified Medicines Directive and the delegated act on the safety features (EU) → unique identifier (serialization) + anti tampering device on the secondary packaging
- Unique Device Identifier for medical devices in US & in Europe → improves traceability, prevents counterfeit and falsification



The use of global identifiers, a major opportunity for improving safety



Standardised identification

Automated tracking of health care products

\rightarrow From factory to bedside

Adopting a single set of global identifiers:

- will bring higher safety
- and costs significantly less than two or more

McKinsey, October 2012



The different needs to start to reduce medical products errors -1-



- A globally standardised product identification with a barcode (or datamatrix) on secondary packaging carrying:
 - article identification
 - batch number
 - expiry date
 - serial number

GTIN:	(01) 07046261398572	KANNA
Batch:	(10) TEST5632	
Expiry:	(17) 130331	1.1.1.1
S/N:	(21) 19067811811	59272

 A pure added value: product identification with a barcode (datamatrix) on the **primary packaging** (unit dose) to enable bedside scanning → linked to a database containing the medication



The different needs to start to reduce medical products errors -2-



- Scanners to read barcoding
- Wrist band bearing barcode linked to the patient's EHR
- A barcode identifier of the staff
- A location number
- IT: software and systems







11



Barcode verification is used as part of the medication and medical device processes in hospitals









- = The added value of barcode verification on patient safety \rightarrow pre-tests and post-tests
- Evaluation of the reduction of errors at the different steps of the whole process
- 50% reduction in medication errors causing potential harm to patients -Dutch studies: Poon 2010, Hassink 2012
- Savings in terms of patient safety: reduction in hospital admission, in length of stay,...
- Savings in terms of logistics: reduction in waste, inventory levels, recalls ...



13







- Hospitals apply barcoding to their medical products
 → repackaging = cost + risk of errors
- Major problem → solution for medications : automated barcoding by the unit dose dispensing robot (Center for specialised Pharmacy, Nijs, 2014)
- Wholesalers apply barcoding at the primary packaging level
- Manufacturers carry the process

Bar coding medicines to the single unit EAHP Statement, up-date 25.01.2018







- Purchase of relevant scanners
- Software and systems
- Training of staff
- Maintenance of the whole system

In the end measure the Return on Investment



Bottom-up or Top-down approaches? -1



- 1. Bottom-up strategy:
- Be persuasive and clearly outline the goals
- Start small and simple with a ward, an operating theater, ... to implement the barcoding application
- Use metrics to analyse the tangible results
- Analyse the implementation challenges
- After the pilot period, extension to other wards, other parts of the hospital, the on-going program



16



- 2. Top-down strategy:
- The health authorities want to:
 - Prevent harm and mortality
 - Protect patient from substandard and defective products
 - Protect patient from counterfeit health products
 - Increase patient safety in a word
 - The health authorities want to reduce costs in hospitals
- Consequence: the use of global standardised identifiers becomes mandatory



17

Panel Patient safety around the globe





Chair: Jean-Michel Descoutures





Feargal McGroarty: The benefits GS1 standards bring to healthcare providers in the delivery of care, and ultimately to patients



Hennie Mulder: The experience: an OR-nurse scanning medical devices





The Global Language of Business

Using Product Data to Protect Patients

33rd Global GS1 Healthcare Conference Bogotá, Colombia

Mr Tony Scanio, Director Data Management and Business Intelligence, Christus Health, US

April 10th, 2018



USING PRODUCT DATA TO PROTECT PATIENTS

TONY SCANIO DIRECTOR, DATA MANAGEMENT & BUSINESS INTELLIGENCE CHRISTUS HEALTH



Top Leading Causes of Death in US (2015)

Cause	Annual Deaths
Heart Disease	633,842
Cancer	595,930
Chronic Lower Respiratory Diseases	155,041
Accidents (unintentional injuries)	146,571
Stroke	140,323

Source: https://www.cdc.gov/nchs/data/hus/hus16.pdf#019



Top Leading Causes of Death in US (2015)

Cause	Annual Deaths
Heart Disease	633,842
Cancer	595,930
MEDICAL MISTAKES	180,000
Chronic Lower Respiratory Diseases	155,041
Accidents (unintentional injuries)	146,571
Stroke	140,323

Source: https://www.cdc.gov/nchs/data/hus/hus16.pdf#019

https://www.npr.org/sections/health-shots/2013/09/20/224507654/how-many-die-from-medical-mistakes-in-u-s-hospitals



Top Leading Causes of Death in US (2015)

CBS/AP / December 4, 2014, 6:11 PM

Hospital medication error kills patient in Oregon

Nurse Gives Patient Paralytic Instead of Antacid

By CHRISTINA CARON Nov. 21, 2011

10-fold Dose Error Transferred with Patient, Death Results Crico Protecting Providers.

