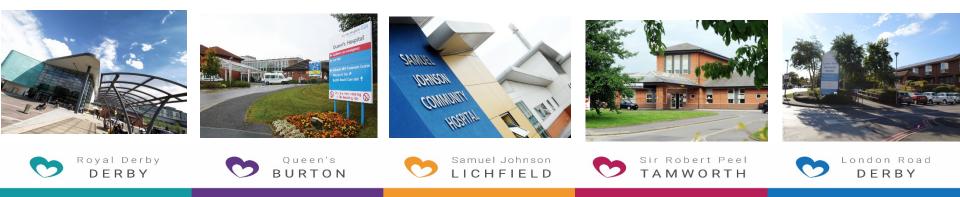


Global GS1Healthcare Conference – Noordwijk - Amsterdam "Hospitals – Standards Changing The Way To Work" Kevin Downs, Executive Director of Finance & Performance

Executive Sponsor – Scan4Safety







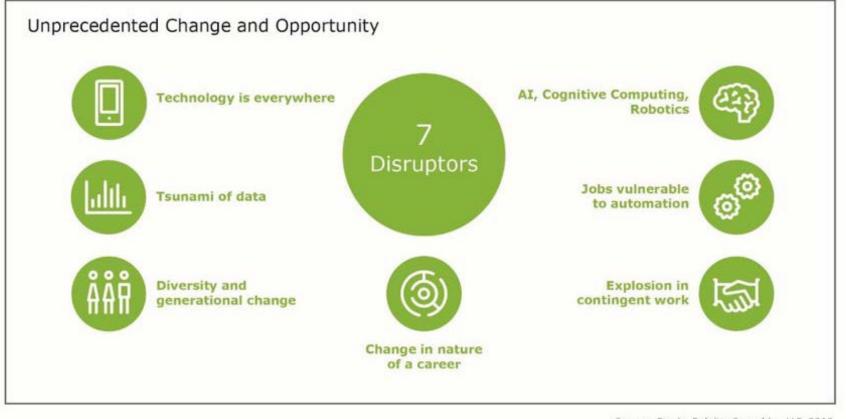
THE 7 FORCES THAT WILL CHANGE THE WAY YOU WORK

"Technological and social forces are transforming how work gets done, who does it, and even what work looks like. And while technology can make workers more productive, there will be significant turbulence as organisations grapple with the complexity and unpredictability of a changing workforce"

Samuel Johnson



Seven Key Disruptors



LICHFIELD

()

BURTON

、フ

DERBY

Source: Bersin, Deloitte Consulting LLP, 2018.

()

DERBY

TAMWORTH

The New Organisation Model

		Today		Future	
Organization Structure:		Hierarchical business functions	•	Projects, squads, teams, services	
Teams and Projects:		Teams formed slowly over time	******	Teams assemble and disband quickly	
Jobs and Roles:		Job descriptions, job levels, job titles	•	Assignments, tasks, expert roles	
Managers:	······	Managers "own" teams and people's careers		Managers manage projects and "sponsor" people	
Careers:		Jobs are "owned" by the manager and not shared		Jobs open in transparent marketplace	
Flexibility and Space:		People "assigned" jobs by management		People sought out based on skills, work on multiple projects	
Rewards:		People rewarded by level, tenure, experience	······•	People rewarded by outcomes, reputation, sponsorship	
Culture:		Inclusion, sustainability, diversity		Citizenship, collective thinking, shared values	

Source: Bersin, Deloitte Consulting LLP, 2018.



We will now hear presentations from:-

Thomas Klein,

Head of Purchasing and Logistics, University Hospital Dusseldorf, Germany

Keith Jones,

Head & Neck Surgeon, Clinical Director of Head & Neck Surgery University Hospitals of Derby and Burton NHS Foundation Trust

Henrik Stilling,

IT Architect, Aarhus University Hospital, Denmark



















"35th Global GS1 Healthcare Conference " 26th March 2019 Noordwijk-Amsterdam, the Netherlands



Hospitals – Standards changing the way to work

Thomas Klein , Head of Purchasing and Logistics, University Hospital Düsseldorf, Germany





Agenda

- 1. University Hospital Düsseldorf
- 2. Interoperability ERP/Hospital Information System
- 3. UKD "Digital" Strategy material management department
- 4. Purchasing in the process of change
- 5. Use cases
 - a. Electronic Catalog /OCI /GHX / Amazon
 - b. Scanning in hospital
 - c. elnvoice
- 6. Consequence and Decision



1. Company presentation of the UKD

The University Hospital Düsseldorf (UKD) stands for international excellence in health care, research and teaching. Nationally and internationally renowned experts guarantee modern medicine at the highest level. A particular strength lies in the interdisciplinary treatment of patients and the close integration of clinical operation and research.

