

Where and how to start implementing GS1 Standards in a hospital



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Hereditary Coagulation Disorders, St James's
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WHY?

Quaids Settle for \$750K in Babies' Overdose



By Neal Colgrass, Newser Staff
Posted Dec 15, 2008 8:00 PM CST

STORY

COMMENTS (0)



(NEWSER) – Dennis Quaid
\$750,000 with a Los Angeles
overdosed their newborns on
year, *People* reports. The twins
after receiving Heparin, are not
story what Quaid called a "happy
also filed suit against the man
pediatric and adult doses in

Zurich
Savi

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How did this happen?

American College of Obstetrics and Gynaecologists –
August 2012

“The main causes (of medication error) are human factors including....

- Fatigue
- Inattention
- Memory Lapse
- Lack of Knowledge
- Failure to communicate



Do these suffer from any of the causes listed?



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Business Case for Bar code scanning

- Up to 30% of Healthcare budgets may be spent one way or another on handling information, collecting it, looking for it, storing it.
- The typical error rate for human data entry is 1 error per 300 characters
- The error rate can be as good as 1 error in 36 trillion characters for barcode scanners



Benefits of Barcodes

- Improve Operational Efficiency
- Save Time
- Reduce errors
- Cut Costs
- Benefit from Customer or Regulatory Requirements



Medical devices.....same problem

Poly Implant Prothèse (PIP): French company, Founded 1991 (liquidation 2011) produced breast implants

Globally Approximately 400,000 women may have PIP gel implant products implanted.



2001: PIP began to use unapproved in-house manufactured industrial grade, instead of medical-grade, silicone its implants.

2009: Concerns surfaced in France when surgeons started reporting an abnormally high rupture rates; resulted in a flood of legal complaints and PIP's bankruptcy.

2010: March PIP placed into liquidation, losses of 9 million EUR after the French medical safety agency recalled its implants.

2011: December 23, following death of a woman, French government recommended 30,000 French women seek removal of PIP implants

They were correctly identified



BUT: Recalls and patient contact hindered by lack of traceability
No UDID, No Implant Register

Implants.....

2012: MHRA recognise a small number of patients with large metal on metal full hip replacements could develop complications.

