Automation Pilot in logistic process in Public Health System

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Diagnosis of the present situation

- 25% of products are lost
- Low level of control in acquisitions
- Lack of standard codification
- Some processes aren’t sufficiently clear
- Lack awareness of the problem
- Misunderstanding between the chain’s parts
- Increase of requirements by AUGE Plan (Universal Access to Explicit Guarantees)
- Greater logistic exigencies
Logistic Objectives:

- To develop experiences of the readiness of bar codes throughout the supplying chain
- Integral solution that involves the units of supplying, pharmacy and the diverse clinical services of the establishment
- Reduction of inventory thanks to a more exhaustive control
Objectives of the Pilot of Automatization in Health

Process Objectives

• Increase the control of administered medicines in the patients (Increase security)

• To work with an only pharmaceutical product catalogue with a national classification level accepted

• To validate the consistency in the movement of medicines and to determinate cycle times

• Greatest improvements in the clinical area
Management Objectives:

• Improvement of the management and greater control on the operation
• Reduction of the operational costs
• To know the costs associated each benefit (values of medicines)
Involved organizations and Institutions

- Instituto de Salud Pública de Chile
  - (Public Health Institute Regulatory Body)
- GOBIERNO DE CHILE MINISTERIO DE SALUD
- Hospital San Borja Arriarán
  - (San Borja Hospital 600 beds)
- ISP
  - (National Institute of Cancer 350 beds)
- CENABAST
  - (National Center of Supplying)
- ENTEL
  - (Equipment)
- comercioNET
- Hand Held Products
Scheme of the pilot and the supply chain

Incorporation of technology in the supply chain of health
Benefits obtained through work of GS1

- Reduction of 80% of warehouse works reception (INC)
- Reduction of 38% of time using standard codification
- Increase from 0% in 80% in the amount of codified products
- Increase from 0% in 90% of products received with DESADV (Dispatch Advice)
- Improvement in the control of expiry date of products
- Data integrity of entrance and exit (real stock)
- Increase of the level of satisfaction in the internal clients
- Considerable reduction of digitations errors
- Availability of trustworthy data to make management
CENABAST (National Center of Supplying) is in period of evaluation of purchase of a complete technological platform.

INC (National institute of the Cancer) already bought equipment, development applications and they are working.

Private clinics and public hospitals inform to their suppliers of the obligatory nature to give products codified correctly (GS1 cooperate with it)

ISP and CATE are in synchronization process in order to become in a “Unique Catalogue”, to begin a test period of six months.
Scene in the long term

- Cenabast controls all its operation with technological equipment and all their products are codified
- Shipments through EANCOM to hospitals (Dispatch (DESADV), and Reception (RECADV)) verifying against the order of the hospital
- Reception in internal warehouses using readers and data captures
- To dispatch by system to the internal pharmacies of the hospital
- Delivery of safe unit dose to the patient
- Automatic stock reduction, control of inventory and control of patient bill
- All institutions use the Unique Catalogue of GS1 - ISP
GS1 - Made work

- Support of GS1 to Cenabast for **EANCOM** implementation.
- Revision by GS1 of 22,000 medicines
- Seminaries
  - Iquique, Concepción and Temuco
  - With attendances of 250 people
- Work altogether with Hand Held Products (HHP) and Wireless & Mobile
- Committee of Work with Laboratories
- Publications on Health (GS1 Magazine)
- Breakfast of work in GS1 on Pilot Health
Breakfast of work in GS1 on Pilot Health
Next Steps

• Chilean version of the HUG
• Commission of Work on Health
• Indicators of Management (more important KPI)
• To repeat the initiative in to the private sector
• To choice of right partner
• To work in order to incorporate EAN*UCC 13 (box) and DUN 14 (pallet) to the logistic process of the chain
• To study the incorporation of EPC in the health area
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