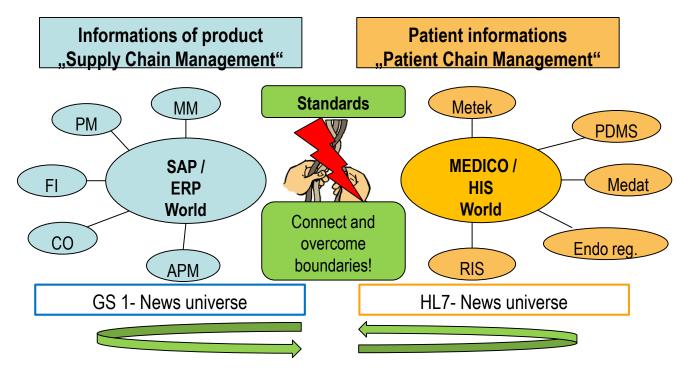
Number of employees	6.000
Number of beds	1.161
Treatments stationary	50.000
Outpatients	270.000
Clinics	29
Institute	34

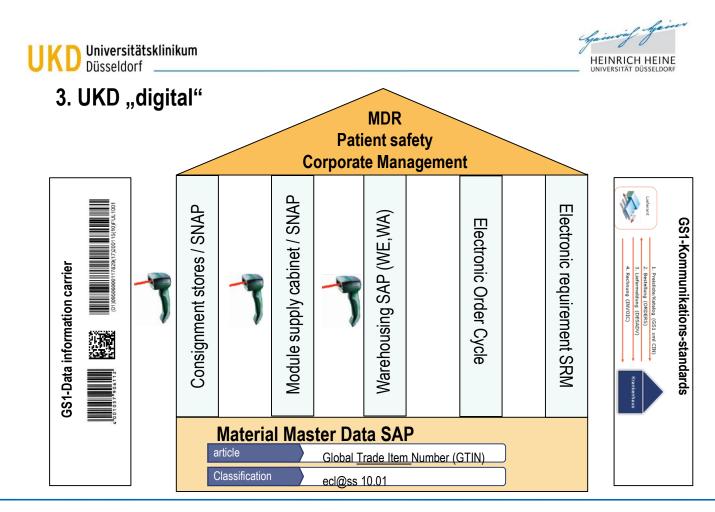






2. Interoperability ERP / HIS









4. Purchasing in the process of change

The constantly increasing demands on purchasing in the function of a cross-company and cross-thematic "service provider" has led to a significant change in the Supplier Relationship Management of the UKD

- Professionalization through qualification of the purchasing staff with strategic task portfolio
- The task of pure price negotiations towards Development of holistic business processes and System partnerships, adapted to the structure of supervising clinics and business units of the UKD







5.a Electronic catalogs

Paper requirement called : "Blockzettel"





Electronic requirement SRM

Electronic catalog

- Inhouse catalog MDM
- Supplier catalog B2B
- Multi supplier catalog, Content provider













> SAP Download of nearly 1 Mio. product information (e.g. GTIN)

Note: some examples of participating suppliers shown on this slide

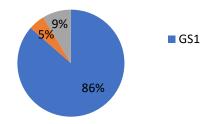


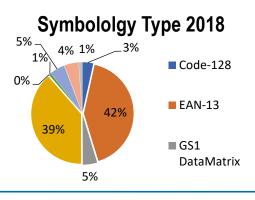


5.b Scanning in hospital

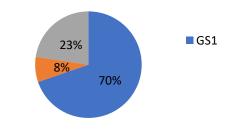
Barcode analysis medical products in the central warehouse

GS1 Symboligies 2018





GS1 Symbologies 2016



- 86% of the 921 stock material have a GS1 Standard
 - 39 % have a GS1 128
 - 42 % have an EAN 13
 - 5 % have a GS1 DataMatrix

Packaging Level	
Single unit package / Blister	42
Primary	267
Secondary	549
Tertiary – Case or Shipper	63