By Tara Beuoy, RN





CHRISTUS Health

600 centers
45,000 employees
15,000 physicians
3 Sponsoring Congregations





Health.

CHRISTUS





— SAN ANTONIO





Country: Chile

2 Hospitals, Medical Centers, Family Health Centers, Central Lab

Beds: 550+

Primary Business Partner: Manufacturers





Country: Colombia

2 Hospitals, 80+ Ambulatory Centers, Home Health Care

Beds: 280

Primary Business Partner: Manufacturers and Distributors





Country: Mexico

9 Hospitals in 5 Cities,Clinics, Medical Centers,Oncology Center,Ambulance Services

Beds: 675+

Primary Business Partner: Distributors















The Importance of Communication in Ordering

#5 Ordered A Coffee With Bailey's









Prevent Incorrect Product Usage



High Risk



Look-Alike, Sound-Alike





Dr.

S 17/2":

1+++22











CHRISTUS International Implementation Roadmap




Closing Story – The Great Baltimore Fire of 1904



Source: http://ws680.nist.gov/publication/get_pdf.cfm?pub_id=861321





The Global Language of Business

Patient Safety around the Globe

The benefits GS1 standards bring to healthcare providers in the delivery of care, and ultimately to patients

Mr Feargal Mc Groarty, National Haemophilia System Project Manager, St. James's Hospital, Dublin, Ireland

33rd Global GS1 Healthcare Conference, Bogotá, Colombia

April 2018

ST. JAMES'S







SI

Irish Links with Colombia

• Irish soldiers fought in Colombia during the War of Independence with Spain in 1816-1822







Other facts that show close relationship between Colombia and Ireland!

- National sport Tejo combines gunpowder and beer
- More rainfall than anywhere else (The isolated Pacific coast, known as the Choco)
- Peace agreement ended 50 years of armed conflict
- Christmas lasts for a whole month
- It's Colombia, not Columbia
- Men on the coast *really* like donkeys...... (Caribbean coast and the costeños)





Healthcare in Colombia

- The first graduated medical doctor, Alvaro de Aunón came to New Granada from Seville Spain, in 1597 and stayed for a short time. The first drug-store in Colombia was opened at the same time, in the main square of Bogotá.
- As of October 1, 2014, there were 3,620 health establishments in Colombia, including hospitals, clinics and ambulance services. Private healthcare establishments account for 57% of all establishments within the country.





Where Colombia ranks

World Health O	rganization Ranking; Th	e World's Health Systems
1 France	65 Uruguay	128 Guyana
2 Italy	66 Hungary	129 Peru
3 San Marino	67 Trinidad and Tobago	130 Russia
4 Andorra	68 Saint Lucia	131 Honduras
5 Malta	69 Belize	132 Burkina Faso
6 Singapore	70 Turkey	133 Sao Tome and Principe
7 Spain	71 Nicaragua	134 Sudan 🌔
8 Oman	72 Belarus	135 Ghana
9 Austria	73 Lithuania	136 Tuvalu
10 Japan	74 Saint Vincent and the Grenadines	137 Ivory Coast
11 Norway	75 Argentina	138 Haiti
12 Portugal	76 Sri Lanka	139 Gabon
13 Monaco	77 Estonia	140 Kenya
14 Greece	78 Guatemala	141 Marshall Islands
15 Iceland	79 Ukraine	142 Kiribati
16 Luxembourg	80 Solomon Islands	143 Burundi
17 Netherlands	81 Algeria	144 China
18 United Kingdom	82 Palau	145 Mongolia
19 Ireland	83 Jordan	146 Gambia
20 Switzerland	84 Mauritius	147 Maldives
21 Belgium	85 Grenada	148 Papua New Guinea
22 Colombia	86 Antigua and Barbuda	149 Uganda
23 Sweden	87 Libya	150 Nepal
24 Cyprus	88 Bangladesh	151 Kyrgystan
25 Germany	89 Macedonia	152 Togo
26 Saudi Arabia	90 Bosnia-Herzegovina	153 Turkmenistan
27 United Arab Emirates	91 Lebanon	154 Tajikistan
28 Israel	92 Indonesia	155 Zimbabwe



-Th



This is the challenge!





