



Agenda

- Arrival and lunch buffet 15 min
- Introduction: **Janice Kite**, Traceability Director, GS1 GO 20 min
- What is preventing Hospitals implementing GS1 Standards? 30 min
 - Experiences from C.H.I. Robert Ballanger Hospital (France):
Frederique Fremont
- Open Q&A, Discussion 45 min
- Call to Action > Position Papers 10 min





Introduction

Janice Kite

Traceability Director Healthcare

GS1 Global Office





HPAC – Who?



Tri-Chairs – Clinical

- Feargal Mc Groarty FIBMS, Project Manager, IMS Dept, St. James's Hospital, Dublin, Ireland



Tri-Chairs – Non-Clinical

- OPEN



Tri-Chairs – GS1 Member Organisation (MO)

- Doris Nessim, Vice President Pharmacy, Patient Safety & eHealth, GS1 Canada



GS1 Facilitator

- Janice Kite MBA, Traceability Director Healthcare, GS1 Global Office



Frédérique Fremont, **Guest** Co-Chair

Company/Organisation

Medico-Technical Department manager and Organisation
Engineer with Hospital:
C.H.I Robert Ballanger, Aulnay-sous-Bois, France

Relevant knowledge

- Joined Robert Ballanger in 2006 after working as project director in L.F.B (plasma-derived medicinal products and "biotech" products)
- 10 years in healthcare consulting. Senior manager in Ernst & Young Healthcare department responsible for creating and developing the non medical process optimization (pharmacy, radiology, laboratory departments, surgery rooms, out-patient clinics, emergency wards,...), supply chain management and information technology development
- Graduated from ESSEC in 1990 with a specialization in supply chain management.
- Member of Cologh (Hospital group member of the French Logistic Association) and of the French Healthcare Steering Committee





HPAC Objectives

- **Objective:**

- Be a forum for sharing and discussing the practical realities of implementation of GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction
- To identify projects that support the adoption of GS1 Standards in Healthcare institutions and retail pharmacies
- To identify best practices and case studies for publication, presentation and sharing
- Be a source of expertise and provide feedback and advice 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

- **Scope:**

- The Advisory Council will consist of thought leaders and early adopters of GS1 Healthcare Standards from the global clinical provider environment (e.g. hospitals, retail and hospital pharmacies, clinics, care homes etc.).



HPAC achievements since Dec 2010?

- ✓ **Objective:** Be a forum for sharing and discussing the practical realities of implementation of GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction

- 1. Lack of awareness in provider environment**
(Particularly C-Suite)

- ✓ **Create C-Suite Slide Deck**

<http://community.gs1.org/apps/org/workgroup/gs1hpac/download.php/52286/latest>

- 2. 11 Pain Points** (aka Implementation Realities)



HPAC achievements since Dec 2010?

- ✓ **Objective:** Be a source of expertise and provide feedback and advice 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
 - 1. Lack of awareness in provider environment** (Particularly C-Suite)
 - ✓ Create C-Suite Slide Deck (*Top download from cRoom*)
<http://community.gs1.org/apps/org/workgroup/gs1hpac/download.php/52286/latest>
 - 2. HPAC Monthly Calls**
 - ✓ Agenda items and on-going discussions
 - 3. Need to do more... 2012 Survey of members**



What next (now!) for HPAC?

Case Studies / Best Practices

- Best Case Study Award – Launched

Download the Application Form here:

<http://www.gs1.org/sites/default/files/docs/healthcare/20130306%20GS1%20Healthcare%20Best%20Provider%20Implementation%20Case%20Study%20Application.docx>

External Marketing

- Speak / Exhibit at Conferences
- Press Releases, e.g. Position Papers

Provider Communication

- Speak / Exhibit (MOs) at HC Provider focussed conferences, e.g.
 - Patient Safety; Hospital Risk Management; Clinical Safety
 - Function Conferences, e.g. Sterile Services/HSSU, Hospital Pharmacists for Hospitals, Hospital Procurement/Supply Chain
 - Accreditation organisation conferences, e.g. JCI, IHF, ISQUA
 - Healthcare Society Conferences, e.g. American Society of Pharmacists



What next (now!) for HPAC?

- Participation (in HPAC)
 - We encourage you and your colleagues to join!
- **Monthly Meeting:** 2nd Tuesday of each month; 4pm GMT
 - Restructured meeting Agenda:
 - 20 minutes 'housekeeping'
 - 50-60 minutes CENTRAL TOPIC
 - 20 minutes Any other Business (AOB)



What is preventing hospitals implementing GS1 Standards?

