



The Global Language of Business

Connecting the supply chain to clinical outcomes

35th Global GS1 Healthcare Conference, Noordwijk, the Netherlands

March 26th, 2019

Prof dr Susan Moffatt-Bruce, CEO Ohio State Wexner Medical Centre, Columbus, US; chair

Lorna Wilkinson, Director of Nursing, Salisbury NHS District Hospital, UK

Prof. Dr. Rainer Petzina, Cardiothoracic Surgeon, Universitaetsklinikum Schleswig-Holstein, Germany

Sotiris Tsiafos-Tsiaras, Military Pharmacist, Traceability Project Manager, 401 Athens General Military Hospital, Greece

Panel: Connecting the supply chain to clinical outcomes



Chair: Prof. Dr.
Susan Moffatt-
Bruce

Lorna Wilkinson

Prof. Dr. Rainer
Petzina

Sotiris Tsiafos-Tsiaras





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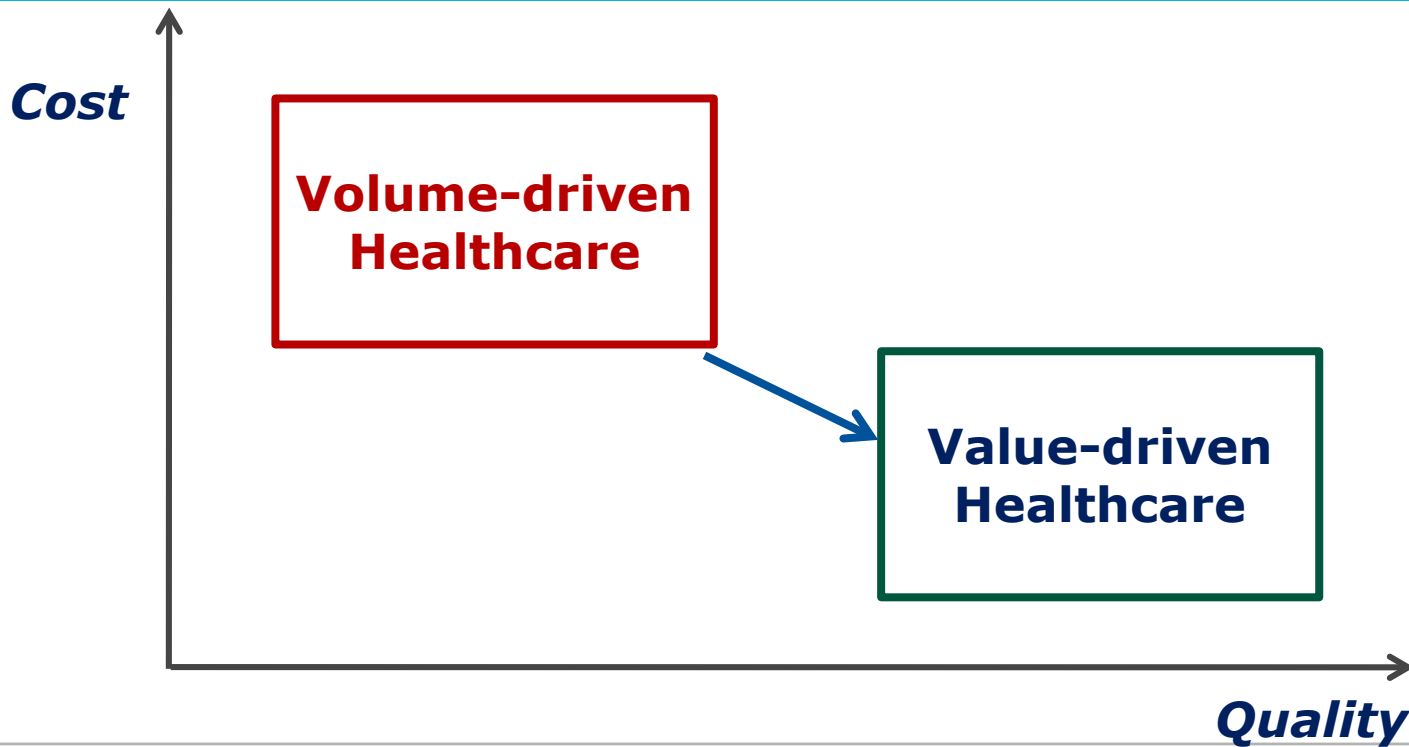
Susan Moffatt-Bruce, MD, PhD, MBA, FACS

Executive Director, University Hospital; Professor of Surgery and BioMedical Informatics
The Ohio State University Wexner Medical Center, USA

March 26th, 2019



Volume-driven to Value-driven Payment Transition





Quality

(safety, service, outcomes)

Value =

(price, utilization, standardization)

Cost



Value =

Mortality
Patient Safety Indicators
Hospital Acquired Infections
Hospital Acquired Conditions
Patient Satisfaction

Cost per procedure
Cost per patient
Cost per encounter
Cost per admission
Cost of unneeded tests
Cost of drugs

How do we get to Value?



- Both Quality and Cost
- Engagement
- Teams
- Communication
- Patience



Value Stream Map of Poor Value!

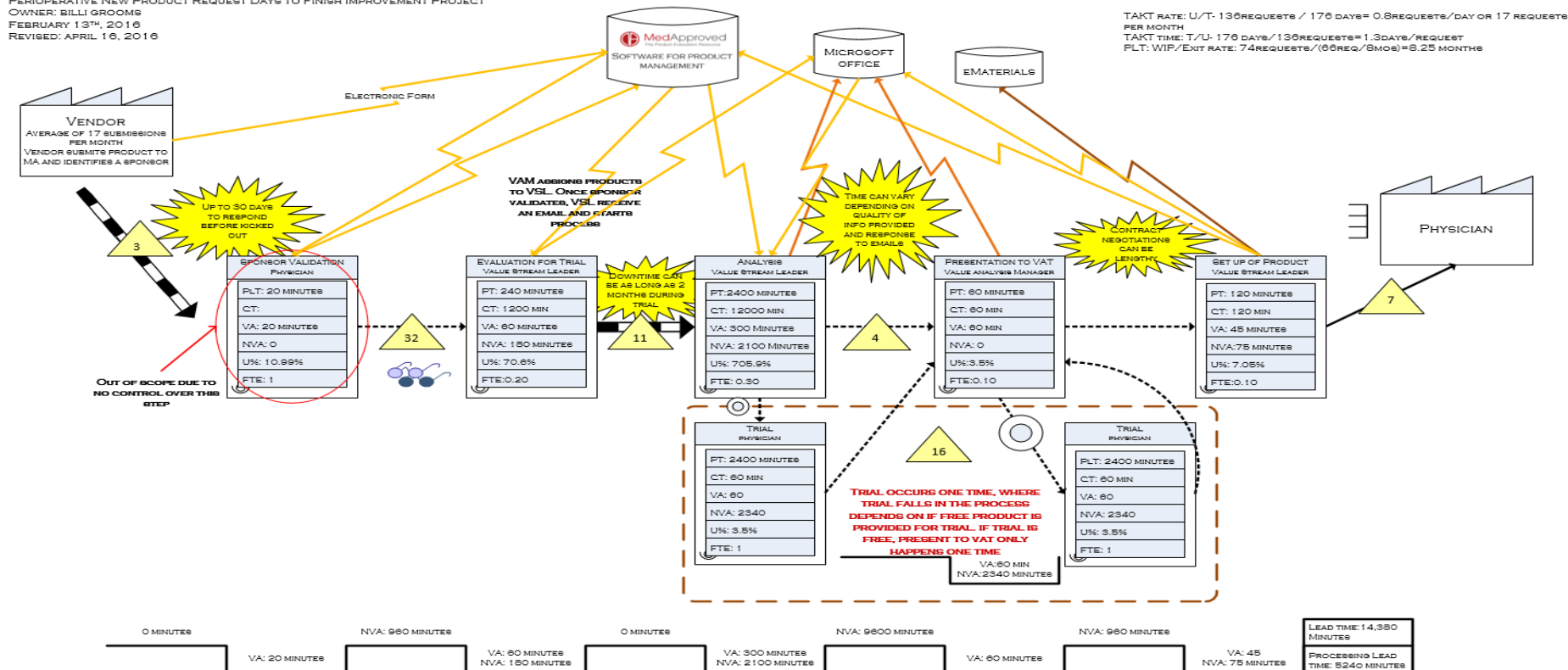


PERIOPERATIVE NEW PRODUCT REQUEST DAYS TO FINISH IMPROVEMENT PROJECT

OWNER: BILLI GROOMS

FEBRUARY 13TH, 2016

REVISED: APRIL 16, 2016





**DOUBLE
DOCUMENTING!!!**

Products not available when needed

**EXPIRED
PRODUCT IN
CIRCULATION**

When
do I
order?