æ.

How do we break these barriers?



Noel Burch 1970

-Th





Using GS1 standard at St. James's Hospital













Business Process Innovation/improving patient care: Implementing GS1 Standards

			GO!		1234
2003/4	2011	2012	2014	2017	FUTURE
Haemophilia Frack and Trace project commenced 3S1 Datamatrix SAP Installed (EPR & GUI)	First hospital to pilot the Surgical Instrument track and trace programme using GS1 Standards	eProcurement project (Standardised coding, data and messaging) GTIN GLN GS1 XML 3.0	 > 1st Sep 2014 First Supplier to GoLive > Communicat ions and meetings with Top 50 Suppliers 	 Scan for Surgery Go Live RFID tracking of Precious samples (Live) <u>Next Projects:</u> Rollout of Scan for Surgery, RFID tracking of patients, staff, assets 	 Full Traceability to EHR (roll out of scan for surgery) Working towards implementation of eProcurement with all Suppliers Target to be first hospital fully compliant to GS1 Standards



<u>_</u>

Traceability at St James's Hospital enabled by GS1 Standards



Track and Trace in the Hospital Real time visibility of what happened Right product, right place, right person

>Linked to the right procedure, Real-time, accurate data from the point of care!





On-going Projects





Automatic tracking (RFID)

<u>_</u>







SJH Healthcare Campus

Haemophilia T&T



....implementing GS1 standards across the hospital campus Supported by Regulation for medical devices and pharma



Haemophilia Project

- A hereditary bleeding disorder caused by a deficiency of protein called a clotting factor
- Characterised by excessive bleeding, even after minor injury
- Very expensive medication: approximately 200 patients with severe form need this medication
- Patients self-medicate in the home to help prevent bleeding emergencies





Crisis: our service needed to change

- Infection of patients with Hepatitis C and HIV (late 1970's 1985) due to contaminated blood products
- Infected products remained in the supply chain after recall, leading to subsequent infection
- Over 100 patients suffering from haemophilia died

Corrective action after government investigation:

Improve communication between treatment centres

Blood products supplied to persons with haemophilia should be of the highest standard and of the safest nature that are available



Identify





(01) 20887511007364 (17) 150331 (10) A1B2C3D4E5 (21) 123456789

Product Name(GTIN)

Expiry Date

Batch/lot Number

Serial Number





Smartphones with scanning App

Barcode on Vial box is scanned to check

- Product detail (prescription)
- Expiry date
- Recall status
- Shorter dated stock



Back	mpro5Hy	7 & 83%
Dack	Confirmed 4/8	Next 🖌
	Jonny Wilko	
All scanned p choice:	roducts are your pr	oduct of
Advate		
All scanned p Today is 07/0	roducts are in date: 02/2017	
Retros	spective Treatme	ent