5.b consignment stores







Normalbestellung 16094052 angelegt von Jasinski Katrin

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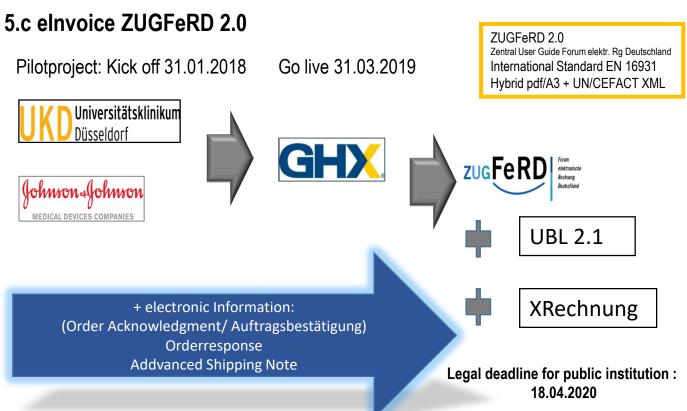
UK Düsseldorf: Auswertung zu Konsignations Chargen

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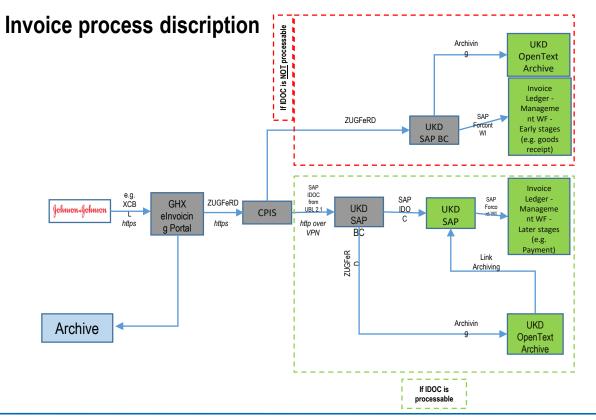


















6. Consequence and Decision

To use cost advantages ,efficiency gains connected with patient safety in our hospitals we need standards and change our way to work...

- > Professionalization through qualification of the purchasing staff
- > Communication with staff, colleagues and supplier
- > Very good material master data using standards
- > Develop process analysis and process understanding within hospital
- > Development of holistic business processes and System partnerships
- > Trustful cooperation



There is nothing permanent except change - Let's start together!





Thank you for your attention

Thomas Klein

Dezernent Einkauf & Logistik, Verpflegungsmanagement Mitglied im Steering Committee GS1 Healthcare Germany

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Tel. +49 211 – 81- 18665 Thomas.Klein@med.uni-duesseldorf.de



The Global Language of Business

STANDARDS CHANGING THE WAY WE WORK - SMARTER WORKING FOR A SMARTER FUTURE

Keith Jones Head and Neck Surgeon University Hospitals of Derby a<u>nd Burton</u>



- Limited data
- Disjointed data
- Unable to robustly analyse the performance of surgical teams
- Traceability relied on a paper trail
- Many systems relied on insertion of free text (ORMIS theatre system)
- Compelled to manually trace batch/lot numbers



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- Completion of paper forms for joint registries
- Unable to relate procedure to tariff (payment) received for that procedure
- Difficulty assessing team performance
- No-one (clinicians) believed the limited disjointed data at our disposal
- Expensive products were not tracked
- Re-order/resupply process was labour intensive



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- No patient level costing (PLICS) possible
- Clinical variation difficult to evaluate
- Inability to use the data for individual appraisal
- Apportionment was the norm
- No space (real estate) utilisation data
- Laborious processes involved for SUI investigation
- Data was collected at many points on the patient pathway and commonly involved duplication



Where did we start from at Derby?











- The need for robust data which was lacking within the organisation
- The need to work in a seamless environment eliminating the silo approach
- Local priorities

Better inventory control Trust audit committee report Understanding our stock

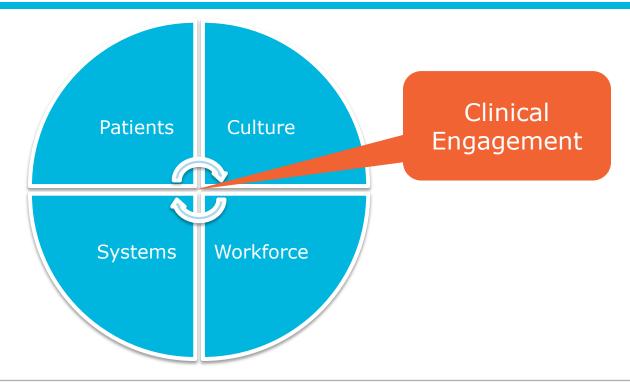
• National priorities

e procurement strategy mandation of GS1 standards in healthcare in the UK



Challenges









- Patient at risk proper training and ease of use wall barcodes
- Identification of movers and shakers/opinion formers to become clinical champions
- Not enough resource additional resource and support provided
- Not enough time and not our job demonstrated that it saves time down the process
- Freeing up staff to do what they were trained to do to care for patients
- Provided the best scanner on the market at the time



How did we manage Clinical Engagement?