**Barcodes
don't scan**

**Too much
inventory in
one cabinet**

**Can't find
supplies**

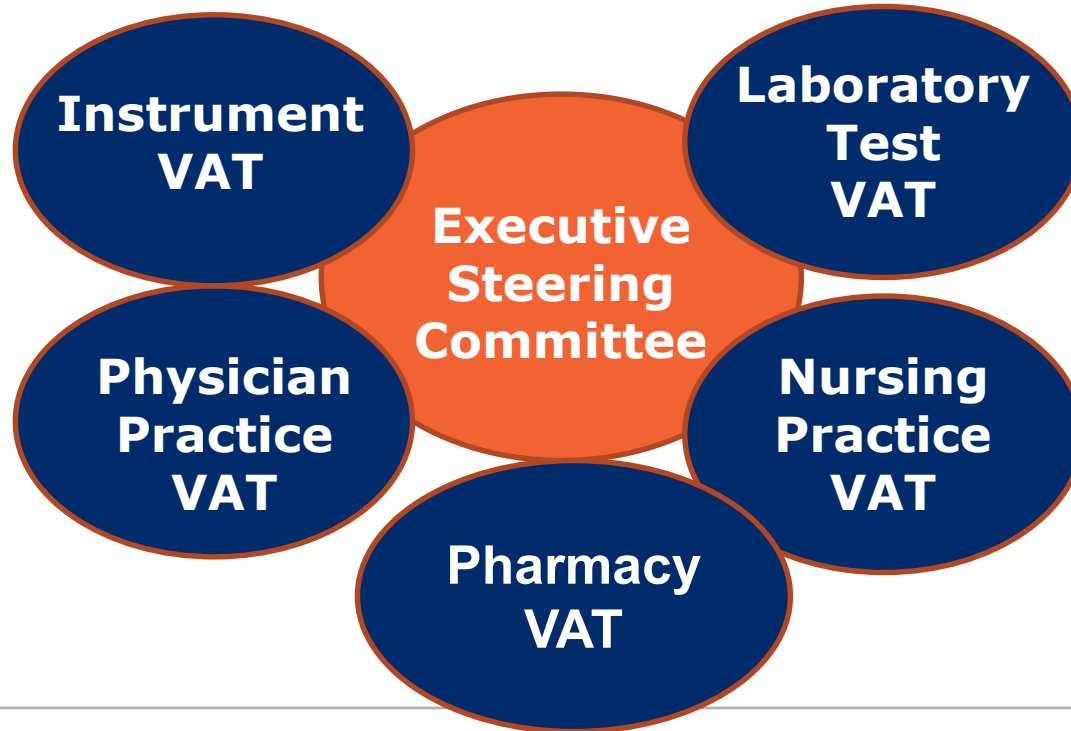


What is Value Analysis (VA)?

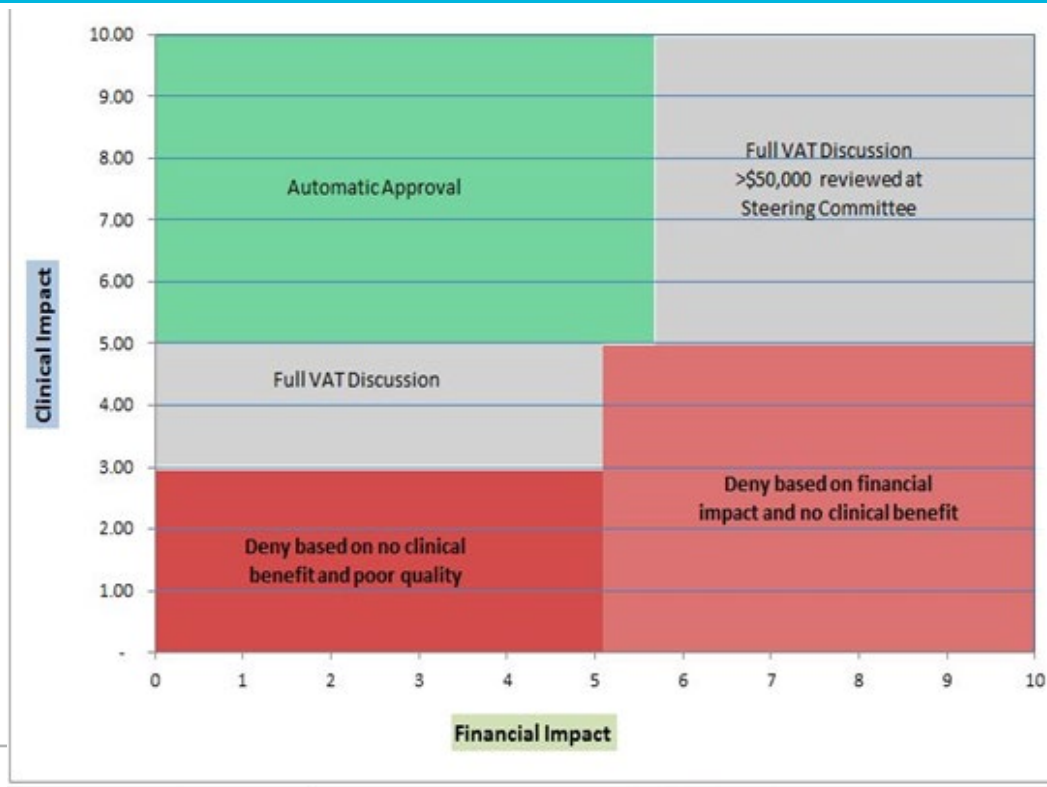


- Objective standardized processes
- Review and decide on medical products, technologies, patient care services and patient care processes
- To provide safe, quality, cost-effective care
- Apply to new products as well as existing products and practices
- Multi-professional

Value Analysis



The Value Matrix



Before & After Value Analysis



Before and After Value Analysis



Measuring Value



Cost



\$/patient day ↓ **7.2%**

Dept. inventory ↓ 52%

Central Stores inv. ↓ 30%

Inventory footprint ↓ 60%

Off-contract spend ↓ 30%

Time



Clinician ordering ↓ **90%**

Manual counting ↓ 100%

Stat supply orders ↓ 45%

Quality



**Product availability →
Patient care**

Nursing satisfaction

Better outcomes

No expired products

24/7 Joint Commission-
ready

Lessons Learned in Connecting Supply Chain to Clinical Outcomes:



- Physician leadership and engagement is key when making supply decisions
- Physician and clinical sign-off eliminate confusion
- Lead times must be verified on each product, not by product line
- Allow flexibility in timeline for scheduling conflicts
- Listen to clinical feedback!



Value =

**Q
U
A
L
I
T
Y**

Mortality
Patient Safety Indicators
Hospital Acquired Infections
Hospital Acquired Conditions
Patient Satisfaction

**C
O
S
T**

Cost per procedure
Cost per patient
Cost per encounter
Cost per admission
Cost of unneeded tests
Cost of drugs





- **Lorna Wilkinson**, Director of Nursing, Salisbury NHS District Hospital, UK
- **Prof. Dr. Rainer Petzina**, Cardiothoracic Surgeon, Head of quality management, risk management and patient safety in the University Hospital Schleswig-Holstein, Germany
- **Sotiris Tsiafos-Tsiaras**, Hospital Pharmacist, Traceability Project Manager, Athens General Army Hospital, Greece



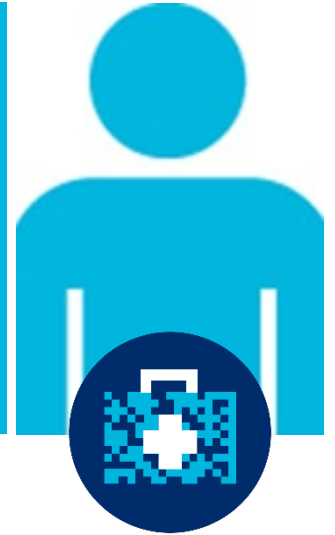
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Lorna Wilkinson, Director of Nursing, Salisbury NHS District Hospital, UK

March 26th, 2019



Data Benefits at Salisbury NHS Foundation Trust

Connecting The Supply Chain to Clinicians
GS1 Global Healthcare Conference – Netherlands
26th March 2019

Think Salisbury...