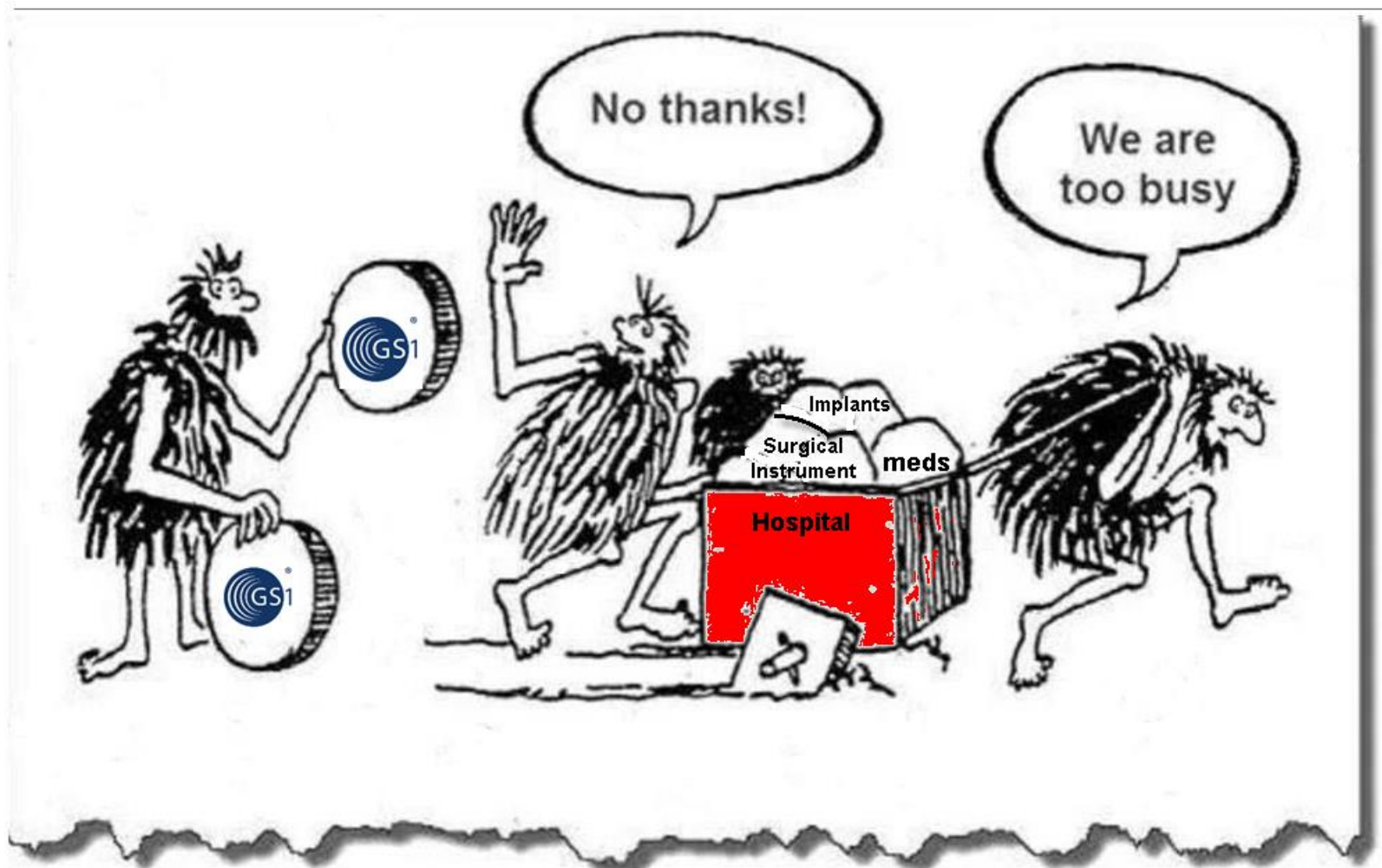
28 February MHRA issued patient Management/monitoring advice to surgeons and doctors to monitor patients every year for the lifetime of their metal on metal total hip replacements

25 June Press release: MHRA tells surgeons to stop using R3 metal cup liner and extends patient monitoring advice

Patient identification improved by National Joint Registry but traceability in hospitals lacking

<http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice%E2%80%93M%E2%80%93T/Metal-on-metalhipimplants/index.htm>





GS1 Standards help save €1.1 million at NHS Leeds Teaching Hospitals (UK)



NHS Leeds Teaching Hospital – a 2,500-bed university hospital in the UK - Europe's largest university hospital



Issue(s)

- Increased pressure to improve patient safety and save costs in hospitals
- Suboptimal management of inventory of medical devices at the hospital's Orthopaedic Centre
- High stock levels and system integrity problems arising from consignment stock and vendor-managed inventory

Solution

- Implementation of an inventory control system through GHX
- Implementation of GS1 Standards, including GTIN, GS1 BarCodes and GDSN

Results

Savings through consignment stock reduction: €600k

Savings through elimination of excess stock: €500k

- Reduced consignment stock, which reduces process and write-off costs for the supplier and the hospital
- Reduced obsolescence through stock visibility, stock rotation and stock levels that ensure usage within expiry
- Reduced emergencies thanks to improvements in forward demand/stock planning
- Reduced cost of carriage as stock delivered on efficient lead times and using scheduled deliveries

GS1 Standards help save 7% in medication purchasing and packaging in North York General



North York General Hospital - a 434-bed hospital in Toronto, Canada



Issue(s)

- Risk of medication errors at the point-of-care due to insufficient product identification
- Lack of unit-dose bar coding of medication

Solution

- Installation of an automated repackager and bar coding station
- Implementation of a point-of-care bar code verification system to ensure the five patient rights
- Implementation of GS1 Standards, incl, GTIN and GS1 BarCodes