Share...integrated care

SHARE

-Th

e Workup Assessments Manage Tx View System Admin Window Help Summary Har Notes For Steet Event Event For Steet Event Event For Steet Event Event <t< th=""><th>Clintech Manager</th><th></th><th></th></t<>	Clintech Manager		
Image Have Nos His His <t< td=""><td>Workup Assessments Manage Tx View System Admin Wi</td><td>indow Help</td><td></td></t<>	Workup Assessments Manage Tx View System Admin Wi	indow Help	
Patient History - Test, One (Closed) *** NOT AN ACTUAL PATIENT *** Image: Comments Test in Infection Control in Chief Complaint / HPI Clinical Archive Diagnoses / Problems in Questionnaires in Comments Test in Infection Control in Chief Complaint / HPI Clinical Archive Procedure/Surgical Medical Cynecology Obstetrics Family in Social Allergies/Adv. Reactions in Medications in	H× 哈 目 ゆ ディー・ア・マーム ammary History Notes Flow Sheet Chart Exam Tx Options	Rx Drug Admin Prov Appr Reports BT Orders Edit Bleeding	
Diagnoses / Problems Questionnaires Comments Tests Infection Control Chief Complaint / HPI Clinical Archive Procedure/Surgical Medical Gynecology Obstetrics Family Social Allergies/Adv. Reactions Medications Venous Access Treatment History Infection Control Allergies/Adv. Reactions Medications Treatment of choice Regime Type BeneFix Major Bleed/Surgery Dostrran 1 Major Bleed/Surgery Major Bleed/Surgery To Tx Date 22/01/2013 Search Tx To Tx Date 22/01/2014 Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Destran 1 Major Bleed/Surgery Major Bleed/Surgery For Tx Date 22/01/2014 Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Search Tx Search Tx Search Tx To Tx Date 22/01/2014 Image: Search Tx Search Tx Search Tx Search Tx To Tx Date 22/01/2014 Image: Search Tx Search Tx Search Tx Search Tx To Tx Date 21/01/2014 Image: Search Tx	Patient History - Test, One (Closed) *** NOT AN ACTUAL PA	ATIENT ***	_ 🗆 🗙
Procedure/Surgical Medical Gynecology Obstetrics Family Social Allergies/Adv. Reactions Medications Venous Access Treatment History Image: Search Tx Image: Search Tx Image: Search Tx Image: Search Tx Search Tx BeneFix Major Bleed/Surgery Doxtran 1 Major Bleed/Surgery Image: Search Tx Search Tx Doxtran 1 Major Bleed/Surgery Image: Search Tx Image: Search Tx Image: Search Tx Image: Search Tx Image: Search Tx Major Bleed/Surgery Image: Search Tx Image: Search Tx <td< td=""><td>iagnoses / Problems 🗎 Questionnaires 🖹 Comments 🛛 Tests</td><td>Infection Control Chief Complaint / HPI Clinical Archive</td><td>1</td></td<>	iagnoses / Problems 🗎 Questionnaires 🖹 Comments 🛛 Tests	Infection Control Chief Complaint / HPI Clinical Archive	1
Venous Access Ireatment History Ireatment Regime : BeneFix reatment of choice Regime Type BeneFix Major Bleed/Surgery Dextran 1 Major Bleed/Surgery Dextran 1 Major Bleed/Surgery Print All Close	Procedure/Surgical Medical Gynecology Obstetrics	Family 🗋 Social Allergies/Adv. Reactions 🗎 Medications 🗎	
Treatment Regime : BeneFix Treatment of choice Regime Type BeneFix Major Bleed/Surgery Dextran 1 Major Bleed/Surgery Treatment of Choice Search Tx Treatment of Choice Regime Type Dextran 1 Major Bleed/Surgery Dextran 1 Major Bleed/Surgery Dextran 1 Major Bleed/Surgery Dextra 1 Dextra 1 Dextra 2 Dextra 2 Dextra 2 Dextra 2 Dextra 3 Dextra 3 Dextra 4 Dextra 4 Dextra 4 Dextra 4	enous Access 📄 Treatment History		
reatment of choice Regime Type BeneFix Major Bleed/Surgery Dextran 1 Major Bleed/Surgery To Tx Date 22/01/2013 Image: Transform Type Bleed/Surgery Search Tx To Tx Date 22/01/2014 Image: Print All Close	eatment Regime : BeneFix	TOF ATMENT OF ADOLL	
BeneFix Major Bleed/Surgery bextran 1 Major Bleed/Surgery To Tx Date 22/01/2014 Image: Search Tx Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Image: Search Tx Image: Search Tx Image: Search Tx To Tx Date 22/01/2014 Image: Search Tx Image: Search Tx Image: Sea	eatment of choice Regime Type	IREATMENT SEARCH	
Pextran 1 Major Bleed/Surgery To Tx Date: 22/01/2014	eneFix Major Bleed/Surgery	From Tx Date 22/01/2013 Search Tx	
Print All Close	extran 1 Major Bleed/Surgery	To Tx Date: 22/01/2014	
Print All Close			
Print All Close			_
Print All Close			
Print All Close			. 1
		Print All C	lose
ent History Mr. Feargal NCHCD V Jan 22, 2014 14:00			

Hospital Sterile Services Unit





-Th

Overview of the number of procedures year on year in SJH HSSU



IOSPITAL

Track and Trace Solution





Loan set – Example

Not GS1 Coded



- 30 loan sets
- 60 reprocesses
- Huge paper trail
- Manual tracking
- Very time consuming
- Manual rekeying and transcription of data

Hours

GS1 Coded



- 4 loan sets
- 8 reprocesses
- Huge paper saving
- Electronic tracking
- Very time efficient
- Unique identification of set (GS1 barcode)





SJH HSSU during 1 week in Feb 2015



VS

SJH and RFID – What was the hospital requirement?