Trust Services

District General Hospital Services

- Emergency Department
- Surgery
- Maternity
- Children's Services
- Orthopaedics
- Medicine
- Diagnostics
- Facilities

Regional Specialist Services

- Burns
- Cleft lip and Palate
- Genetics
- Plastic Surgery
- Laser Centre
- Wessex Rehabilitation

Supra-Regional Services

- Spinal Injury Services



My Role

Nurses, Midwives, Allied Health Professionals

Clinical Standards

Patient Safety

Patient Experience

Regulatory Requirements (CQC)

Executive Lead for Scan4Safety



Scan4Safety Programme



Right Patient

Setting standards to make sure we always have the right patient and know **what** product was used with **which** patient, **when**.



Right Product

Setting standards to make sure our staff have **what** they need, **when** they need it.



Right Place

Setting standards to make sure that patients and products are in the right place.

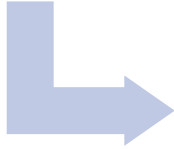


Right Process

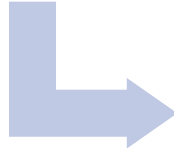
Setting standards and implementing common ways of working to deliver better and more easily repeatable patient care.

POC Scanning

Patient &
Procedure



All Staff



All
Products



Time



- Live since 2016
- Almost 30,000 procedures recorded



THEATRES109
Mrs Margaret Stacey



THEATRES011
Sister Jenny Staunton



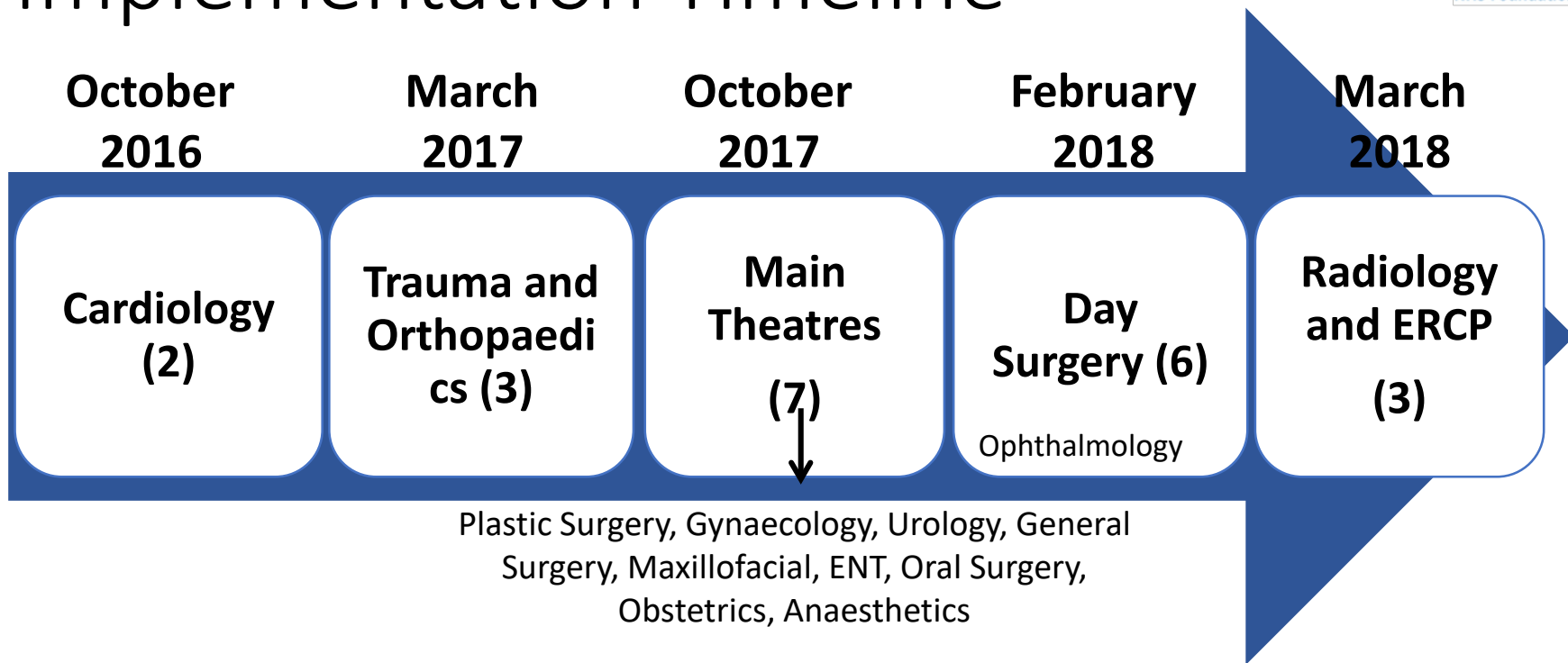
CARDIO030
Mr Phil Steer



THEATRES007
Sister Cathy Steirn



Implementation Timeline



21 Operating Theatres Live (All Inpatient)

The Importance of Data

“The recent implementation of the Scan4Safety project in Cardiology provides us for the very first time complete traceability of products such as implantable medical devices used with our patients.

Knowledge is power – not only does this provide us with a level of data and insight that can be used to better challenge clinical practice and variation, helping us to reduce inefficiencies and improve patient experience and outcomes – more importantly it ultimately helps to safeguard our patients from avoidable harm. In the event of a product recall, we can now easily and quickly track an affected product to the right patient.”

Tim Wells, Consultant Cardiologist, Salisbury NHS Foundation Trust

Surgery History



Home

Inventory

Lot No & Expiry

Point of Care

Master Data

Transaction Data

Orders

Reporting

Notifications

Settings

Help

Inventory Levels

Inventory Transactions

Inventory

Surgery Items

Notifications

Tasks

Surgery

Inventory Levels

Time Period

This Week

This Year

This Month

All Time

Date Range

From:

03/12/2018

To:

09/01/2019

Filter Data

Procedure:

HIP REPLACEMENT CEMENTED

Patient:

[Select Patient...]

Supplier Item:

[Select Supplier Item...]

Surgeon:

[Select Surgeon...]

Theatre:

[Select Theatre...]

Lot Number:

Actions

Search

Reset Filters

Export To Excel

Summary Information

Monthly Avg. Cost: £22,400.18

Quarterly Avg. Cost: £22,400.18

Grouping:

Off

| Reference | Procedure Code | Procedure Name | Surgeon | Theatre | Duration | Patient ID | Nº Items | Cost | Created By | Created On | Details |
|-----------|----------------|--------------------------|-------------|------------|----------|------------|----------|------------|--------------|------------------|---------|
| PLC024866 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 01:15:00 | 2026931 | 36 | £2,194.40 | Theatre07... | 7 January 2019 | 🔍 |
| PLC024837 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 02:00:00 | 0114104 | 33 | £2,101.23 | Theatre07... | 7 January 2019 | 🔍 |
| PLC024667 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 06 | 01:37:00 | 0486023 | 21 | £1,980.43 | Theatre06... | 3 January 2019 | 🔍 |
| PLC024422 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 02 | 01:00:00 | 0120247 | 30 | £1,741.58 | Theatre02... | 27 December 2018 | 🔍 |
| PLC024397 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 02 | 02:00:00 | 0201327 | 33 | £2,231.15 | Theatre02... | 27 December 2018 | 🔍 |
| PLC024388 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 02 | 02:00:00 | 0734001 | 35 | £2,061.23 | Theatre02... | 27 December 2018 | 🔍 |
| PLC024213 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 06 | 00:50:00 | 0668458 | 11 | £1,748.48 | Theatre06... | 20 December 2018 | 🔍 |
| PLC024172 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 06 | 02:18:00 | 0839186 | 27 | £2,628.15 | Theatre06... | 20 December 2018 | 🔍 |
| PLC024060 | ORTHO30 | HIP REPLACEMENT CEMENTED | 4192868 - ⚡ | Theatre 06 | 02:00:00 | 0137111 | 35 | £2,658.94 | Theatre06... | 19 December 2018 | 🔍 |
| PLC024034 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 06 | 02:00:00 | 0187125 | 27 | £1,937.80 | Theatre06... | 18 December 2018 | 🔍 |
| PLC023908 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 01:10:00 | 0948585 | 15 | £1,593.01 | Theatre07... | 15 December 2018 | 🔍 |
| PLC023907 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 01:30:00 | 0056813 | 23 | £1,873.01 | Theatre07... | 15 December 2018 | 🔍 |
| PLC023903 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 01:00:00 | 0305327 | 31 | £1,405.24 | Theatre07... | 15 December 2018 | 🔍 |
| PLC023902 | ORTHO30 | HIP REPLACEMENT CEMENTED | 5208177 - ⚡ | Theatre 07 | 01:30:00 | 0347491 | 26 | £2,026.61 | Theatre07... | 15 December 2018 | 🔍 |
| 22 rows | | | | | | | 633 | £44,800.35 | | | |

