



GS1 Healthcare Webinar



# 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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# Please identify yourself: Name & organisation



## How to change your screen name:

**1**

After launching the Zoom meeting, click on the "Participants" icon at the bottom of the window.

**2**

In the "Participants" list on the right side of the Zoom window, hover over your name and click on the "Rename" button.

**3**

Type in the display name you'd like to appear in the meeting and click on "OK".



# Welcome and thank you for attending!

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- 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](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.

**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



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# 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>

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.



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## Presenting today

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### **Mark Songhurst**

- Project Manager Scan4Safety (Programme Lead)
- Responsible for the adoption and implementation of Scan4Safety standards and technology across the Trust



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# Welcome to Leeds



*St. James's University Hospital*



*Chapel Allerton Hospital*



*Leeds General Infirmary*



*Seacroft Hospital*



*Wharfedale Hospital*



*Leeds Children's Hospital*



*Leeds Dental Institute*



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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 supra regional care for up to 5.2 Million people



## Our Services

**NHS**  
The Leeds  
Teaching Hospitals  
NHS Trust



**Over 18,000  
staff**



**119,000  
Inpatient  
Episodes**



**1,100,000  
Outpatient  
Appointments**



**222,000  
Emergency  
Attendances**



**8,900  
Babies Born**



**£1.42 Billion  
Turnover**



**Largest Provider of  
Specialist Adult  
and Paediatric  
Services in England**



**Record £600  
Million Government  
Funding for  
Building the Leeds  
Way**



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Here are a few details about The Leeds Teaching Hospitals NHS Trust.

# Our Culture "The Leeds Way" and Leeds Improvement Method



The Leeds Improvement Method helps us identify and eliminate waste



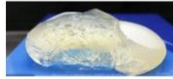
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The Trust has a shared set of Values these are known as the Leeds Way and they define the way we work as a team and an organisation. We have also worked with the Virginia Mason Institute to develop the Leeds Improvement Method based of the global recognised Virginia Mason Improvement Method.

# Scan4Safety a history



**2011**

PIP Breast Implant identified as dangerous and in need of revision. Time 8 month plus of work and still there is industry uncertainty



**2013**

Horsemeat identified as an unlisted product in the UK processed food market. Retail sector remove them from the shelves inside 2 hours



**2014**

Department of Health (Now Department of Health and Social Care) e-procurement strategy published

SCAN4SAFETY

**2015**

GS1 and PEPPOL Adoption Demonstration Programme Launched

6 Trusts Successful  
Royal Cornwall  
Plymouth  
Salisbury  
Derby  
Leeds Teaching  
North Tees and  
Hartlepool

**2016 - 2018**

Programme rebranded Scan4Safety and the Demonstrator site begin a scheme of work

**2019**

Certification

**2020**

WYAAT awarded £14.9m

WYAAT – West Yorkshire Association of Acute Trust. A group of 6 organisations working together including Leeds Teaching Hospitals NHS Trust



This slide give you the history of Scan4Safety, we are now working along side hospitals across the region to implement Scan4Safety

## The Standards in Use



Global  
Service  
Relationship  
Number  
**(GSRN)**

**Patient**



Global  
Location  
Number  
**(GLN)**

**Place**



Global  
Trade  
Item  
Number  
**(GTIN)**

**Product**



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These are the standards that we currently use in the hospital

# Patient Identification (GSRN)



**Patient Identification is checked in accordance with the Positive Patient Identification Policy.** Once we have confirmed we have the correct patient then we scan the GSRN to open the patient record.



Every patient has a GSRN on their Patient Identification Bracelet, however we do not use the GSRN until we have verbally confirmed the patients identity.

## Place Identification (GLN & GLN Extension)



In every room  
22,303 at deployment



On every door as you enter  
a room



For every bed  
and treatment  
space



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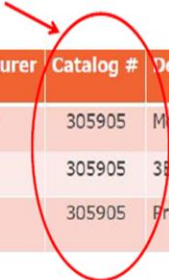
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Here are the GLN plaques we have in the hospital we also have over 1,300 departmental addresses in the organisation to which Function GLNs are applied. That is equivalent to the size of a small town.