Traceability based on standards so solution would be future proofed and scalable:

- ✓ Vulnerable patients
 - ✓ High-risk if patient wanders
- ✓ Precious samples (eg: Biopsy taken in theatre)
 - ✓ Paper based traceability
 - ✓ Samples can go missing
 - ✓ Impacts patient safety
 - \checkmark Risk for the hospital





ST. JAMES

The Solution: Automatic tracking of Vulnerable Patients using RFID



Hospital tracking system

Automatic tracking of the vulnerable patients using RFID and unique identifiers							
	Time	What	Who	Where			
Patient located in Ward 1	14:00	Bed (GIAI)	Patient (GSRN)	in Ward 1 (GLN)			
Patient goes out of Door in Ward 1 and enters communal area at end of Corridor	14:30	Wheelchair (GIAI)	Patient (GSRN)	Leave Ward 1 (GLN) Arrival Communal area (GLN)			
Patient leaves communal area but mistakenly exits the vulnerable patient unit ACTION - Alarm sounds and nurse is alerted	14:45	Wheelchair (GIAI)	Patient (GSRN)	Leave Communal area (GLN) Arrive Exit Door to vulnerable Patient Unit (GLN)			
Patient returns to Ward 1 and prevented from existing the unit	14:55	Wheelchair (GIAI)	Patient (GSRN)	Leave Exit door (GLN) Arrival Ward (GLN)			



The Solution: Automatic tracking of Precious Samples using RFID



Hospital tracking system

Automatic tracking of the precious sample from theatre to central pathology laboratory using RFID and unique identifiers

	Time	What	Who	Where
Sample tagged by theatre staff and placed in basket for collection	10:05	Precious Sample (SSCC)	Theatre Staff (GSRN)	Theatre (GLN)
Sample picked up by porter	10:15	Precious Sample (SSCC)	Hospital Porter (GSRN)	Theatre collection area (GLN)
Porter passes through main entrance with the sample	10:22	Precious Sample (SSCC)	Hospital Porter (GSRN)	Hospital main entrance (GLN)
Porter hands over sample to laboratory reception	10:31	Precious Sample (SSCC)	Hospital Porter (GSRN)	Central Pathology Laboratory (GLN)

If sample doesn't arrive within a set time period an alert is sent for action should a sample be missing



Evolution of Supply Chain and Procurement at St James's Hospital



1985 - 1995

- Manual Paper Purchase
 Orders.
- Price Takers
- Reactive practices
- Poor Quality information
- Pre-PC era
- Move to purpose built Warehouse



1995 – 2003

- Hospital wide computerisation project
- Supplies Department computerised in 1995
- Mainly purchasing and stock control
- Coding and classification system based on NSV



2004 - 2014

- Implementation of SAP, 2004.
- Standard business processes adopted
- Internal Supply Chain integration
- Wireless Kanban
- Supply Chain Management viewed as
 - a strategic support.
- High outputs of reliable, accurate data.
- Started to incorporate GTIN Identifiers
- EDI Messaging



2016 – Future GS1 Standards Enabler for:

- Standardised Coding for all supply chain partners
- Full E-Procurement
 (EDI)
- Full track and Trace to Patient Episode

Standardisation = Interoperability

Passive

Supportive



e - Procurement Problem

- Lack of standardised product identification (and unit of measure)
- Lack of standardised location identification
- Multiple product catalogues
- Inaccurate and inefficient procurement practices

Solution

- Use GS1 Global Trade Identification Number (GTIN) *Barcode*
- Use GS1 Global Location number (GLN)
 - Who we are
 - Who you are
 - Where to deliver
- Single Product Catalogue (NPC)
- Automated messaging using EDI that incorporate standard identifiers (**GTIN, GLN**)
- Purchase Order (Starting point)
 - Advance Shipping Notice
 - Receiving Advice Notice
 - Invoice







æ.

Scan for Surgery



Operational Efficiency

- Automation of product supply chain processes for nursing
- Make additional time available for patient centric activities
- Managed minimum inventory levels

Patient Safety

- Product Traceability to individual patients
- Product Expiry Identification

Patient Level Cost Analytics

- Increased visibility of real-time patient and procedure level costs
- Improved data analytics for decision making





Operational Efficiency

Before

- 20 hours per week to check and reorder stock (and other stock activities)
- Over-qualified role doing non-value added activities
- ? Time for patient care



Mary O'Brien Assistant Director of Nursing

After

- 2 hours per week on supply chain activities
- More time for patient care !!