Standardisation Through Data

National data showed we were an outlier in terms of product choice/cost compared to revision rate/outcomes



POC data was extracted to analyse standard product choice



A meeting was held with orthopaedic lead clinician to discuss findings compared with national trend



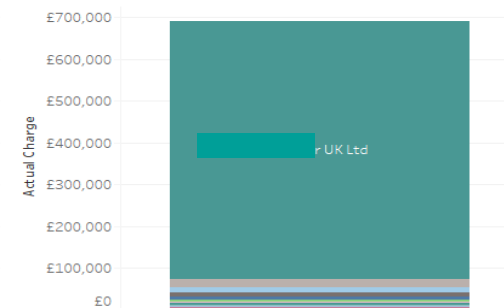
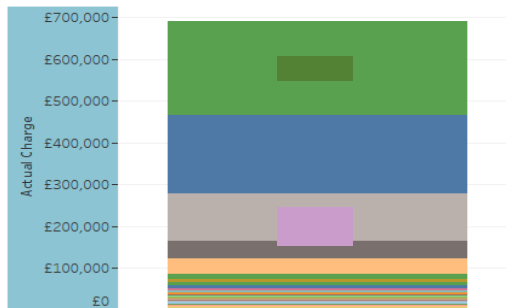
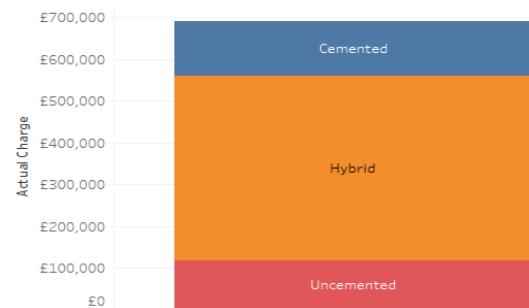
Change in practice and rationalisation of other product options

GETTING IT RIGHT FIRST TIME

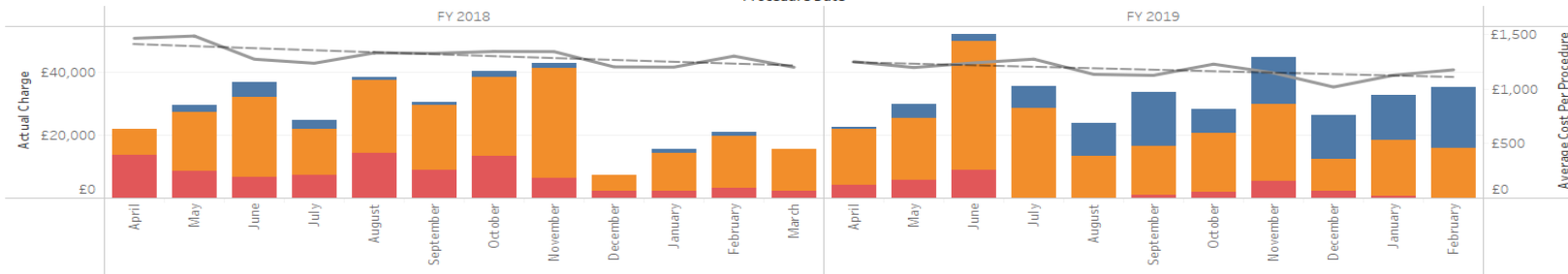


NHS
Salisbury
NHS Foundation Trust

■ Uncemented



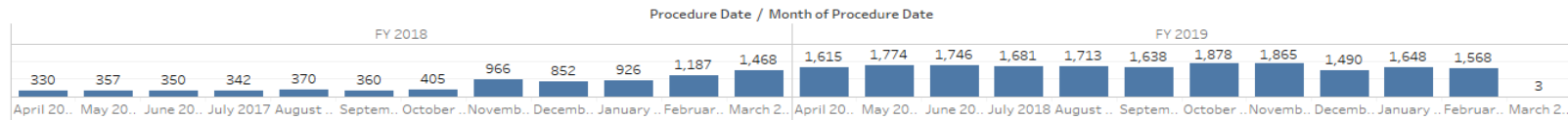
Procedure Date



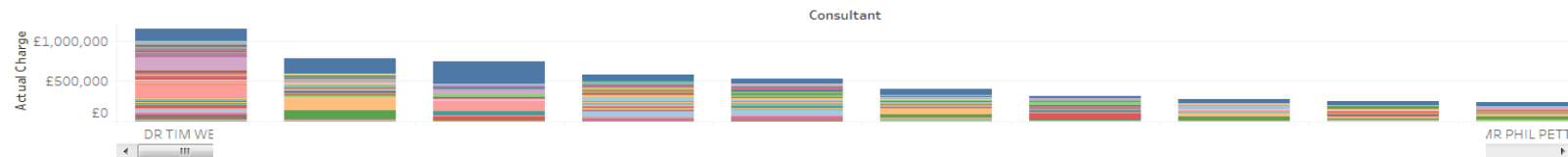
Clinicians Dashboard

Consultant: (All) |
 Procedure code: (All) |
 Procedure Description: (All) |
 Primary Specialty: (All)