Patient Safety

Clinical Variation

Operational Efficiencies

- Traceability implants and instruments
- Automatic update of external records implant registries
- Releasing time to care
- Unwarranted Clinical variation
- Ownership of the data by clinicians
- Understanding the complexity of the work that was being undertaken
- Coding income improvement/reduction of costs
- Providing valuable reports to key stakeholders/costing
- Understanding our HSMR data



Barcode standards – the route to smarter working



Patient Benefits

- Improved patient safety
- Improved patient pathway / experience
- Improved patient outcomes
- Auditable evidence

Trust Benefits

- Meaningful data accepted by clinicians
- Reduction of unwarranted clinical variation
- Greater understanding of the complexity of work undertaken within the organisation
- Driver of operational efficiency
- Improved supply chain efficiency



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Barcode standards – the route to smarter working



System Benefits

- Direct data feed for registries
- Comparative data on individual and team clinical performance
- Comparative data on procedure codes
- Data sharing within the organisation and the ability to share data and compare data across health economies
- Reduction in duplication of data acquisition

Financial Benefits

- Accurate patient level costing (PLICS)
- Enhanced depth of coding and increased
 Trust income
- Ability to relate costs to Tariff
- More robust data to enable informed discussion with healthcare commissioners



The benefits of big data



- Patient safety
- Clinical outcomes
- Analysis (reduction) of clinical variation
- Implant tracking
- Performance data
- Consultant specific data

- Operational performance
- Theatre productivity
- Tariff/CCG negotiation/remuneration
- Complications
- Medicines management
- Pathway transformation



31

Data Recording at Point Of Care



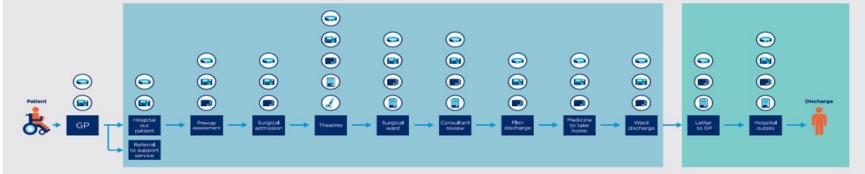
- Electronic patient record
- Patient level costing
- Patient safety data/incident reporting/investigation systems
- Enhancement of Trust coding and hence remuneration
- Inventory management
- Electronic re-ordering
- Electronic payment



Surgical Pathway

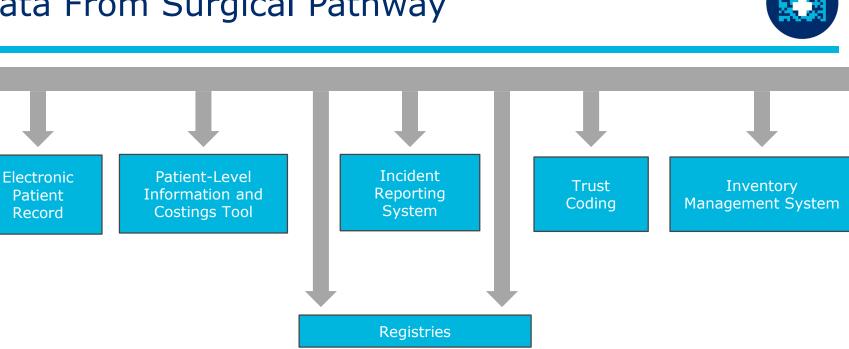








Data From Surgical Pathway





Interoperability is key











- Pharmacy/medicines management
- Pathology services
- Patient outcomes/complications
- Electronic capture of key events (WHO and STOP moment)
- Asset management tracking
- RFID staff and patient tracking
- Central store management
- National benchmarking as part of the National Health Service





The Global Language of Business

Standards changing the way to work

Not a technology – a methodology

Henrik Stilling, IT-Architect, Aarhus University Hospital, Central Denmark Region GS1 Healthcare Conference, Netherlands, March 2019





Henrik Stilling





Who am I?