Experiences from:

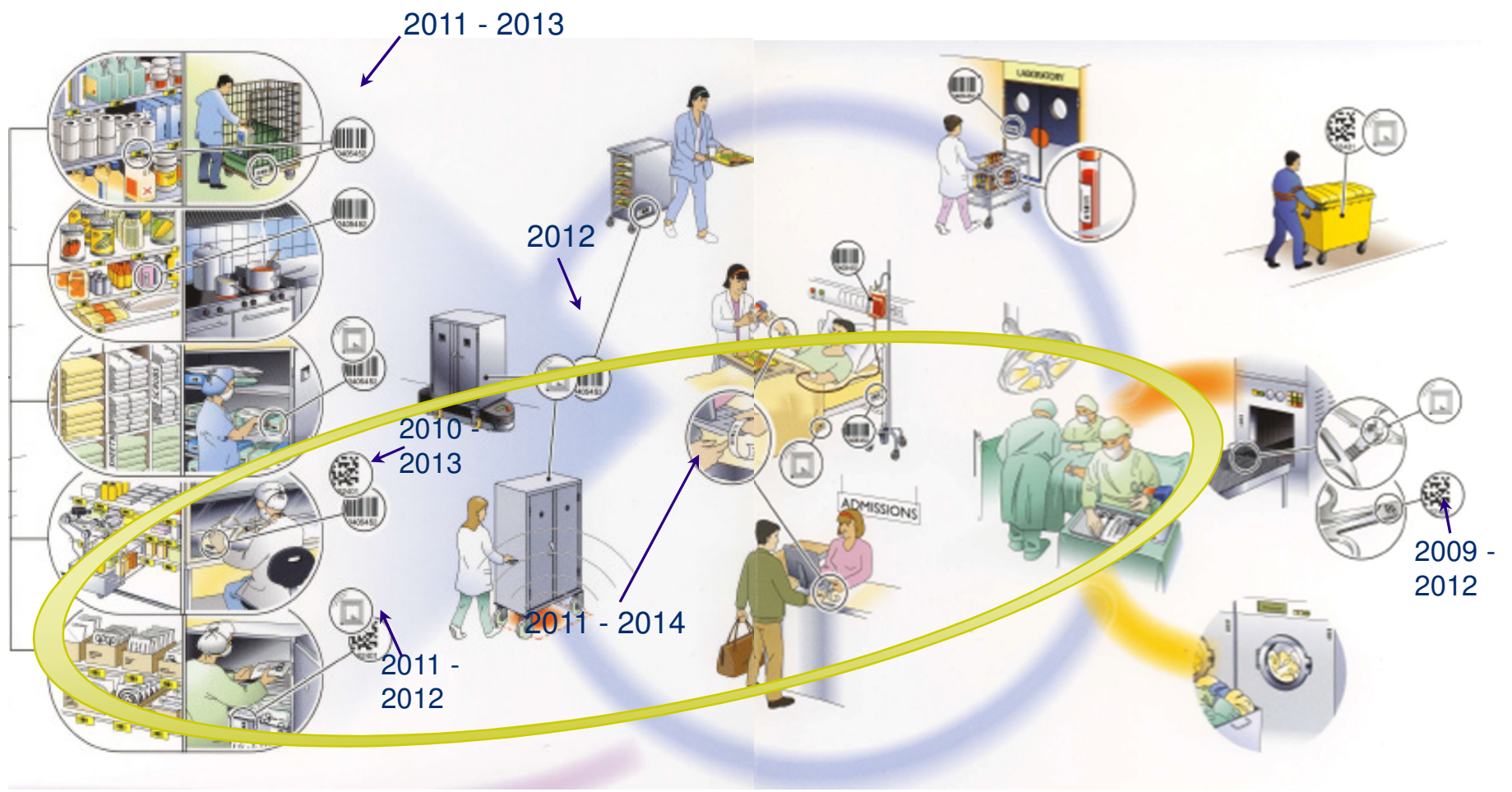
C.H.I Robert Ballanger

Frédérique Frémont





Overview of instrument and implant traceability





Medical Devices Traceability and scanning

Project Overview

- **Who:** Intercity hospital serving a population of 400,000 persons, 670 beds
 - 450 beds in acute care (medical, chirurgical and maternity), 50 beds physical medicine and rehabilitation; 170 psychiatry beds
 - Outpatient clinic and pharmacy inside Villepinte detention center
 - CDG airport hospital
- **Business Issue :** Surgical Instruments, Implants and high value Medical Devices
 - Creutzfeldt-Jakob risk, the last 5 patients on which the instruments have been used must be known: Applies to hospital owned or loaned instruments
 - Implants : traceability is mandatory
 - Itemized billing to the patient (not included in the hospital bundled payment)
- **Where we started:**
 - Using GTINs for the instruments, then for all the transport containers. We thought about doing GLNs at the same time but did not due to lack of human resources
- **Where were the business benefits?**
 - Patient security :
 - Instrument and process traceability
 - Supply chain efficiency :
 - The surgical boxes are made by the sterilization operators
 - Traceability of instrument localization : sterilization unit, O.R, repair contractor, loan to other hospitals (2012)
 - Cost reduction : **ROI around 24 weeks**
 - Decrease in non-conformance and decrease of cost per box per surgical procedure



Medical Devices Traceability and scanning

Implementation Challenges

Overall challenge was 'Change Management' – common to all major change projects!