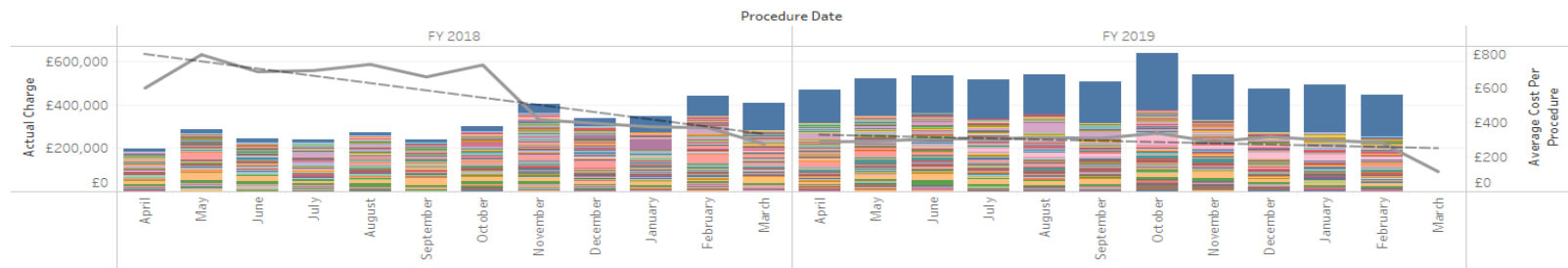
Number of procedures recorded



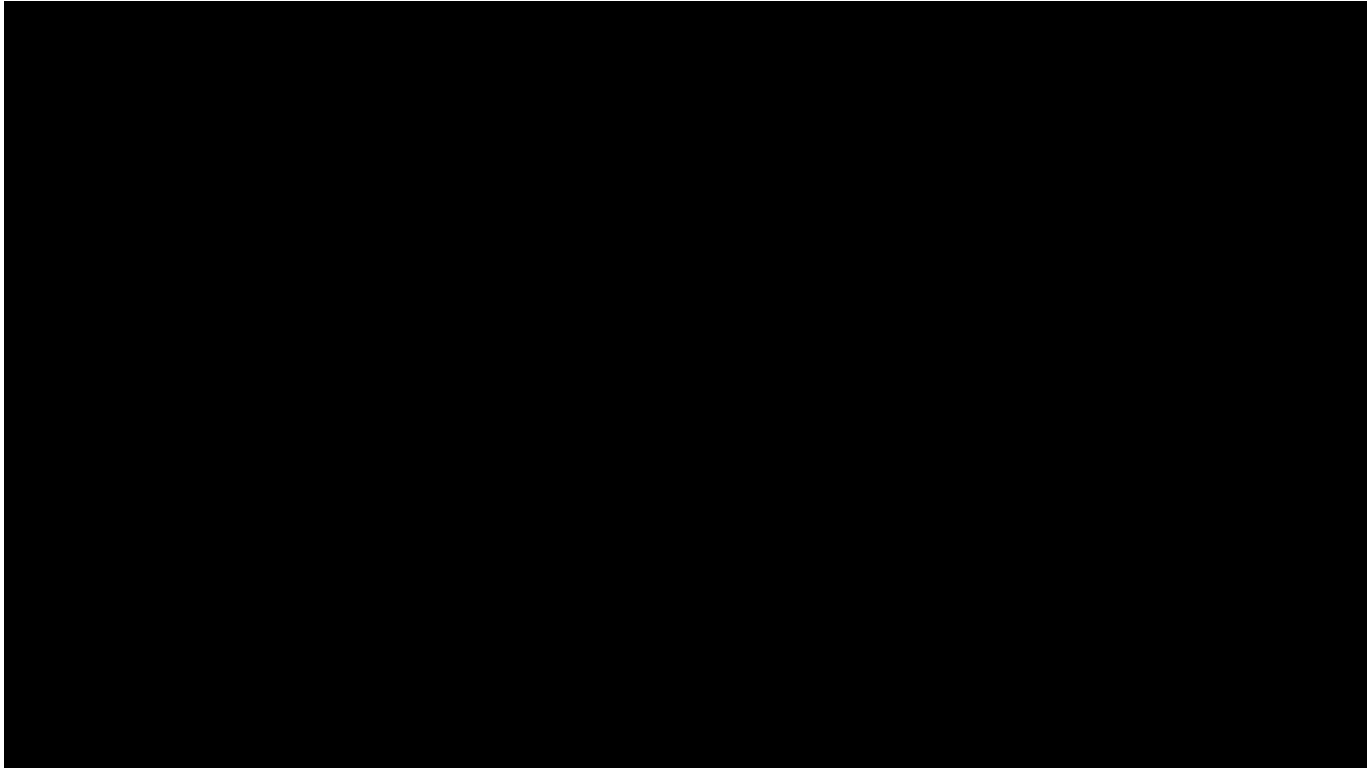
Consultant Total by Brand



Overall value per brand and average procedure cost per month



Clinicians View



Surgical Kitting



Ward Traffic

| | |
|---------------------------------|--------------------------|
| Porter | As requested |
| SDU | Every 30 mins Mon-Fri |
| Catering | Three times daily |
| Housekeeping | |
| Pharmacy | Daily |
| Linin Services | |
| Post | |
| Pathology | Once a week top up |
| Procurement – Mat Man/R&D | Twice a week |

**A typical
Ward**

| | | | |
|--------------------------|-------|---------------------------|--------|
| Dietician | Daily | Social Workers | Weekly |
| OT | | House Keeping Audit | |
| Physio | | | |
| Discharge Coordinator | | | |
| Specialist Nurses | | | |
| Bed Manager | | | |
| DSN | | | |
| Pharmacist | | | |
| Phlebotomy | | | |
| | | | |

Well Organised Ward



Organised Ward

- **Why** – To increase nursing time spent with the patient
- **Who** - Britford, Pharmacy, Catering, Pathology, Materials Management
- **What** - Enhance services are delivered to the Ward
- **How** - By trialling some new ways of working



Focus on Patient Care
Fewer interruptions
Less traffic on the ward
Everything you need just turns up

Thank you for listening



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Prof. Dr. Rainer Petzina, Quality Management, Risk Management & Patient Safety,
Cardiothoracic Surgeon, Universitaetsklinikum Schleswig-Holstein, Germany

March 26th, 2019



Connecting the supply chain to clinical outcomes

Prof. Dr. Dr. Rainer Petzina, MaHM

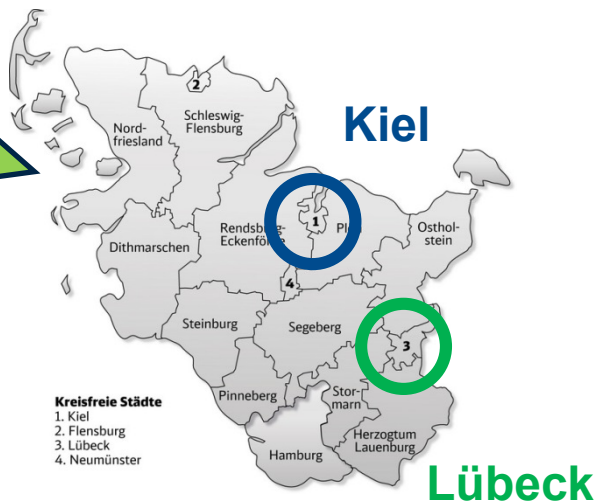
Quality Management, Risk Management & Patient Safety

Cardiac Surgeon

University Hospital Schleswig-Holstein (UKSH), Germany



University Hospital Schleswig-Holstein – UKSH



In-patients / year

Kiel ~ 54.000

Lübeck ~ 55.000

Out-patients / year

Kiel ~ 162.000

Lübeck ~ 140.000



GS1 – material management / logistics

Use of GS1 in OR



GS1 – staff identification badge

New hospital – new staff identification badges
Prolonged process – Personnel Committee...



