How GS1 Standards impacts patient safety

GS1 Healthcare Webinar

Mark Songhurst, Project Manager Scan4Safety (Programme Lead)
Leeds Teaching Hospitals NHS Trust, UK

September 9, 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
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Welcome and thank you for attending!

- Welcome to our September 2021 webinar.
  Thank you to our guest speaker Mr. Mark Songhurst, Project Manager Scan4Safety (Programme Lead) at Leeds Teaching Hospitals NHS Trust, UK

- 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 providers 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.

- 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](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](http://www.gs1.org/healthcare/hpac)

The Global GS1 Healthcare conferences moved due to the pandemic in 2020 to Virtual Events. The next GS1 Healthcare Virtual Event is scheduled from 16-18 November 2021. We expect significant Healthcare Provider participation on the agenda.
Presenting today

Mark Songhurst

- Project Manager Scan4Safety (Programme Lead)

- Responsible for the adoption and implementation of Scan4Safety standards and technology across the Trust
Leeds is the third largest city in the UK and The Leeds Teaching Hospitals NHS Trust operate 7 hospitals across 5 sites. We provide local, regional and supa regional care for up to 5.2 Million people.
Here are a few details about The Leeds Teaching Hospitals NHS Trust.
The Trust has a shared set of Values these are known as the Leeds Way and they define the way we work as a team and an organisation. We have also worked with the Virgina Mason Institute to develop the Leeds Improvement Method based of the global recognised Virginia Mason Improvement Method.
This slide give you the history of Scan4Safety, we are now working along side hospitals across the region to implement Scan4Safety
These are the standards that we currently use in the hospital.
Every patient has a GSRN on their Patient Identification Bracelet, however we do not use the GSRN until we have verbally confirmed the patient's identity.
Here are the GLN plaques we have in the hospital we also have over 1,300 departmental addresses in the organisation to which Function GLNs are applied. That is equivalent to the size of a small town.
This slide highlights the need for the use of GTINs in the ordering process to avoid confusion.
To set up a storage area we first work with the Clinicians to define what products are required in the stock room. The goods are ordered and looked after by a member of inventory staff and an electronic inventory is created. From there either the clinicians scan out what they have used or our inventory teams provide a top up service.

Any products required are sent out electronically and when the goods are received back in the organisation and are put away by the inventory team and the process continues. We regularly review the stock held with the clinicians.
We use three types of inventory in the organisation at present:

Top Up for wards and departments
Inventory Management for Theatre Stores
RFID Inventory Management for high value stocks

At every stage the systems are supported by an inventory team.
This is an extract from our Management Information System. The Trend Graphs are live and change, this tool is used by the Inventory Management Team to ensure that Expired Products are captured and removed from shelves as soon as possible but it is interesting to note that we only have one expired item on the shelf and 27 that will expire in the next month
This slide shows the benefits of the use of GS1 Standards and PEPPOL Transactions for both the hospital and the Supplier
This is the system we are working to put in here at Leeds. Links are being created at present but the idea is that we do not have the duplication of data entry and we always work from source data.
This shows a patient journey for a Breast Patient on the day of their surgery, they need to visit an imaging suite and a nuclear medicine suite. These are in separate areas of the hospital and involve going up one level into another building and then down a level. We frequently lost patients and the ward was making phone calls to find their location.
Our solution was to introduce patient tracking this allows the ward or a department to scan a patient to location and for it to be displayed on the electronic white board on the ward.
The patient tracking has been improved to acknowledge when a patient enters a new ward area and the request is made for the patient to transfer wards. This can be done in the electronic patient record.

Apologies that the person filming and providing the commentary confused 2D Data matrices and QR Codes
Using the GLN we have also been able to create a live Bed State for the organisation. We are in the process of understanding how we can display this in a meaningful way in the Clinical Site Manager Office to help manage patient flow.
We are using the GLN and GSRN to track patient cells around the organisation. These Advanced Therapies cost in the region of £250,000 and must be given back to the correct patient. Using Barcodes we can give assurance to the Pharmacy Team that the chain of custody is appropriate and we know the location at any given time.
We have introduced Bar Code Scanning to help with labelling blood samples for cross match. The system has to be used at the bedside so we have decreased the wrong blood in tube for all patients whose cross match is taken by this method. For our patients it means that we do not have to use two venopuncture to obtain blood for cross match.
Our greatest challenge is storage the store room on the left has in the region of 5,000 products in it and on the right there is approximately £900,000 worth of stock on these shelves alone.
We know that companies are introducing standardised packaging to reduce costs but this causes a large problem for hospitals whose storage areas are limited. As the images show we can hold far less product and this is a risk to our patients.
In the event of a product recall, each bolt would need to be checked for the batch number. Leaving items in their packets means we can either scan the barcode to trace the item or easily read the information required.

Also company reps who decant products into trays make recalls difficult, in the event of a recall on these products we would have to search each item and find a small batch number etched in to each item.
Here are the benefits of Scan4Safety but most importantly it helps put Clinicians and Nursing Staff back where they are needed. At the patient bedside.
Here is an example of an actual product recall for a Scan4Safety product from December 2019.
I have put this slide into the deck following a conversation with my 14 year old nephew about the work that I do. During the conversation it became apparent that in his eyes what we are aiming for makes sense and why were we not doing this already and far more.

The image shows the design of our new hospitals and the link leads to a fly through video.
https://www.youtube.com/watch?v=vl9IPC7ICX4

To quote Barrack Obama. “Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change we seek.”
Questions
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