Agenda

• Arrival and lunch buffet 15 min
• Introduction: Janice Kite, Traceability Director, GS1 GO 20 min
• What is preventing Hospitals implementing GS1 Standards? 30 min
  • Experiences from C.H.I. Robert Ballanger Hospital (France):
    Frederique Fremont
• Open Q&A, Discussion 45 min
• Call to Action > Position Papers 10 min
Introduction

Janice Kite
Traceability Director Healthcare
GS1 Global Office
HPAC – Who?

Tri-Chairs – Clinical
• Feargal Mc Groarty FIBMS, Project Manager, IMS Dept, St. James’s Hospital, Dublin, Ireland

Tri-Chairs – Non-Clinical
• OPEN

Tri-Chairs – GS1 Member Organisation (MO)
• Doris Nessim, Vice President Pharmacy, Patient Safety & eHealth, GS1 Canada

GS1 Facilitator
• Janice Kite MBA, Traceability Director Healthcare, GS1 Global Office
Company/Organisation
Medico-Technical Department manager and Organisation Engineer with Hospital:
C.H.I Robert Ballanger, Aulnay-sous-Bois, France

Relevant knowledge
• Joined Robert Ballanger in 2006 after working as project director in L.F.B (plasma-derived medicinal products and "biotech" products)
• 10 years in healthcare consulting. Senior manager in Ernst & Young Healthcare department responsible for creating and developing the non medical process optimization (pharmacy, radiology, laboratory departments, surgery rooms, out-patient clinics, emergency wards,…), supply chain management and information technology development
• Graduated from ESSEC in 1990 with a specialization in supply chain management.
• Member of Cologh (Hospital group member of the French Logistic Association) and of the French Healthcare Steering Committee
HPAC Objectives

**Objective:**
- Be a forum for sharing and discussing the practical realities of implementation of GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction
- To identify projects that support the adoption of GS1 Standards in Healthcare institutions and retail pharmacies
- To identify best practices and case studies for publication, presentation and sharing
- Be a source of expertise and provide feedback and advice to those involved in GS1 standards development, the wider Healthcare stakeholder community and senior executives/decision-makers to gain their buy-in and support for implementation of GS1 Standards

**Scope:**
- The Advisory Council will consist of thought leaders and early adopters of GS1 Healthcare Standards from the global clinical provider environment (e.g. hospitals, retail and hospital pharmacies, clinics, care homes etc.).
HPAC achievements since Dec 2010?

✓ Objective: Be a forum for sharing and discussing the practical realities of implementation of GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction

1. Lack of awareness in provider environment (Particularly C-Suite)
   ✓ Create C-Suite Slide Deck
     http://community.gs1.org/apps/org/workgroup/gs1hpac/download.php/52286/latest

2. 11 Pain Points (aka Implementation Realities)
Objective: Be a source of expertise and provide feedback and advice to those involved in GS1 standards development, the wider Healthcare stakeholder community and senior executives/decision-makers to gain their buy-in and support for implementation of GS1 Standards

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2. HPAC Monthly Calls
   ✓ Agenda items and on-going discussions

3. Need to do more… 2012 Survey of members
What next (now!) for HPAC?

Case Studies / Best Practices
• Best Case Study Award – Launched
  Download the Application Form here:
  http://www.gs1.org/sites/default/files/docs/healthcare/20130306%20GS1%20Healthcare%20
  Best%20Provider%20Implementation%20Case%20Study%20Application.docx

External Marketing
• Speak / Exhibit at Conferences
• Press Releases, e.g. Position Papers

Provider Communication
• Speak / Exhibit (MOs) at HC Provider focussed conferences, e.g.
  • Patient Safety; Hospital Risk Management; Clinical Safety
  • Function Conferences, e.g. Sterile Services/HSSU, Hospital Pharmacists for Hospitals, Hospital Procurement/Supply Chain
  • Accreditation organisation conferences, e.g. JCI, IHF, ISQUA
  • Healthcare Society Conferences, e.g. American Society of Pharmacists
What next (now!) for HPAC?

• Participation (in HPAC)
  • We encourage you and your colleagues to join!
• Monthly Meeting: 2\textsuperscript{nd} Tuesday of each month; 4pm GMT
  • Restructured meeting Agenda:
    • 20 minutes ‘housekeeping’
    • 50-60 minutes CENTRAL TOPIC
    • 20 minutes Any other Business (AOB)
What is preventing hospitals implementing GS1 Standards?

