

Cardiac Catheterisation Laboratory: improving traceability, workflow and stock

GS1 Healthcare Webinar

Ms Pernille Preisler, Managing Head Nurse at the Clinic for Cardiac Disease, Rigshospitalet in Copenhagen, Denmark

April 15, 2021



GS1 Competition Law Caution



- GS1 operates under the GS1 Competition Law Caution. Strict compliance with competition laws is and always has been the policy of GS1.
- The best way to avoid problems is to remember that the purpose of the group is to enhance the ability of all industry members to compete more efficiently.
- This means:
 - There shall be no discussion of prices, allocation of customers, or products, boycotts, refusals to deal, or market share
 - If any participant believes the group is drifting toward impermissible discussion, the topic shall be tabled until the opinion of counsel can be obtained.
- The full caution is available via the link below, if you would like to read it in its entirety: http://www.gs1.org/gs1-anti-trust-caution



Please identify yourself: Name & organisation



How to change your screen name:









3

A poll is coming up next!



Poll question 1:

Which is your organisation?

- a. Hospital / healthcare provider organisation
- b. Manufacturer / Distributor
- c. GS1
- d. Solution provider
- e. Other



Welcome and thank you for attending!



- Welcome to our March 2021 GS1 healthcare webinar.
 Thank you to our guest speaker Ms Pernille Preisler, Managing Head Nurse at the Clinic for Cardiac Disease at Rigshospitalet, Copenhagen in Denmark
- Some housekeeping for today:
 - All attendees will be in listening-only mode
 - If you have questions during the presentation, please type them into the questions area and these will be monitored then answered at the end of the call
- After the webinar:
 - Within a week, the recording will be posted to: http://www.gs1.org/healthcare/hpac_webinars
 - All previous webinars are also posted to this location, so please feel free to use this resource and share the link



GS1 Healthcare Webinars



Create a forum for the global clinical provider environment to share experiences on using GS1 Standards in healthcare. The final goal: improve patient safety, cost efficiency and staff productivity through the implementation of GS1 standards.

A forum for sharing and discussion

Identification of projects and case studies

A source of expertise and advice

- The practical realities of implementation of GS1 Standards in the care giving environment in regard to the impact on clinical care and patient interaction
- Supporting the adoption of GS1 Standards in healthcare providers and retail pharmacies
- For publication, presentation and sharing
- 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



Specific GS1 Healthcare Activities



Webinars

- Bimonthly webinars open to all stakeholders interested in learning about GS1 standards implementation in the care giving environment.
- http://www.gs1.org/healthcare/hpac webinars

Awards

- At each F2F global GS1 Healthcare Conference
- Provider Implementation Best Case Study Award
- Provider Recognition Award
- The prize: travel & accommodation to attend the next GS1 Healthcare conference
- http://www.gs1.org/healthcare/hpac

GS1 Healthcare holds global conferences each year. Due to the pandemic, we moved in 2020 to Virtual Events.

The next GS1 Healthcare Virtual Event is scheduled from April 20–22, 2021, with significant Healthcare Provider participation on the agenda.



A poll is coming up next!



Poll question 2:

What is your knowledge of GS1?

- a. None, I am here to learn
- b. Beginner, want to learn about implementation in a hospital
- c. Moderate, started working on implementing
- d. Expert, working with the GS1 standards



Presenting today





Ms Pernille Preisler

- Registered Nurse
- Degree in specialised business studies
- Managing Head Nurse
- At Clinic for Cardiac Disease, Rigshospitalet, Copenhagen, Denmark





- improving traceability, workflow and stock

Presentation

Managing Head Nurse

IHS, Service Delivery Lead Nordics & Benelux

Pernille Preisler

Marjon Koel

Agenda

- Who are we?
- What did it look like before?
- Why did we need to change our processes?
- How did we approach the challenge?
- Results so far....



The Cardiac Catheterisation Laboratory



Procedure volumes:

- 7650 cath. lab sessions
- Main procedure groups: Ischemia, Pacing, EP, Congenital, Trans Catheter Valves, other complex procedures

Capacity:

- 9 labs on to locations
- 91 head count

Leadership on site:

1 Ward nurse and 4 team-leader doctors (Ischemia, Pacing, Ablation and Structural)

IHS team

3 Materials Management Analysts and 1 team manager on-site every day with focus on logistic and data management;

1 Consulting manager and 1 senior consulting manager



Results from the Medtronic scan, January 2015

		Maturity level	1 Functional Ad Hoc Problem	2 Repeatable Management	3 Defined Standardi zation of	4 Managed Improving by	5 Optimized Operational
Domain	Dimension		Solving	on Routine	Processes	measuring	Excellence
Therapy penetration	Therapy penetration						
Patient pathways	Patient pathways				-	1	
Operational Efficiency	Procedural workflow						
	Quality management						
Supply Chain	Scheduling & planning						
	Material Management						
IT enablement	IT enablement						
Costs & surplus	Costs & surplus			-			
Patient experience	Patient experience manageme	ent					
Organisational alignment	Organisation of work						
	Performance management						
	Employee satisfaction						
Infrastructure	Infrastructure						
Medtronic Dischoonitalet		Rigshospitalet is lagging behind benchmark average					
benchmark Rigshospitalet			Rigshospitalet is ahead of benchmark average				

Intention: To improve health outcomes, patient experience and service delivery

Medtronic:

- Optimize workflows and administrative processes
- Materials management

Patient experience:

- Improved health outcomes
- Better patient care flow

Rigshospitalet:

 High standard of treatment and care

"A partnership – not outsourcing"

- Strategic cooperation
- Governance structure
- Clinical staff: Focus on treatment and care

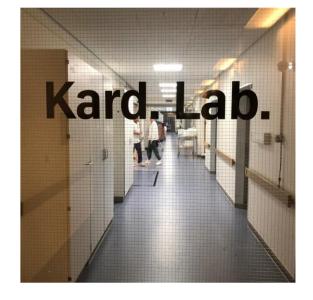


Project phases

First 2-3 months 9-18 months (depending on programme scope) Multiple years **SET UP** DISCOVERY **DESIGN IMPLEMENT** SUSTAIN > > | > | > > & PLAN Define scope Create baseline &. Co-design initiatives to Implement • Measure the final impact initiatives, iterating of the project: reach first future state and economic value economic value solutions as required Start capability-building Set up the team Describe current state Move towards with data. - both e.g. via Medtronic's Lean Free up management continuous improvement Set up project quantified and qualitative Academy (accredited by time for team coaching Create a vision for the governance Identify all opportunities Cardiff University) delivery of economic next 'future state' for improvement Prioritise initiatives value Map to the long-term (5 · Assess culture & change - Train Change Champions Cascade PACE Re-Assess Culture to (survey/focus interventions through demonstrate impact and vear) vision of the Conduct action planning department & hospital groups/interviews etc.) organization course-correct for PACE interventions Create compelling Identify Change Train organization in Adapt culture & change cultural ownership Champions targets according to change story updated insights and Mirror back culture status Implement sustainable demand self-improving culture Prioritize PACE drivers backbone and enablers

Areas of collaboration

- Logistics/Materials management
- Operational efficiency
- Patient pathways
- Quality improvements
- From firefighting to continuous improvement



Structure and process

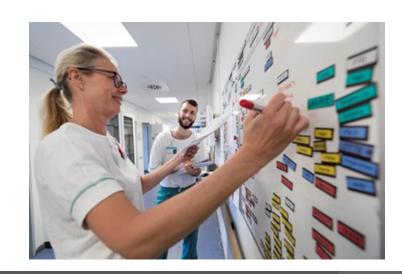
- Gallery walk
- Strategic workshops
- Education
- "Operating-room-nurse"
- Board meetings daily
- "Shortage-Board"





Leadership

- Touchpoints
- Dashboards
- OPEX working group meeting
- Culture



Materials management Obstacles

- Uncertainty by clinical staff
- Items without a barcode
- ❖New IT-system in the Region
- Slow scanners
- ❖Blue Bags



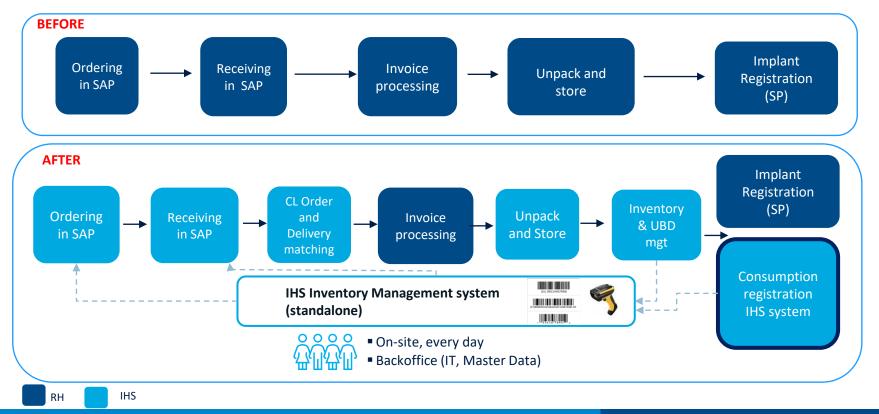
Materials management Results...