- Central Denmark Region
- Lead architect for item identification and tracking
- Engineer by trade
 - Process management
 - Technology adaption
- Worked within health care industry since 2008
- Part of Danish national initiative on identification and traceability in healthcare

Merging for modern care

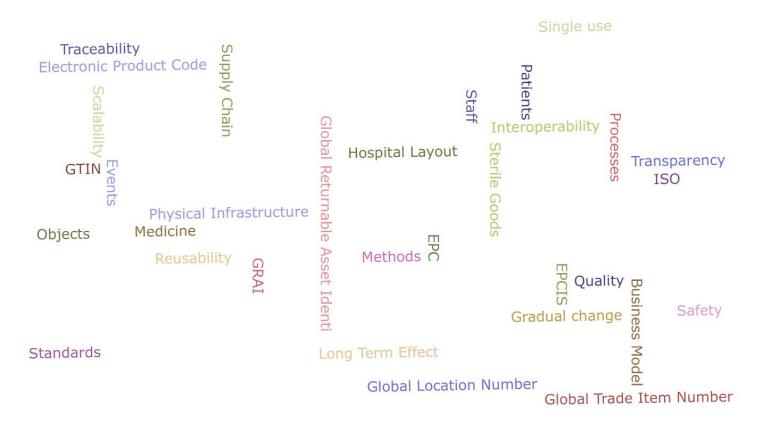






Core elements







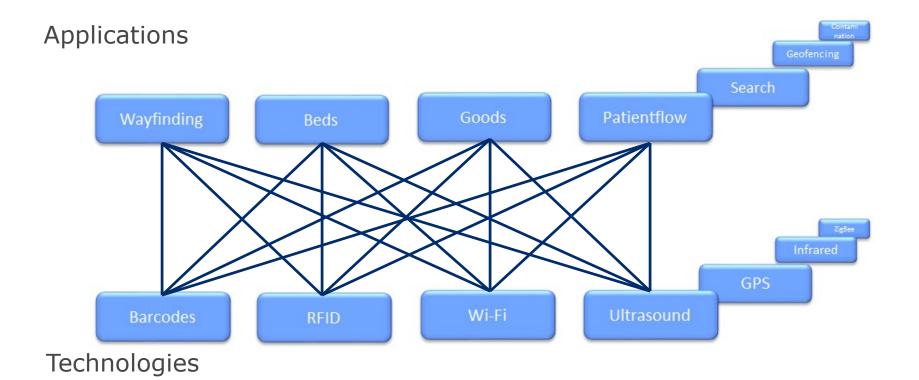






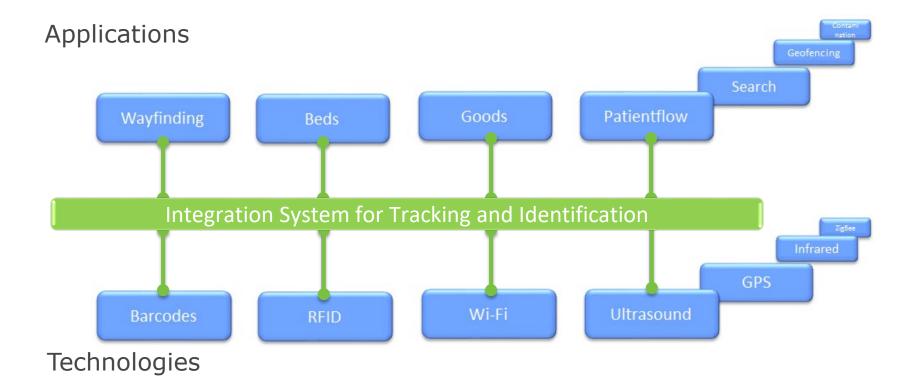
42 · www.rm.dk





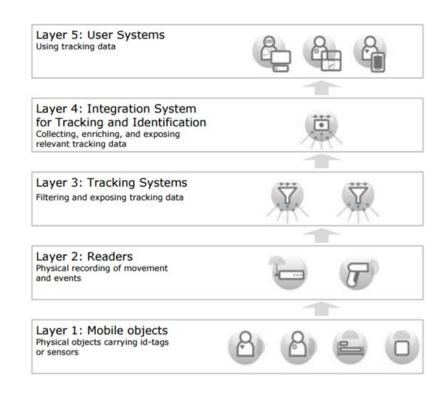
43 • www.rm.dk





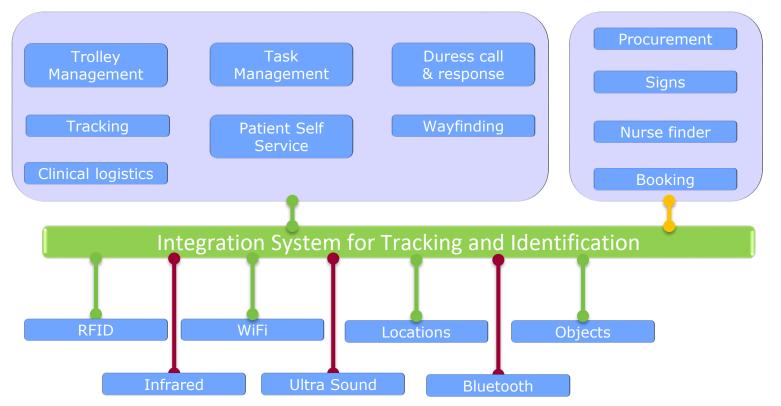


Architecture



Use





47 · www.rm.dk

Built on standards

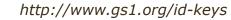
Item identification

- GTIN Global Trade Item Number
- GRAI Global Returnable Asset Identifier
- GIAI Global Individual Asset Identifier
- GSIN Global Shipment Identification Number
- UDI approved enumeration models approved by EU Traceability (Location)
- GLN Global Location Number