# Products why do we need GTINs

Same MPC number, 3 entirely different products



Manufacturer	Catalog #	Description
Medtronic	305905	Mosaic ® 305 Porcine Heart Valve
BD	305905	36D SafetyGlide™ Syringe
J & J	305905	Protectiv® IV Catheter System

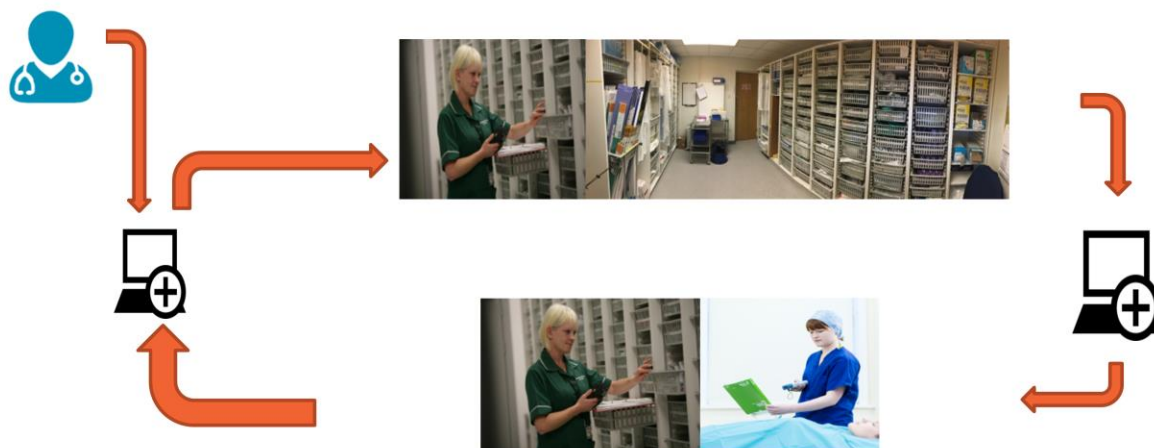
*The chances of ordering the incorrect product is high.*

*As with all Scan4Safety data integrity is key.*



This slide highlight the need for the use of GTINs in the ordering process to avoid confusion

# Paperless Inventory (Removing Waste)

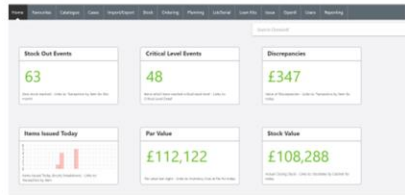


To set up a storage area we first work with the Clinicians to define what products are required in the stock room. The goods are ordered and looked after by a member of inventory staff and an electronic inventory is created. From there either the clinicians scan out what they have used or our inventory 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.



# Levels of Inventory Management



We use three types of inventory in the organisation at present:

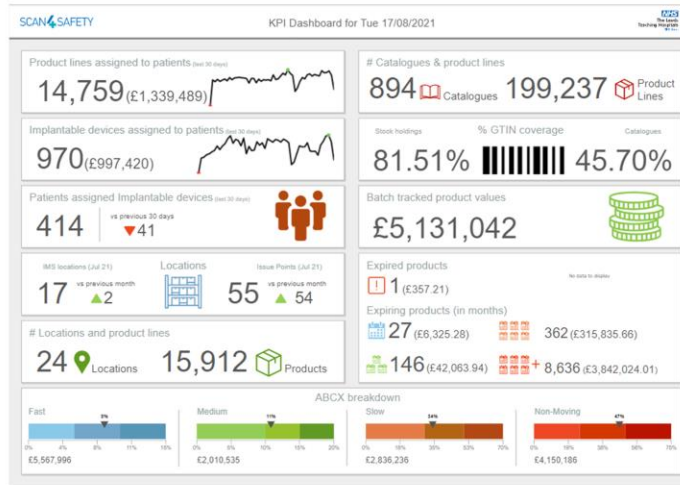
Top Up for wards and departments

Inventory Management for Theatre Stores

RFID Inventory Management for high value stocks

At every stage the systems are supported by an inventory team.