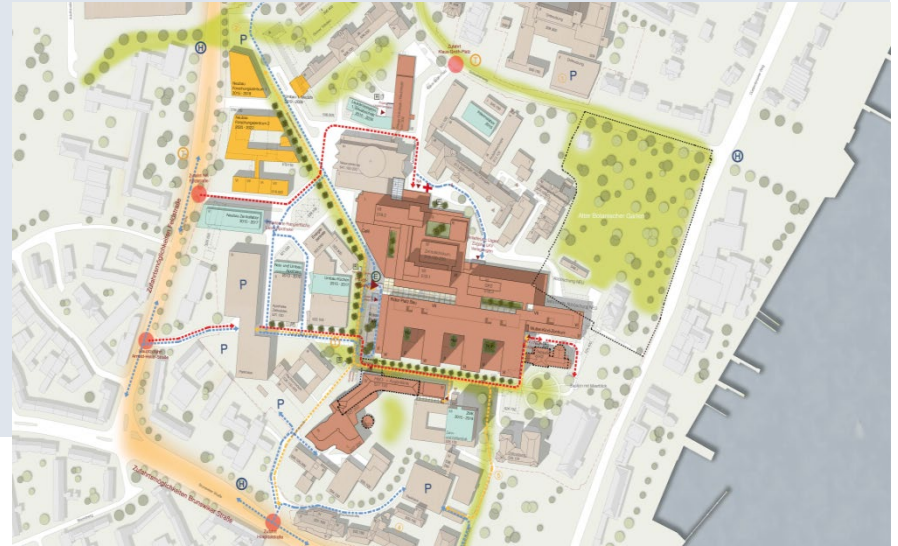
GS1 DataMatrix



GS1 – room designation

New hospital – complex room designations

GS1 → GLN



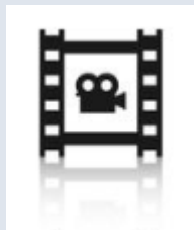
Future projects

Central sterilisation facility



Future projects

Central sterilisation facility

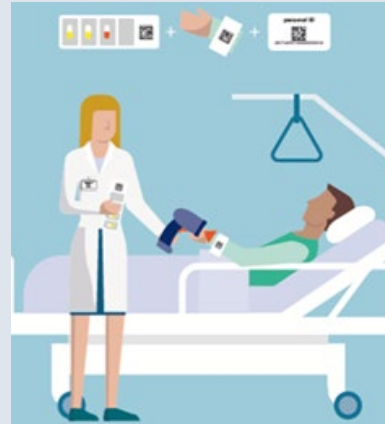


„Sally movie“



Future projects

Patient identification wrist band – GS1

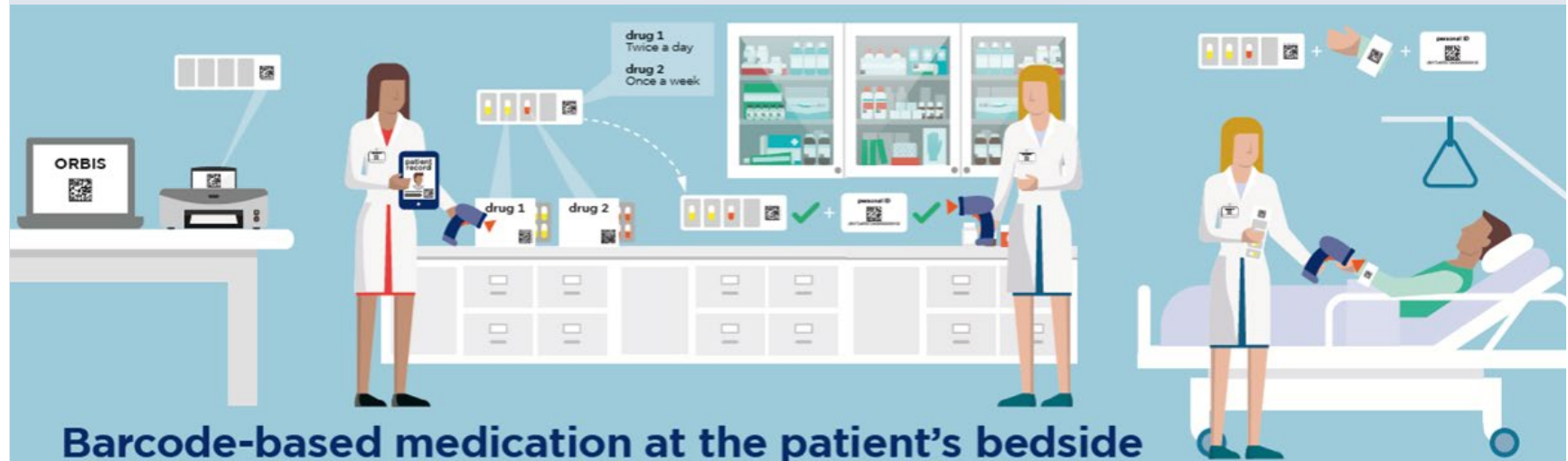


Medication process

Unit dose



GS1 based medication process



Barcode-based medication at the patient's bedside

Medius Klinik Nürtingen

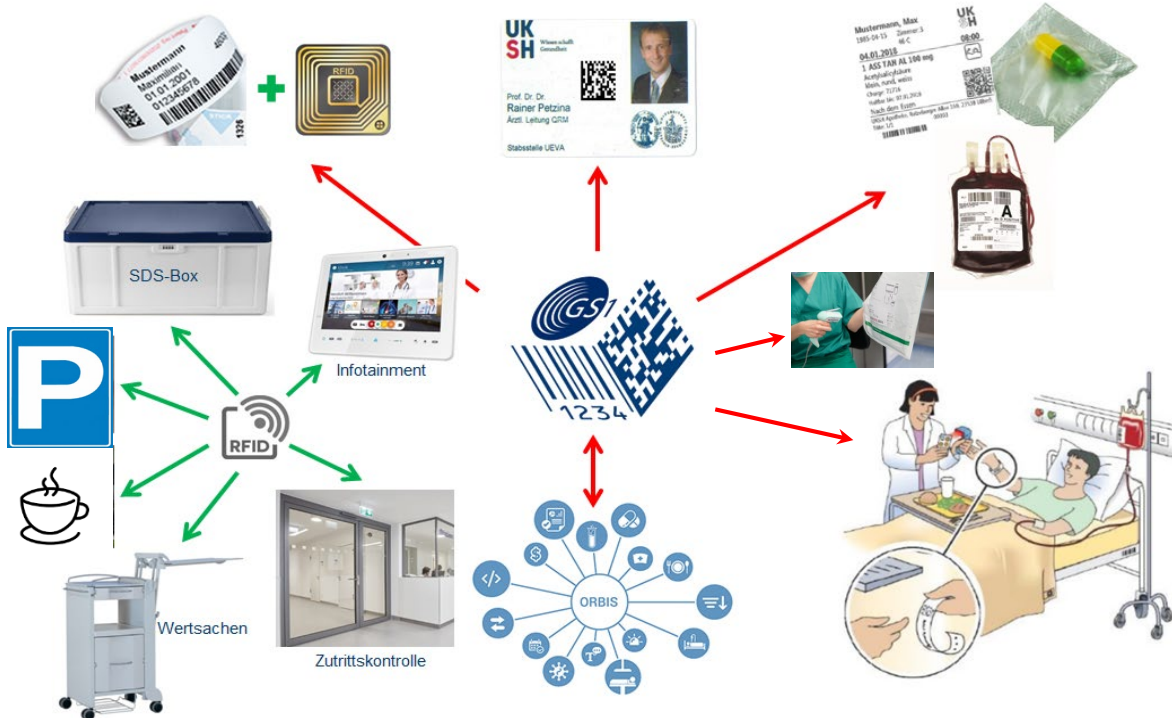
Wissen schafft Gesundheit

University Hospital Schleswig-Holstein

Comfort

Scan4Safety

Scan4Safety & Comfort



SCAN4SAFETY
Patient. Product. Place. Process.



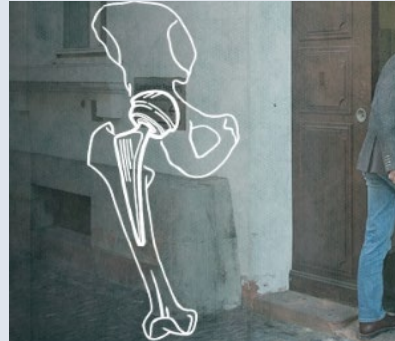
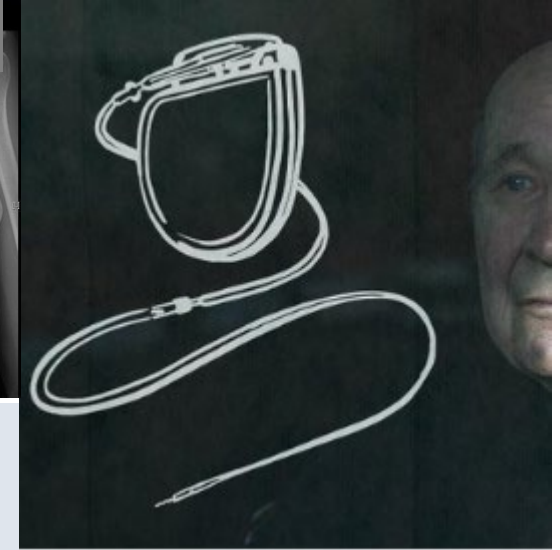
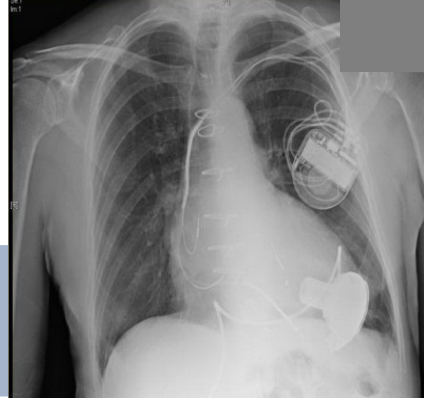
Department
of Health &
Social Care