Experiences from:
C.H.I Robert Ballanger
Frédérique Frémont
Overview of instrument and implant traceability
Medical Devices Traceability and scanning

Project Overview

• **Who:** Intercity hospital serving a population of 400,000 persons, 670 beds
  • 450 beds in acute care (medical, surgical and maternity), 50 beds physical medicine and rehabilitation; 170 psychiatry beds
  • Outpatient clinic and pharmacy inside Villepinte detention center
  • CDG airport hospital

• **Business Issue:** Surgical Instruments, Implants and high value Medical Devices
  • Creutzfeldt-Jakob risk, the last 5 patients on which the instruments have been used must be known: Applies to hospital owned or loaned instruments
  • Implants: traceability is mandatory
  • Itemized billing to the patient (not included in the hospital bundled payment)

• **Where we started:**
  • Using GTINs for the instruments, then for all the transport containers. We thought about doing GLNs at the same time but did not due to lack of human resources

• **Where were the business benefits?**
  • Patient security:
    – Instrument and process traceability
  • Supply chain efficiency:
    – The surgical boxes are made by the sterilization operators
    – Traceability of instrument localization: sterilization unit, O.R, repair contractor, loan to other hospitals (2012)
  • Cost reduction: **ROI around 24 weeks**
    – Decrease in non-conformance and decrease of cost per box per surgical procedure
Medical Devices Traceability and scanning

Implementation Challenges

Overall challenge was ‘Change Management’ – common to all major change projects!

Specifically:

1. Convincing senior IT management to adopt GS1 Standards rather than a proprietary system, e.g.:  
   - Needed because we wanted to engrave existing instruments and buy the new ones already marked using GS1 Standards by the manufacturer  
   - We already thought of a more global implementation of traceability in the hospital and so knew we needed standards:  
     - for critical products prescribed or implanted (regulatory and sanitary traceability)  
     - for locations (logistic traceability)  
   - Knew it could be done as traceability was more efficient in the food chain than in Healthcare because of standards implementation. Supermarkets did it so why not hospitals !!!

2. Level of awareness of GS1 Standards  
   - Find a sponsor with a senior position: Head of Pharmacy and member of the Executive Committee  
   - Presentation of the possible use of standards in the hospital: find champions  
     - Audience: pharmacists, head nurses, radiology and laboratory technicians, biomedical engineer, transport and warehouse managers, laundry manager, catering manager,…  
     - Brainstorming session to detect the possible projects, prioritise them and list the prerequisites  
   - Key meeting with the Hospital CEO: become a GS1 hospital  
     - With GS1 MO  
     - Presenting a ROI (instrument traceability)  
     - Finding his pet project in all the projects we had listed
3. Technology:

- Only one engraving supplier: logistical barrier (sending instruments to be engraved took one week)
  - Encouraging a newcomer (entered the market in 2012) with laser and dot pin engraving done inside the sterilisation unit: 100% instruments engraved

- Scanners: reading of very small data matrix, and compatibility with the IT sterilization system
  - Partaking of experience with other hospitals
  - Finding new suppliers
  - Certify them with the IT providers

- Interoperability with IT process traceability
  - Length of data field not sufficient for GS1 standards
    - Ask for GS1 compatibility when choosing the software: WMS
  - Data exchange between dedicated software is difficult: Sterilisation IT ↔ Operating Theater IT ↔ EPR
  - Cannot be solved at provider level: Position paper
What Next?

• WMS implemented in Medical Devices warehouse
  – Implement in sterilization unit to manage the incoming and outgoing process
    – To and from the operating theater
    – To and from the hospital for which we are processing the instruments
  – Implement in the Operating Theater and link it with automated dispensing cabinets in the operating rooms through GS1 DataMatrix or bar code reading

• Take advantage of the necessity of complying with new financial regulations for public hospitals (account certification) to identify locations with GLN and mark our equipment
Q&A and Open Discussion
Common ‘Pain Points’ hindering implementation

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2. 11 Pain Points
   • 4 Process change management related (e.g. clinical dispensing of generic medicines; tender categories; reporting analysis; scanning meds in OR)
   • 2 Information Technology/Systems/Applications related
     – Common across the organisation; whatever systems are involved (clinical, non-clinical/admin)
   • 5 Bar code symbol related
     – No bar code symbol present
     – Poor quality bar code symbol
     – Placement of bar code symbols
     – More than one bar code symbol
     – Non-Standard bar code symbols
GS1 Healthcare Position Papers

- Interoperability of Information Technology Systems

- ...Bar Code Symbol Issues
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 or

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)

Coffee Break – 30 Minutes

Return to Plenary
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