Operational Efficiency



<u>_</u>

Cost Analytics



SH

Patient Safety

DEVICE RECALL



3,516 Irish had recalled hip device fitted



CNN Hacking risk lea

Hacking risk leads to recall of 500,000 pacemakers due to patient death fears

FDA overseeing crucial firmware update in US to patch security holes and prevent hijacking of pacemakers implanted in half a million people



THE IRISH TIMES

'I trusted that I would be fitted with a safe implant. That's not what I got'

@ Sat, Jan 28, 2012, 00:00

Up to 1,500 women in Ireland have breast implants made by the French firm PIP. Three of them tell **PETER McGUIRE** of the

worry, frustration and embarrassment they have experienced since problems with the implants were exposed

PATIENT IDENTIFICATION PROCESS

Traditional



Scan for Surgery

Qlik[®] Sense



SI

SJH Whitepapers, Case studies, posters, in the news

Bar coding on pharmaceutical packaging cuts costs and improves patient safety	The Global ampundo of Business	Delivering word-class Delivering word-class NealEncember by taking of NealEncember by taking of NealEncember Sectors and the sectors	patient satesty and efficiency in mark and the sate of the satest the satest sate	ospidéal NAOMH SéAMAS ST. JAMES'S HOSPITAL St James's Hospital: leading		
<text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text>	Case Study eProcurement at St James's Hospital, Dublin Desting worldsclass patient safety and efficiency in heathcare by taking page and cost out of procurement		Original Structure St	<text><text><text><image/><text><text><text><text></text></text></text></text></text></text></text>	para Healthcare provider implementation St. James's Hosp global innovation hospital wide ap GS1 standards	Dital - leading n in healthcare - a proach to adopting
<section-header><section-header><section-header><text><text><text><text><text><text></text></text></text></text></text></text></section-header></section-header></section-header>	ST LAMES Destination	CEVERSE EXCERNING CEVERSE C		Stately and afficancy. These acogrammes labor on the state is the state	St. James's Hospital continues to lead the up programme and the introduction of the aut Both projects make use of GS1 standards- safety and efficiency. These programmes for projects carried out at the Dublin hospital.	ray by establishing the Scan for Surgery omatic tracking of precious tissue samples. ased technology to deliver improved patient iflow on from other globally recognised exemplar By Vincent Callen and John Cotter Building a digital hospital In 2015, the hospital introduced the automatic
<text></text>	<section-header></section-header>	ent Safety and cy in Irish Healthcare	<text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text>	which the boys samp GS1 HMC RHO bechange is task the action of towards for horizon. The installation is in that phase is and towards the horizon of the state of the state of the carcus to both of where samples, samels, gather and percent in the data. In all Actions States and the states of the states the states of the states of the states of the states of the states of the states of the states of the states of the states the states of the states of the states of the states of the states of the states of the states of the states of the states the states of the states of the states of the states of the states the states of the states of the states of the states of the states the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of spates of regression of the states of the states of the states of spates of regression of the states of the states of the states of the states of the states of the states of the states of the states of the states of spates of regression of the states of the	the implementation of national programmes that is tack and there technology to support teatment and in thereination a evices of or opti- restrument and indiscoper. These solutions have proven that the use of global GSI standard individual solution of the solution of the solution of the proven that the use of global GSI standard individual solution of the solution of the solution of the solution of product devices the herbitrare supply chain. In reserve types, IL James's the uses moders because and products the solution of the solution of the solution of the solution of the solution of the solution. The message use the GSI blobal mode them humber (CTM) and GBI blobal mode them humber (CTM) and GBI of messages and replacing paper-based system	tracking of laboratory samples from theater to laboratory using FIIO (Red) requestory to laboratory using FIIO (Red) requestory tracked through the hospital to the laboratory. If the sample depart and porter are automatically tracked through the hospital to the laboratory. If the sample depart and within a specified corrective action to blen. Drive to this, the tracking of samples was completely percentised with the samples were departed by the sample to the or with no stability or assumed that the samples were completely percentised and to particular the non-tability or assumed that the samples were departed by the samples were than the non-tability or assumed that the samples were departed by the samples of the samples of the passive samples for the samples were the samples of the samples of the samples of the passive samples and to particular the samples of the the samples of the
SJA	And the second s		unversarial disciplion transmit and project tigat. The expect in that disc source that use all papers in PFD torch august instead in 2011. However, the proved to be a com- mutation. In 2014, the insteadul or longin testing: Databased to be approximated to be the as a hetery of according to those iterations. A configure testing: Databased to there is a source of the second testing and according to their iteration. A configure testing and according to their iteration. A configure testing and according to their iteration. A configure testing and according to their iteration between the typeCMedical in activates. When 1 conners to what is inferred to an "protoco complete testing".	stop using appointacy subverge for medical device implants in the (Ir solution and was net accased to be differ products on items in the ad paravise of PDD system The data does used to locate and therity InterChronoge with instancing oblogs and persons analysis. Institution (Californian Californian Californian Californian Californian memory the conservation of the topptarts does not analysis. Institution (Californian Californian Californian Californian Californian institution Californian Californian Californian Californian schwarz solution and the topptarts doesing patient nanagement at the networks of a patient's tosaue must be closely workhowd in	ST.	IAMES'S

