Building modern hospitals on global traceability standard
How standards helped Aarhus University Hospital establish technology agnostic traceability
Henrik Stilling, IT-Architect, Central Denmark Region
December 2016
Welcome and thank you for attending!

- Welcome to our December 2016 webinar. Thank you to our guest speaker – Henrik Stilling, IT-architect Healthcare Central Region in Denmark

- Some housekeeping for today:
  - All attendees will be on mute
  - 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
The GS1 Healthcare Provider Advisory Council (HPAC)

Thought leaders and early adopters of GS1 Healthcare Standards from the global clinical provider environment. Their final goal is to improve patient safety, cost efficiency and staff productivity through implementation of GS1 standards.

- About the practical realities of implementation of GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction
- That support 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
HPAC Activities

Webinars

• Monthly 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

• Twice per annum
• Provider Best Case Study Award
• Provider Recognition Award
• The prize is travel / accommodation to attend the next GS1 Healthcare conference
  • [http://www.gs1.org/healthcare/hpac](http://www.gs1.org/healthcare/hpac)

GS1 Healthcare also holds two global conferences per year. Our next conference is in Berlin from April 4-6, 2017. There will be significant Healthcare Provider participation on the agenda.
Who am I

- Central Denmark Region
- Lead architect for item identification and tracking
- Engineer by trade
  - Process management
  - Technology adaption
- Worked within health care industry since 2008
- Part of Danish national initiative on identification and traceability in healthcare
  - Reference architecture
Agenda

• Background
  - Why we are introducing new methods
  - The Hospital

• Design and methods
  - Architecture
  - Implementation

• Cases
Denmark and its hospitals

- **Danish** Parliament/Government
  - Ministry of Health, National Board of Health etc.
- 5 Regions – 5 Boards with 41 elected politicians
- 98 Municipalities – 98 Boards with between 9 and 31 elected politicians
Expenses – only with age-change
Some trends

• Reduction in number of hospitals and beds
• Centralization and specialization
• Fewer hospitals with ED’s
• Focus on pre-hospital emergency care
• Focus on intermediate care
• GP’s collaborating in larger clinics
• Number of discharges over the last 8-10 years – slight increase
• Outpatient visits – huge increase
• Average length of stay is now 4 days – huge decrease
• Hospitals to be renovated + new hospitals built (6 billion Euro to be spent)
New hospitals and upgrades
Future emergency structure
Central Denmark Region
Aarhus University Hospital
Some facts

- **Aarhus University Hospital in Skejby today:** approx 160,000 sqm
- **New buildings:** app. 320,000 sqm
- **Plant investment (gross) 1.4 bn Euro Operating budget (gross) app. 1.3 bn Euro**
- **App. 10,000 employees**
- **App. 1,000 students**
- **Annual activity:**
  - 100,000 admissions (inpatients)
  - 850,000 outpatient visits
- **Up to 35,000 daily transportations**
Cutting edge technology
Cutting edge technology - 2008
Planning for an unknown future

- **Tech status 2008**
  - 2 years pre iPad
  - HD resolution TV not mainstream
  - The first android phone was released in October
- **Automation?**
  - Autonomous guided vehicles
  - Autonomos robots
- **Patient empowerment**
  - PC based – not mobile
  - Internet coverage about to reach 100% in Denmark
Basic drivers for running the hospital and achieving efficiency

- Turning (even more) into digitalization
- Focussing on logistics
- Automatization (where possible)

*Strategy incepted in the period from 2005-2008!*
How to plan for stuff you don’t know

?
Build on the things you know

Physical infrastructure

• The Hospital layout is given
• Supply strategy is designed along with the hospital infrastructure

Objects

• Medicine
• Sterile goods
• Single use items
• Reusable items

Events

• Major changes in business model
• Gradual changes in individual business processes
Scope

• Systems that automatically register location and identity of a mobile object at a known time

• Systems able to consume the above mentioned informations

• What, Where and When
Logistics
Context

- Applications

Integration System for Tracking and Identification

Wayfinding

Beds

Goods

Patientflow

*Applications*

Barcodes

RFID

Wi-Fi

Ultrasound

*Technologies*

Contamination

Geofencing

Search

ZigBee

Infrared

GPS
A layered architecture

Layer 5: User Systems
Using tracking data

Layer 4: Integration System for Tracking and Identification
Collecting, enriching, and exposing relevant tracking data

Layer 3: Tracking Systems
Filtering and exposing tracking data

Layer 2: Readers
Physical recording of movement and events

Layer 1: Mobile objects
Physical objects carrying id-tags or sensors
Built on standards

- Item identification
  - GTIN - Global Trade Item Number
  - GRAI - Global Returnable Asset Identifier
  - GIAI - Global Individual Asset Identifier
  - GSIN - Global Shipment Identification Number
  - UDI approved enumeration models approved by EU
- Traceability (Location)
  - GLN - Global Location Number
- Time
  - UTC

http://www.gs1.org/id-keys
Interoperability

- **EPCIS (Electronic Product Code Information Services)**
  - Capture
  - Query
  - EPC

- **CBV (Core Business Vocabulary)**

- **Requirements**
  - Event based communication
  - Filtering
  - Logging
  - Access control
  - Error Correctioning
An example
Let’s dig in
Service Logistics
Identities

57 12685 00001
RFID Tracking
How does it work

• Question: Where do I find the mobile Xray?
  dedicated search

• Where are free beds that I can use at a ward?
  overview on floor plan
How does it work – Find Equipment
How does it work – Find equipment
How does it work – Bed Overview
How does it work – Analysis
How does it work – Analysis
How does it work – Analysis

• Transit time

• Congestion

• Capacity
Innovation

- Building on the standards
  - Personal alarm app
  - Item traceability
  - Nurse calling

- Internet of Things
  - Bedside service requests
  - Capacity management
  - Automatic ordering
Using information across systems
National Reference Architecture

• National Danish reference architecture for traceability and item identifying ratified in Q3 2016

• Will be translated into English within a few months

• Is implemented on the level “recommended” by the Danish Minister of Health
Future plans

• Open access to selected data
  - GLN + attributes
  - Organisational data

• Adopting healthcare specific CBV items

• Extending methods to all hospitals in the region
Contact Information

Henrik Stilling
IT Architect

Central Denmark Region (Region Midtjylland)
Olof Palmes Allé 32
8200 Aarhus N
Denmark

E henrik.stilling@rm.dk

www.dnu.rm.dk