<https://www.scan4safety.nhs.uk/>

University Hospital Schleswig-Holstein

Implant files

Easy recall



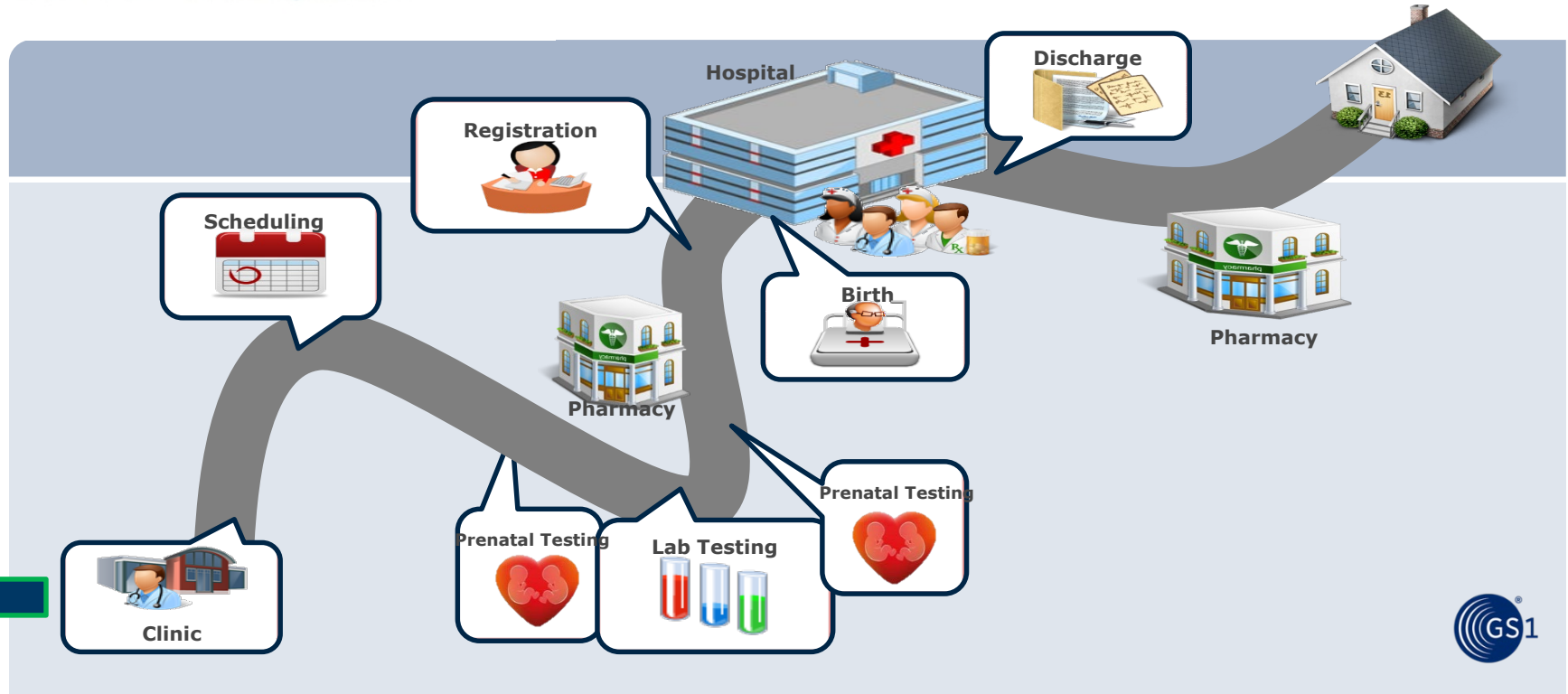
Patient journey – vision with GS1

Safer, more efficient care starts with a simple scan



The Global Language of Business

© GS1 2019



Connecting the supply chain to clinical outcomes

Thank you for your attention!

Prof. Dr. Dr. Rainer Petzina, MaHM

Quality Management, Risk Management & Patient Safety

Cardiac Surgeon

University Hospital Schleswig-Holstein (UKSH), Germany





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Sotiris Tsiafos-Tsiaras, Military Pharmacist, Traceability Project Manager, 401 Athens
General Military Hospital, Greece

March 26th, 2019



No doubts



“You will not find it difficult to prove that battles, campaigns, and even wars have been won or lost primarily because of logistics.”

~ Dwight D. Eisenhower

Sounds familiar ?



Logistics “Definition”

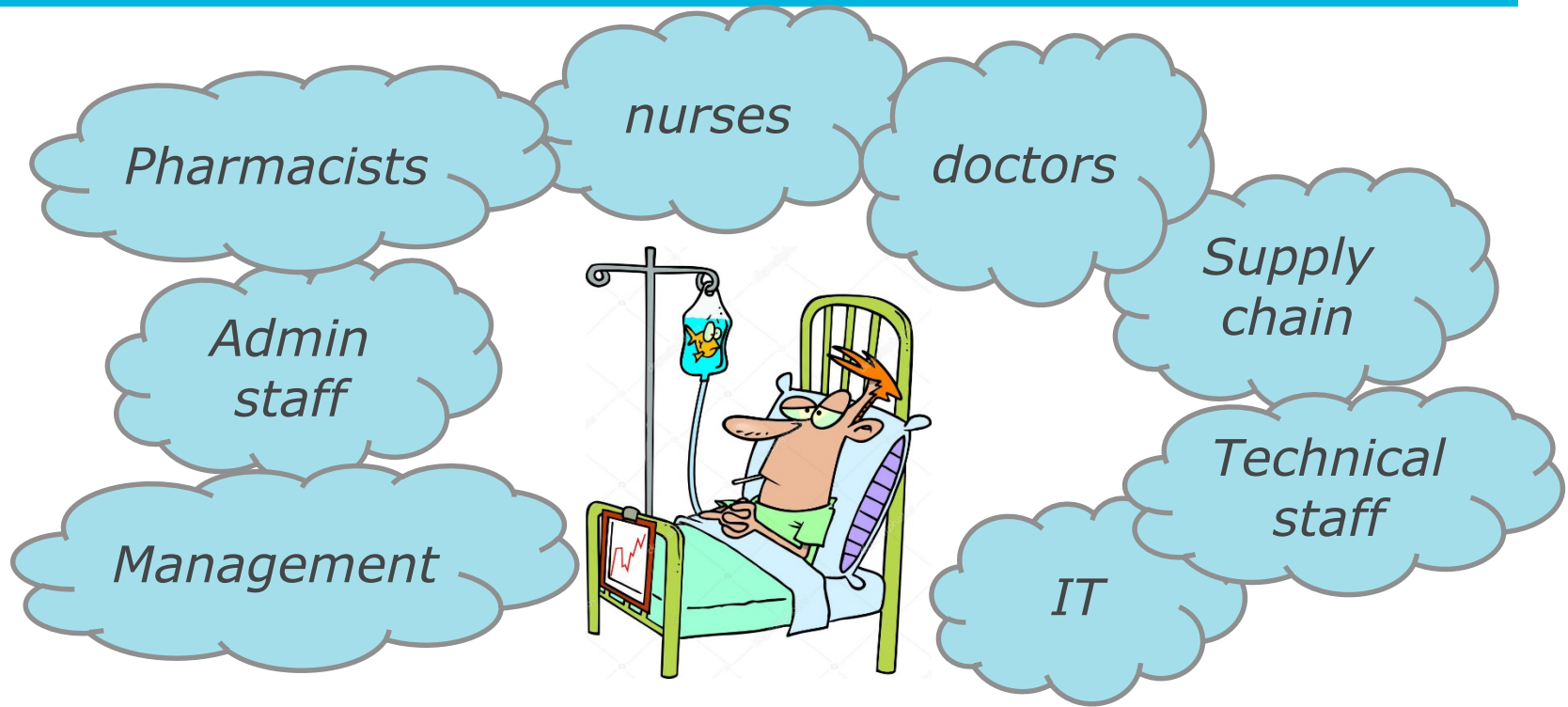
“The **right product**, at the **right place**, at the **right time**, (and with the **right cost**)”