Results

Reduced medication errors at the point-of-care
Cost savings of 7-8% each year in terms of its medication purchasing and packaging activities

- Estimated cost to implement system in the hospital: €248k
- Efficiently affixing bar codes to unit doses
- Efficient bedside verification

McKinsey & Company report quantifies supply chain issues in Healthcare



New McKinsey report “Strength in unity: The promise of global standards in healthcare”

Highlights the cost savings and patient safety benefits of adopting a single global supply chain standard in healthcare

Available at:

<http://www.gs1.org/healthcare/mckinsey> or

http://www.gs1.org/docs/healthcare/McKinsey_Healthcare_Report_Strength_in_Unity.pdf

Source: <http://www.mckinsey.com>

Huge cost savings and patient safety benefits when adopting a single global standard in healthcare

- “Implementing **global standards** across the entire healthcare supply chain **could save 22,000-43,000 lives** and avert 0.7 million to 1.4 million patient disabilities”
- “Rolling out such standards-based systems globally **could prevent tens of billions of dollars’ worth of counterfeit drugs** from entering the legitimate supply chain”
- [We] “estimate that **healthcare cost could be reduced by \$40 billion-\$100 billion globally**” from the implementation of global standards
- “Adopting **a single set of global standards** will cost significantly less than two” (between 10-25% less cost to stakeholders)





WHY GS1?

How standard are standards in healthcare?

‘The nice thing about standards is that
there are so many to choose from’

(Andrew Tannenbaum, the Vrije Universiteit, Amsterdam)

to which has been added

‘and if I can’t find one I like, I’ll make up
my own!’

*(Paul Amos, Information Standards Board for Health and Social Care in
England, UK).*

