GS1 Healthcare Best Provider Implementation Case Study Award

Application Form

**CRITERIA**

* The GS1 Healthcare Best Provider Implementation Case Study Award is ONLY given to Provider Organisations (i.e. hospitals, clinics, care homes, retail and hospital pharmacies) or departments or individuals within provider organisations
* GS1 Member Organisations (MOs) and/or GS1 Global Office (GO) Healthcare (HC) can nominate provider organisations, departments or individuals within provider organisations (‘Nominee’) for the GS1 Healthcare Best Provider Implementation Case Study Award; using this Application Form.
* Mandatory: The nominee has implemented GS1 Standards for at least ONE process in their hospital/clinic/care home/pharmacy/department with clear and demonstrable Return on Investment (ROI)
* Optional: Active participation in GS1 Standards development work, e.g. member and attendance OR Co-Chair and attendance of GS1 Global Standards Management Process (GSMP) Work Group(s)
* Optional: Recognised as GS1 Standards advocate (locally, regionally or internationally)

***NOTE: Submissions should be received by June 30st OR December 31st in any calendar year.***

**PRIZE**

* Expenses paid trip\* to next GS1 Healthcare Global Conference
* Presentation of Winning Case Study at next GS1 Healthcare Global Conference

**NOMINATOR (GS1 MO) DETAILS**

|  |  |
| --- | --- |
| Title (Ms, Mr, Mrs, Dr…) |  |
| First Name |  |
| Last Name  |  |
| Job Title |  |
| Address |  |
| City |  |
| County/State |  |
| Post Code |  |
| Country |  |
| Tel. No. |  |
| Cell/Mobile No. |  |
| eMail Address |  |

**NOMINEE DETAILS**

|  |  |
| --- | --- |
| Title (Ms, Mr, Mrs, Dr…) |  |
| First Name |  |
| Last Name  |  |
| Job Title |  |
| Organisation Name |  |
| Address |  |
| City |  |
| County/State |  |
| Post Code |  |
| Country |  |
| Tel. No. |  |
| Cell/Mobile No. |  |
| eMail Address |  |

**DETAILS OF NOMINEE’S ORGANISATION**

**Type of Organisation (select one)**

|  |  |
| --- | --- |
| State Hospital |  |
| Private Hospital |  |
| State Clinic |  |
| Private Clinic |  |
| State Care Home |  |
| Private Care Home |  |
| State Hospital Pharmacy |  |
| Private Hospital Pharmacy |  |
| Retail Pharmacy  |  |
| Other (please specify) |  |

**Overview of Nominee’s Organisation and Description of Activity**

|  |  |
| --- | --- |
| Year Organisation Established |  |
| No. or Beds |  |
| No. of Staff/Employees |  |
| Annual Turnover |  |

**DETAILS OF THE CASE STUDY**

*For each section please detail in 200-400 words List / explain actions related to implementation of GS1 standards (following page):*

|  |
| --- |
| **GOAL:** What were they trying to achieve? |
| **WHAT** was the Business Issue? What problem(s) were they hoping to address by implementing GS1 Standards? |
| **WHEN?** When did they start (and finish (if applicable)) |
| **HOW?** Was it a one off project or part of an ongoing programme |
| **WHERE YOU STARTED:** Which part of the GS1 system did they start by implementing, e.g. GTINs, GLNs, eCOM, GDSN… |
| **WHERE WERE THE BUSINESS BENEFITS?**List the business benefits, both tangible (e.g. Return on Investment / Cost Savings / Reduction in errors) and intangible (attitude of staff, patients, management) |
| **WHAT WERE THE KEY IMPLEMENTATION CHALLENGES EXPERIENCED?**e.g. IT/IS interoperability, issues with bar codes (too many, quality…) |
| **WHAT NEXT?**e.g. moving from tray or kit identification to instrument or implant identification; bedside scanning, etc.  |
| Please add any other information that is relevant to this case study, including related presentations, reports, articles etc. |

**WHAT TO DO NOW THE APPLICATION FORM IS COMPLETE:**

**Local MO Name** (e.g. GS1 France)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name MO approver (e.g. CEO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

1. Send signed application to GS1 GO HC (els.vanderwilden@gs1.org) along with any supporting documentation/attachments

**On receipt of application by GS1 GO HC**

1. Ensure the application has been signed by GS1 MO
2. Ensure the application is approved and signed by GS1 GO HC Vice President (below)

**GS1 GO HC Vice President Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

1. Send completed and approved application form to HPAC Recognition Approval Team (ART) who will:
2. Meet F2F or virtually to discuss and make Reward decision
3. Invite Nominator to present nomination (Optional)
4. Communicate decision to Nominator
5. Nominator notifies Nominee (Winner) of Reward
6. GS1 GO liaises with winner
7. To arrange Expenses paid trip\* to next GS1 Healthcare Global Conference
8. Schedule presentation of Winning Case Study at next GS1 Healthcare Global Conference

*\* Economy flights, Hotel, Transfers/Taxis to/from venue, Meals*