“5 Patient Rights” of medication administration

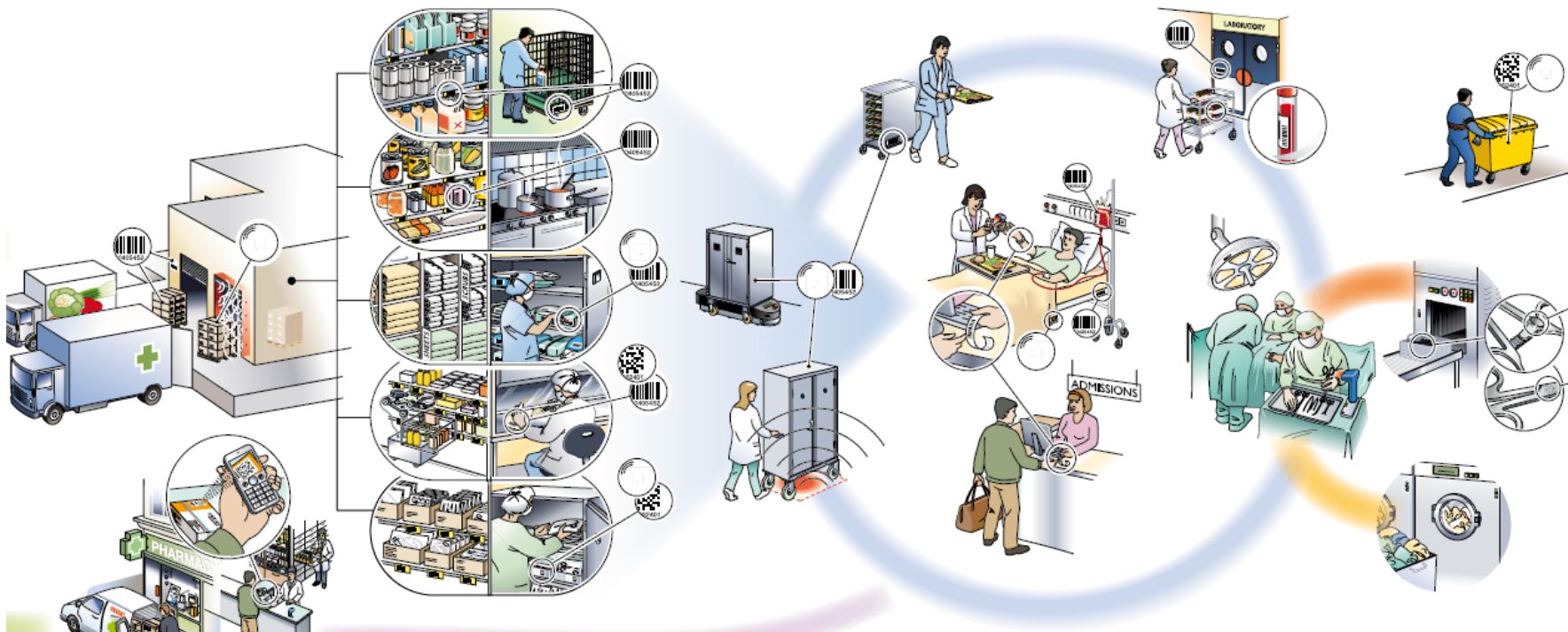
- ✓ Right **drug**
- ✓ Right **dosage**
- ✓ Right **patient**
- ✓ Right **time**
- ✓ Right **route**

Efficient healthcare is based on sound supply chain processes !

Many cultures inside a hospital !



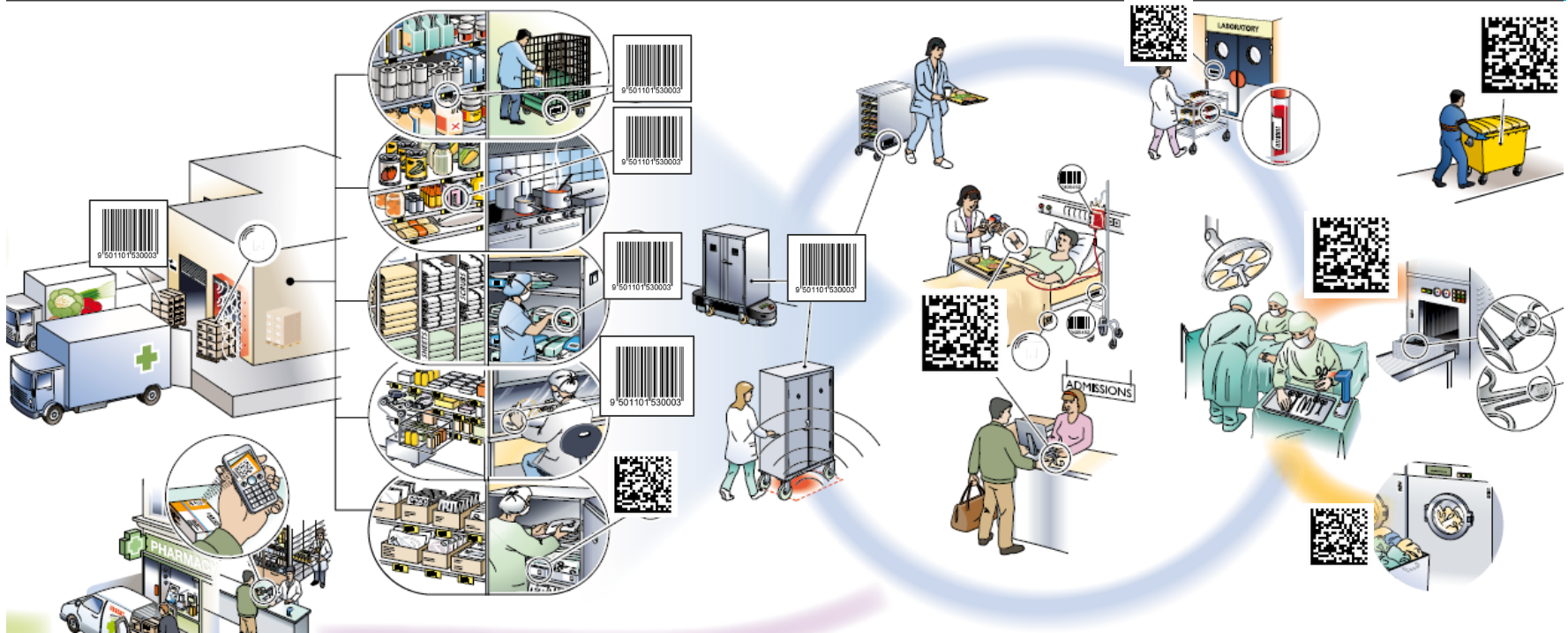
Supply chain operations affect all of us !











*It's all about the data !
(and data quality!)*

A simple scan means good quality data



Clear benefits for the Supply Chain



-  Detailed view & better control of stock
-  Fewer losses, fewer errors
-  Accurate forecasting
-  Improved purchasing strategy
-  Traceability
-  Faster, more efficient procedures

But...



Barcode scanning is not only about counting items !



Scanning is not only about counting items !



- In the OR:
 - ✓ **Automatically checking EXP dates**
 - ✓ **Alerts for recalled items**
 - ✓ **No manual work** (>85% less time needed)
 - ✓ **Speed in data entry → more time with the patient**
 - ✓ **Well-documented surgical operations**

***Safer, simpler processes for the nurses,
safer for patients***

Scanning is not only about counting items !



Accurate data:

- Allow for locating incidents that indicate possible errors
- Can support clinical decisions
- Add to the transparency of usage



Scanning is not only about counting items !



Accuracy

Transparency

Correct data

Simple processes



Good news travels fast...



Trust → more engagement

From the OR to:

- Anesthesia & Recovery Dept.
- Cardiac Cath. & Vascular Embolism Lab.
- Interventional Radiology Dept.

**due to the nurses interest
& engagement !**



Don't forget...



Supply Chain



Clinical work

The two sides of the same coin



Thank you !

*Sotiris Tsiafos-Tsiaras,
OR Traceability Project Manager*

*401 Athens General Military Hospital, Greece
s.tsiaras@gmail.com*





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Summarise and Q&A

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Patient pathway

A patient pathway demonstrating the individual touch points throughout the patient journey where GS1 standards are used. Standards adoption provides end-to-end traceability, improving patient safety and operational efficiency.

Standards key



GSRN
Positive patient ID
by scanning a
wristband



GLN
Scanning captures the
location of the
care delivered



GTIN
Accurate, detailed
product information
captured without
errors



GIAI
Identifies the
asset that has
been used on
an individual
patient



GSRN
Positive staff ID
by scanning a
badge

Clinical

Regulation,
reporting
and insight

• Patient flow insights

• Patient flow insights

• Implant registry
• Patient level costing
• Recall
• Central sterile services
department (CSSD)

• Adverse event
reporting
• Post-marketing
surveillance
• Vigilance
• Medicine reporting

• Patient flow insights

• Transfer of care
• Outcomes
• Redos
• Standardised mortality
rates (SMR)

Management information
and error prevention

Outpatient
clinic



Admission



Operating room
(WHO surgical
checklist)



Prescribing



Ward



Discharge



Discharge
options

• Home
• Community,
Ambulatory care,
Care home, GP
• Mortuary

Patient journey

Supply chain

Input

Inventory/Asset Management

• Medical/surgical consumables

• Medicines

• Medical devices



Manufacturer

Item

Case

Pallet

Transport

Wholesaler

Pallet

Transport

Distributor

Pallet

Transport

Distribution
Centre

Transport

Case

Item

Healthcare
Provider

Patient

Regulations (e.g. UDI, EU MDR, FMD)



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THANK YOU FOR YOUR ATTENTION