# Up to date information



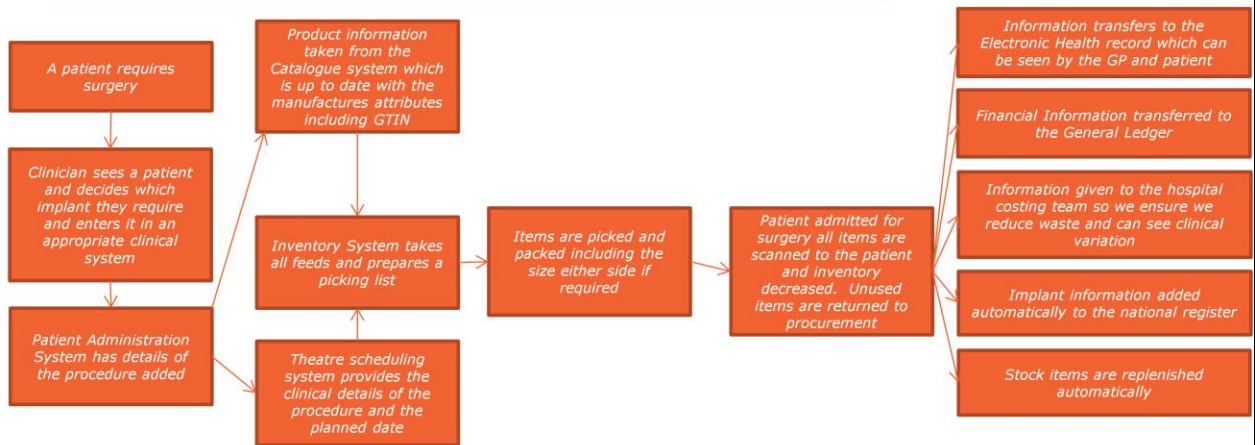
This is an extract from our Management Information System. The Trend Graphs are live and change, this tool is used by the Inventory Management Team to ensure that Expired Products are captured and removed from shelves as soon as possible but it is interesting to note that we only have one expired item on the shelf and 27 that will expire in the next month

# Benefits of PEPPOL and Electronic Ordering

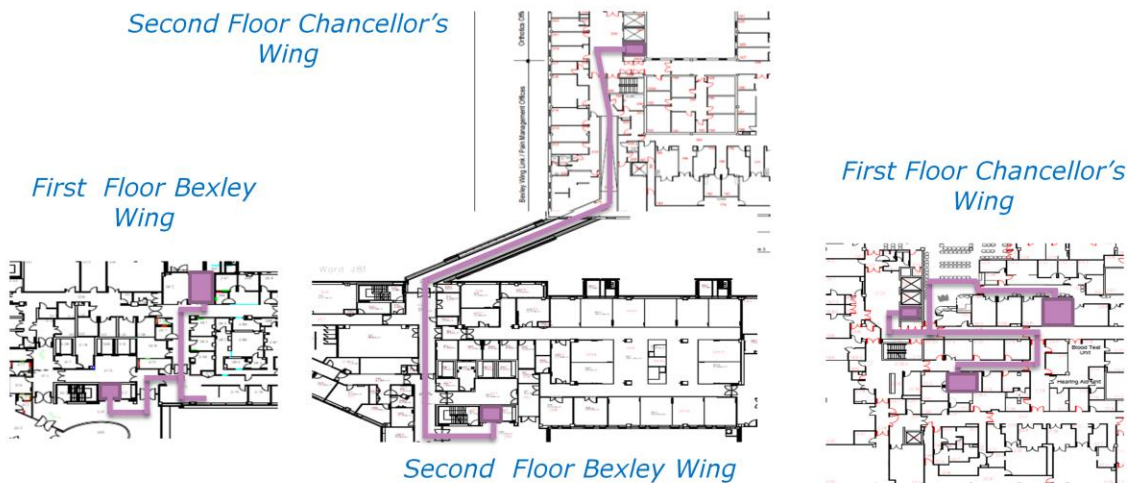


This slide shows the benefits of the use of GS1 Standards and PEPPOL Transactions for both the hospital and the Supplier

## Our goal for a patient undergoing a procedure



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.

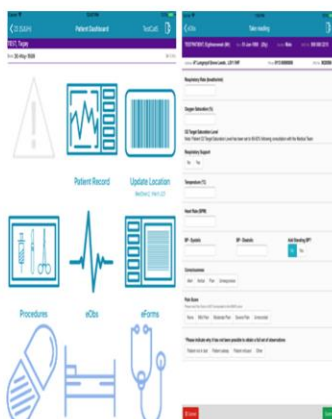


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This shows a patient journey for a Breast Patient on the day of their surgery, they needs to visit an imaging suite and a nuclear medicine suite. These are in separate areas of the hospital and involve going up one level into another building and then down a level. We frequently lost patients and the ward was making phone calls to find their location.