Specifically:

1. Convincing senior IT management to adopt GS1 Standards rather than a proprietary system, e.g.:
 - Needed because we wanted to engrave existing instruments and buy the new ones already marked using GS1 Standards by the manufacturer
 - We already thought of a more global implementation of traceability in the hospital and so knew we needed standards :
 - for critical products prescribed or implanted (regulatory and sanitary traceability)
 - for locations (logistic traceability)
 - Knew it could be done as traceability was more efficient in the food chain than in Healthcare because of standards implementation. Supermarkets did it so why not hospitals !!!
2. Level of awareness of GS1 Standards
 - Find a **sponsor** with a senior position : Head of Pharmacy and member of the Executive Committee
 - Presentation of the possible use of standards in the hospital : **find champions**
 - Audience : pharmacists, head nurses, radiology and laboratory technicians, biomedical engineer, transport and warehouse managers, laundry manager, catering manager,....
 - Brainstorming session to detect the possible projects, prioritise them and list the prerequisites
 - Key meeting with the Hospital CEO : **become a GS1 hospital**
 - With GS1 MO
 - Presenting a ROI (instrument traceability)
 - Finding his pet project in all the projects we had listed



Medical Devices Traceability and scanning

Implementation Challenges

3. Technology:

- Only one engraving supplier : logistical barrier (sending instruments to be engraved took one week)
 - Encouraging a newcomer (entered the market in 2012) with laser and dot pin engraving done inside the sterilisation unit : **100% instruments engraved**
- Scanners: reading of very small data matrix, and compatibility with the IT sterilization system
 - Partaking of experience with other hospitals
 - Finding new suppliers
 - Certify them with the IT providers
- Interoperability with IT process traceability
 - Length of data field not sufficient for GS1 standards
 - Ask for GS1 compatibility when choosing the software : **WMS**
 - Data exchange between dedicated software is difficult : Sterilisation IT ↔ Operating Theater IT ↔ EPR
 - Cannot be solved at provider level : **Position paper**



What Next?

- WMS implemented in Medical Devices warehouse
 - Implement in sterilization unit to manage the incoming and outgoing process
 - To and from the operating theater
 - To and from the hospital for which we are processing the instruments
 - Implement in the Operating Theater and link it with automated dispensing cabinets in the operating rooms through GS1 DataMatrix or bar code reading
- Take advantage of the necessity of complying with new financial regulations for public hospitals (account certification) to identify locations with GLN and mark our equipment



Q&A and Open Discussion





Common 'Pain Points' hindering implementation

1. Lack of awareness in provider environment (Particularly C-Suite)

✓ Create C-Suite Slide Deck

<http://community.gs1.org/apps/org/workgroup/gs1hpac/download.php/52286/latest>

2. 11 Pain Points

- 4 Process change management related (e.g. clinical dispensing of generic medicines; tender categories; reporting analysis; scanning meds in OR)
- 2 Information Technology/Systems/Applications related
 - Common across the organisation; whatever systems are involved (clinical, non-clinical/admin)
- 5 Bar code symbol related
 - No bar code symbol present
 - Poor quality bar code symbol
 - Placement of bar code symbols
 - More than one bar code symbol
 - Non-Standard bar code symbols



GS1 Healthcare Position Papers

- Interoperability of Information Technology Systems

http://www.gs1.org/docs/healthcare/20121017_Final_HPAC_Position_Paper_IT_Interoperability.pdf

- ...Bar Code Symbol Issues

http://www.gs1.org/docs/healthcare/20121017_FINAL_HPAC_Position_Paper_Bar_Code_Issues.pdf

 Position Paper (I)
Healthcare Provider Advisory Council
Interoperability of Information Technology Systems

I. Introduction

Towards the end of 2011, GS1 Healthcare established the Healthcare Provider Advisory Council (HPAC) to be the forum for sharing and discussing the practical realities of implementing GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction. The membership of HPAC consists of thought leaders and early adopters (clinical and non-clinical) of GS1 Healthcare Standards from the global clinical provider environment (e.g. hospitals, retail and hospital pharmacies, clinics, care homes etc.) and from GS1 Member Organisations (MOs). Through regular monthly conference calls and occasional face-to-face meetings (e.g. at GS1 Healthcare Global Conferences) HPAC members have been exploring the opportunities and challenges of implementing GS1 standards to improve various care-giving processes and, ultimately, patient safety.