Thank you for listening!



fmcgroarty@stjames.ie




Anyone for a game of Tejo???









The experience: an OR-nurse scanning medical devices

33rd Global GS1 Healthcare Conference Bogotá, Colombia

Mrs Hennie Mulder, Registered Nurse (OR nurse), Maxima Medical Centre, Eindhoven/Veldhoven the Netherlands

April 10th, 2018







Maxima Medical Centre and Ministry of Defense No conflict with any commercial interest



The Global Language of Business





1. Use your mobile phone and go to www.kahoot.it 2. Fill out the GAME PIN on your screen 3. Answer the questions





The story of Mrs A

Mrs A, 75 old and married to Mr A. Mr A is 10 years older and he 'is not in optimal shape'. They like to spend their time cycling, hiking and enjoying their grandchildren

Since some time quite some pain in her right knee impairs Mrs A while cycling and hiking, which diminishes her joy and freedom of movement.

Her GP sent her to the orthopedist, who diagnoses her with severe arthrosis and advises her to have a knee replacement procedure in the nearby hospital.



The surgical procedure is scheduled

The orthopedist orders the needed material

Mrs A organises someone to take care of her husband while she'll be in hospital



Old situation











Old situation





encounty.	- Marine Ma			
locatie:	Eindhoven Veldhoven			
*aanvraagcode:	2406B			
tel.nr.:	•			
afwijkend afleveradre	s: 🗆 Ja 🗆 Nee			
ndien ia bestemmino	scode of ruimtenr:			
bij meubels altijd invu	illen)	Chargen and the		Property almost
artikelnummer MMC	*artikelomschrijving	*bestel eenheid (BE)	*aantal (BE)	leverancier
The second second	States and a straight and	1.1		
	STATION STATITO DERIMATA	7 1	05	
	SITT ROOD OTHER FOR			
	LUMOCOLOM			
	PALS ART 51100330 MAAR DA.	L	1	
	80)		1	
	,			
	State state state shares and			
				1
		and the spectrum		1
erheden:				
A The last the barry of				
t in te vullen veld	den (aanvraag wordt anders niet in behandeling genomen)			wit
				gee
			Constanting	



New situation







Need for agreements!









Dutch Agreements on unique coding of medical devices supported by industry, healthcare providers and the ministry of health (ADC)







National implant registry

• Barcode scanning of medical devices

Facilitates the work of the OR nurse

&

- Traceability within the hospitals
- Direct uploading in implant registry
- (Global) product traceability







So









Patient Safety around the globe

33rd Global GS1 Healthcare Conference Bogotá, Colombia

Wrap up

April 10, 2018





Patient Safety around the globe: Wrap up



GS1 is an enabler for assuring the patient rights in healthcare

Regulation support GS1 standards / identifiers as a driver to be sure the patient does not receive a counterfeit health product

Bottom-up (added value) in combination with topdown (regulation) is needed for success



GS1 in the supply chain and correct product data: support quality & safety, efficiency & cost containment

A vision, a plan, a roadmap and global sharing facilitates good implementations





Patient Safety around the globe

33rd Global GS1 Healthcare Conference Bogotá, Colombia

Panel discussion

April 10, 2018





Thank you very much for your attention

Muchas gracias por su interes