# Unpacking the patient journey



Ward View: 31 (S&P) St James's Institute of Oncology, Ward Color: J81

Action	Ward	Bed	Patient	Age	Sex	Location	Time Since Arrived	Consultant	Speciality	LOS	EDC	WFO	Planning	SDO	Number For Discharge Transfer	Clinical Summary	W&AR	Effects
1	31 (S&P)	1	RASPBERRY Robert	32	M	Bed Room, J81	10:20:10	AA	General Medicine	100	1		On Ward			This is same bed is last carriage.	Pharmacy	
2	31 (S&P)	2	PLUM Henry	47	M	Bed Room, J81	10:20:10	ACU	Urology	50	1		On Ward					
3	31 (S&P)	3	PEARL Patricia	37	F	Bed Room, J81	10:20:10	STG	Anaesthesia	40	1		On Ward				Pharmacy	
4	31 (S&P)	4	GRACE Sofia	37	F	Bed Room, J81	10:20:10	ACU	Urology	50	1		On Ward					
5	31 (S&P)	5	OLIVER George	32	M	Bed Room, J81	10:20:10	AA	General Medicine	100	1		On Ward					
6	31 (S&P)	6	PINEAPPLE Peter	40	M	Bed Room, J81	10:20:10	STG	Anaesthesia	100	1		On Ward					
7	31 (S&P)	7	OLIVE Adam	37	M	Bed Room, J81	10:20:10	ACU	Urology	100	1		On Ward					
8	31 (S&P)	8	PEACH James	37	M	Bed Room, J81	10:20:10	J81	General Medicine	100	1		On Ward					
9	31 (S&P)	9	ORANGE David	32	M	Bed Room, J81	10:20:10	J81	General Medicine	100	1		On Ward					

Mobile PPM+ app allows access to e-forms within the patient EPR at the bedside

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.

# Patient Transfers Video



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

# The Live Bed State

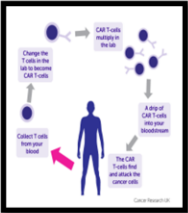


CSU Name	Bed Count	Beds occupied	Beds available	Beds unavailable	% beds available	% beds occupied or unavailable
Trust Total	2036	1682	273	81	13%	87%
Abdominal Medicine and Surgery	359	301	35	23	10%	90%
Adult Critical Care	76	48	28	0	37%	63%
Cardio-Respiratory	218	188	23	7	11%	89%
Centre for Neurosciences	166	162	3	1	2%	98%
Chapel Allerton Hospital	71	48	16	7	23%	77%
Childrens	225	138	73	14	32%	68%
CSU to ward unknown	0	0	0	0	0%	0%
Emergency and Specialty Medicine	357	330	12	15	3%	97%
Head & Neck	22	22	0	0	0%	100%
Institute of Oncology	150	141	8	1	5%	95%
Trauma and Related Services	147	139	7	1	5%	95%
Villa Care	128	109	14	5	11%	89%
Womens	117	56	54	7	46%	54%

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.



# Tracking Advanced Therapies

Advanced Therapy Tracking Step List: All Cells in Flight

Search the data

The latest tracking step for each patient

LM Chart view Export

Total items: 5

Patient	Advanced Therapy Tracking Step	Surname	PAS Number	Current Tracking Status	House Weyball Number	Room	Last Updated
<a href="#">View</a>	<a href="#">View</a>	TEST	0030050	Cells en route to PHBTS	999999	None	12/01/2021 14:27
<a href="#">View</a>	<a href="#">View</a>	SMITH	D123456	Cells collected		<a href="#">1 Group</a>	17/03/2021 10:35
<a href="#">View</a>	<a href="#">View</a>	SMITH	D123456	Cells collected		<a href="#">1 Group</a>	16/06/2021 15:16
<a href="#">View</a>	<a href="#">View</a>	TESTRATENT	0026586	Administration End		None	28/01/2021 14:01
<a href="#">View</a>	<a href="#">View</a>	MARSH	0033288	Administration End		<a href="#">1 Group</a>	16/03/2021 13:52



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.

# Blood Transfusion Tracking



- Improves Safety
- Mitigates two venepunctures for cross match
- Improves Auto-fating
- Prevent Wrong Blood in Tube
- Can release nursing time
- Speeds up standard blood delivery to wards



We have introduced Bar Code Scanning to help with labelling blood samples for cross match. The system has to be used at the bed side 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 veno punctue to obtain blood for cross match

# Hospital Storage



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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.

## What can you do to help us?



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

# Leave items in their packets



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.

# Benefits



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 .

# Benefits



## **10:15** - MHRA Notification Confirmed in Trust

**10:28** – Confirmed we have the product in the Trust and that there will be no use of these products in the coming days

**11:42** – Confirmation to Medical Director -Operations that all respective products have been removed from the clinical area and are under the control of the appropriate Inventory Manager.

## **Recall in Figures**

**839** Product Lines across **62** Product Ranges

**124** items removed from St. James's Site

**34** items removed from LGI Site

Here is an example of an actual product recall for a Scan4Safety product from December 2019.



# Hospitals of the Future



<https://www.youtube.com/watch?v=vI9IPC7ICX4>



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I have put this slide into the deck falling 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=vI9IPC7ICX4>

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."



# Thank you

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# Questions

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## GS1 Healthcare webinar: Questions and contact details

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