- Time
- UTC

Interoperability

- EPCIS (Electronic Product Code Information Services)
 - Capture
 - Query
 - EPC
- CBV (Core Business Vocabulary)

Get into the details later at the 'Poster reception'





Vision



From

"Who did what"

То

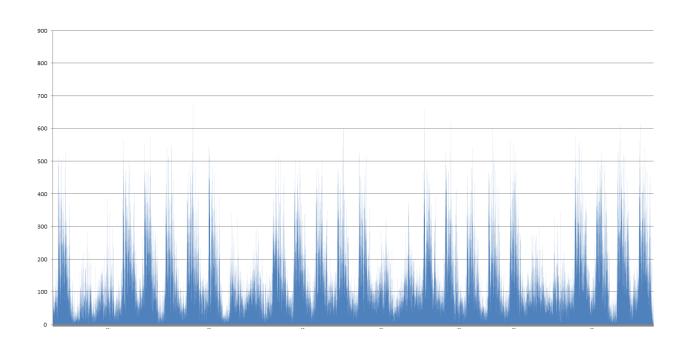
"Who can do that"

48 · www.rm.dk

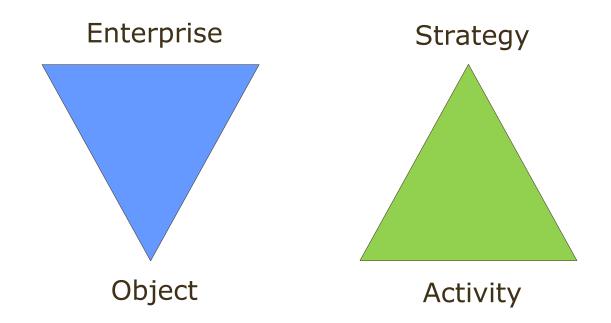
From activity to decisions



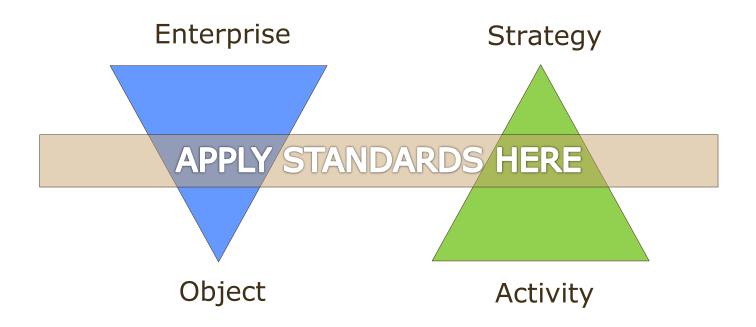
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Questions to the panel

Thomas Klein,

Head of Purchasing and Logistics, University Hospital Dusseldorf, Germany

Keith Jones,

Head & Neck Surgeon, Clinical Director of Head & Neck Surgery University Hospitals of Derby and Burton NHS Foundation Trust

Henrik Stilling,

IT Architect,

Aarhus University Hospital, Denmark







Samuel Johnson









Thank you for your interest and participation

Enjoy the remainder of the conference!







Samuel Johnson