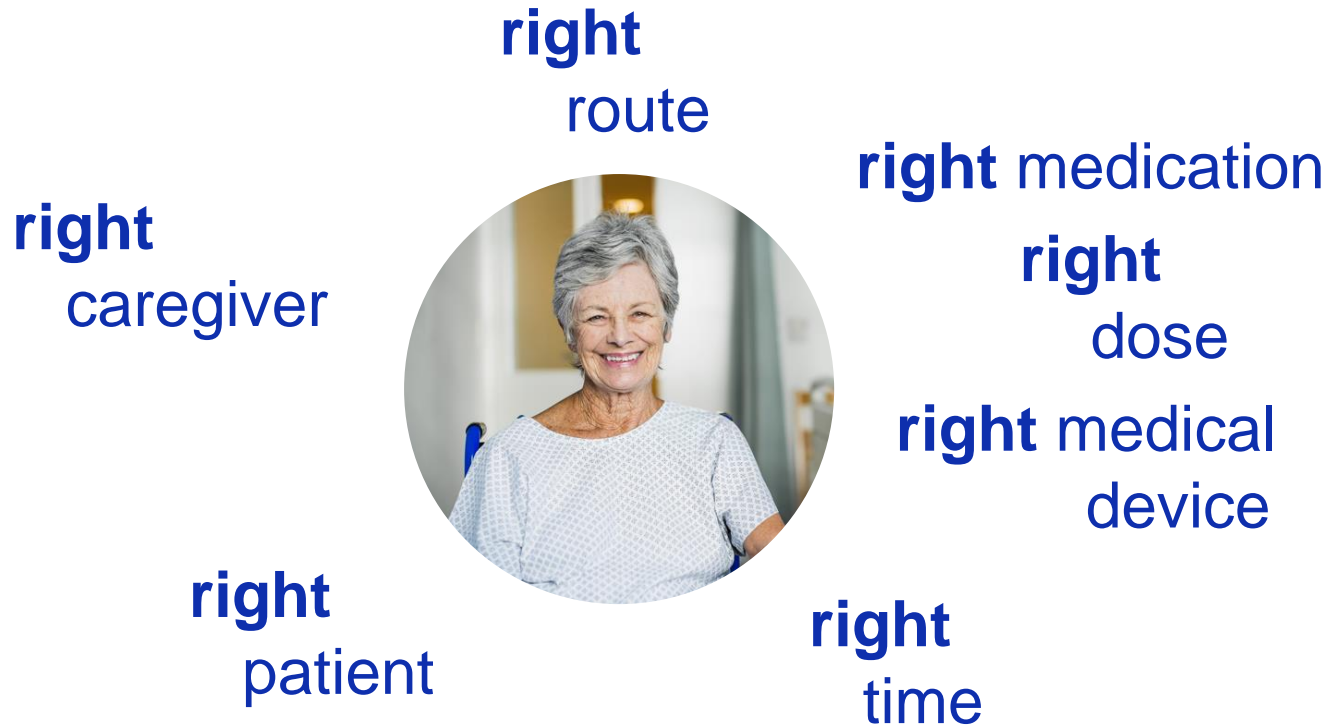


..in Healthcare it is dangerous and ineffecient!



- Multiple bar codes on one package – which one to scan?
- Different types of bar codes – inconsistency; incompatibility
- No bar code – need to bar code; re-package; re-label

Imagine...the patient rights were reality, all the time!



Benefits for Patient Safety

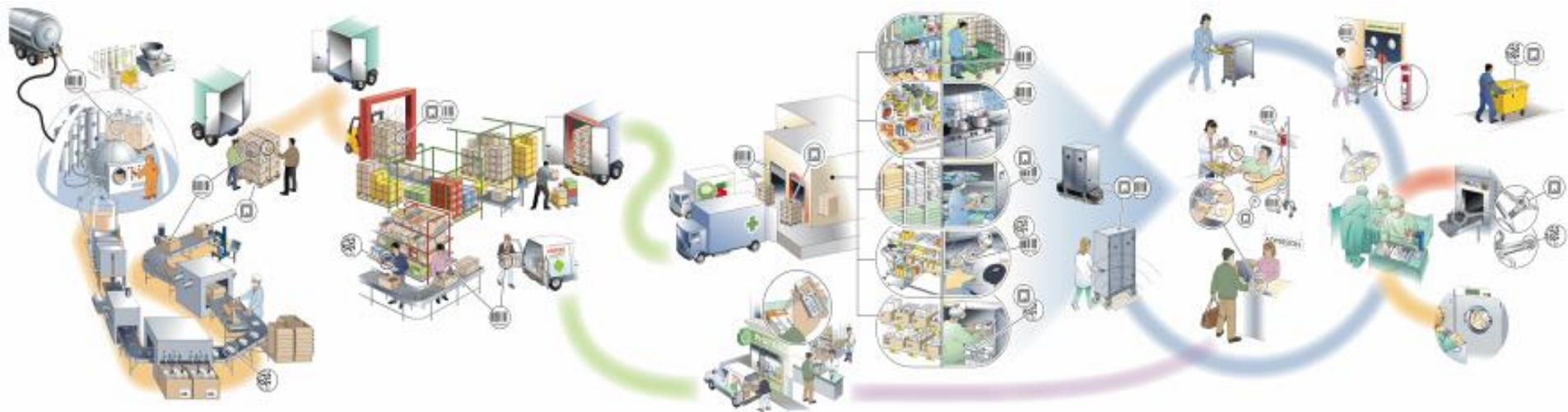
- Improved **recall** procedure and **adverse event reporting**
- **Documentation** of product/patient relationship – in **Electronic Health Records (EHR)** and registries
- **Visibility** of **inventory** – availability of devices
- Reduction of **medical errors**
- Supply chain **security/anti-counterfeiting**





HOW?

Voluntary, Global Healthcare User Group



To lead the healthcare sector to the successful development and implementation of **global standards** by bringing together **experts** in healthcare to enhance **patient safety** and **supply chain efficiencies**.

Our speakers

People who have helped make this a reality

- **Frédérique Fremont**, Organisation Engineer, CHI Ballanger Hospital, France
- **Erik Van Ark**, Anesthesiologist, Bernhoven Hospital
- **Georges Nicolaos**, Chief Pharmacist, Groupe Hospitalier de l'Est Francilien Hospital of Coulommiers, and President of the Hospital Medicine Commission