Issues with information technology/information system (IT/IS systems) interoperability emerged as a broad, recurring and major challenge, or "pain point", during implementation projects. The issues include:

- Lack of fields in systems for bar code attribute data (e.g. lot/batch number, serial number and/or additional [medical] content related to the product)
- Field length in systems.


A key reason these issues occur is because the systems are not GS1 standards compliant therefore they present various challenges and could pose a barrier to widespread adoption/implementation in the provider environment. Thus, the proven benefits to patient safety could severely limited or, at worse, not be realised.

Lack of fields

During an implementation project in a Canadian hospital they experienced the issue where a scanner could read the GS1 bar codes on pharmaceutical packaging, which contained GS1 Trade Item Number (GTIN) and additional attributes: Lot/batch number, serial number and Expiry date, but their pharmacy inventory management system only had a field to hold the GTIN and lacked the fields for the additional attributes. They engaged a contractor to modify the scan software to ignore the attribute information and only read the GTIN, but ideally they would require their pharmaceutical system to include the fields for the additional attributes. Having additional attribute data in their system would enable more efficient inventory management processes, e.g. visibility of expiring product or more efficient recalls using, for example, lot/batch number or serial number.

Providers request all the systems developed and sold by IT/IS System solution providers to be GS1 Standards compliant, e.g. in this example to have the necessary fields in their system capture GTIN and other attributes (e.g. Lot/batch number, serial number, Expiry date), and compliant data flows seamlessly between the disparate systems used in and between provider organisations. In addition, in the future, systems should be designed with a degree of flexibility to allow for continuous compliance to evolving GS1 standards.

Implementation of GS1 standards based processes in hospitals is hindered by lack of interoperability of information technology systems – October 2012

 Position Paper (I)
Healthcare Provider Advisory Council
IMPLEMENTATION IN HOSPITALS HINDERED BY BAR CODE SYMBOL ISSUES

I. Introduction

Towards the end of 2011, GS1 Healthcare established the Healthcare Provider Advisory Council (HPAC) to be the forum for sharing and discussing the practical realities of implementing GS1 Standards in the care giving environment in regards to the impact on clinical care and patient interaction. The membership of HPAC consists of thought leaders and early adopters (clinical and non-clinical) of GS1 Healthcare Standards from the global clinical provider environment (e.g. hospitals, retail and hospital pharmacies, clinics, care homes etc.) and staff from GS1 Member Organisations (MOs). Through regular monthly conference calls and occasional face-to-face meetings (e.g. at GS1 Healthcare Global Conferences) HPAC members have been exploring the opportunities and challenges of implementing GS1 standards to improve various care-giving processes and, ultimately, patient safety.

Issues with bar code symbols have emerged as a broad, recurring and major challenge, or "pain point", during implementation projects. On both pharmaceuticals and medical device products (products), the issues include:

- no bar code symbol present
- poor quality bar code symbols
- placement of the bar code symbol
- more than one bar code symbol
- non-standard bar code symbols.

Bar code symbology

All of the above present various challenges and definitely pose a barrier to widespread adoption and implementation in the provider environment. Thus, the proven benefits – enhancement of patient safety and support of clinical processes – could be severely limited or, at worse, not be realised.

No bar code symbol present

Lack of a bar code symbol (Figure 1) on products means that the provider has to have a minimum of two separate processes: one manual, for the products without a bar code symbol, and one automatic, for those products with a bar code symbol. This scenario is counterproductive, particularly as it is likely, for example, that it is the manual process, with its inherent errors, that they are aiming to replace by implementation of GS1 standards. Indeed, it adds unnecessary complexity. Alternatively, whilst this situation persists, providers who want to progress the implementation of GS1 standards may, and are, employing the necessary resources and equipment and implementing new processes to generate and place bar codes on products. In the view of most, however, this is not a viable alternative, due to the complexity and cost of the task and the risk of errors that might endanger patients.

Implementation of GS1 standards based processes in hospitals is hindered by lack of interoperability of information technology systems – October 2012



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





New 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 millions 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)

SOURCE: McKinsey report, “Strength in unity: The promise of global standards in healthcare”, October 2012



Coffee Break – 30 Minutes

Return to Plenary





Contact Details

GS1 Global Office

Avenue Louise 326, bte 10

B-1050 Brussels, Belgium

T + 32 2 788 78 00

W www.gs1.org