- ✓ Reduction of time spent on manual processes
- ✓ Freeing up time for clinical work
- ✓ From manual registration

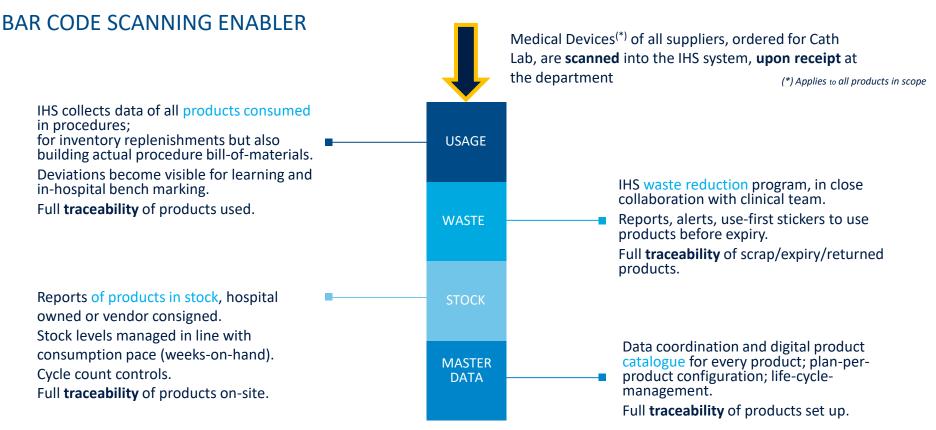
 scanning/digital registration in real time
- ✓ No cancellation of procedure due to out-of-stock items
- ✓ Reduction of stock
- ✓ Reduction of hospital owned waste
- ✓ Error Delivery and Product complaint



MATERIALS MANAGEMENT – BEFORE AND AFTER

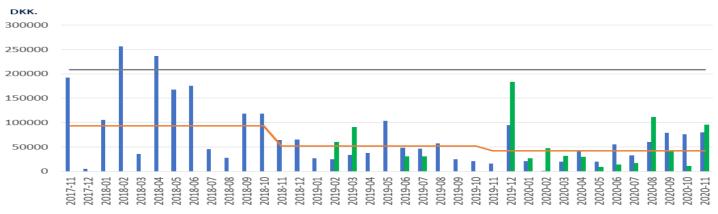


MATERIALS MANAGEMENT CREATES INSIGHT AND TRANSPARENCY

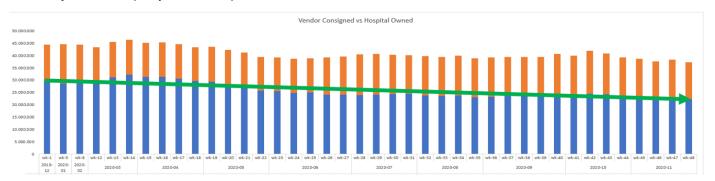


RESULTS

■Waste reduction >DKK 5mio



■Inventory reduction (hospital owned) >20%

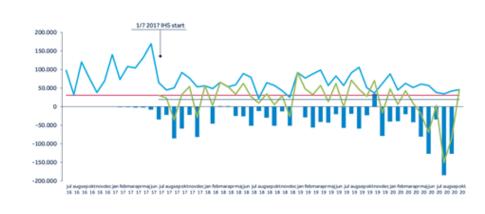


RESULTS

■Relief clinical staff >3 FTE

-3,13 FTE Før Nu 4.00 4,0 3,5 3,0 2,5 2,18 2,0 1,67 1.5 1,0 0.87 0.67 0,5 0.20 0,15 0,0 Sygeplejersker Total FTE Pace-teknikere Adm/Servicemedarb.

Reduced overtime



TRANSFORMING PATIENT EXPERIENCE

AND INCREASING EFFICIENCY

Nurses are a scarce resource

Ordinary 2-bed rooms are used also for Same Day Discharge patients





Same Day Discharge is an established practice at Rigs

Capital Region is eager to find new ways of increasing patient satisfaction



Cardio Lounge implemented

Questions?

Ms Pernille Preisler

Managing Head Nurse, Clinic for Cardiac Disease, Rigshospitalet, Copenhagen, Denmark



Medtronic IHS, Service Delivery Lead Nordics & Benelux



GS1 Healthcare webinar: Questions and contact details





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