



GS1 Healthcare Global Conference Sydney, Australia

Ask the Traceability Expert





Agenda

- ✓ Introduction – Janice Kite, GS1 Global Office, Healthcare Traceability
- ✓ Haemophilia Traceability - Feargal McGroarty, St James, Ireland
- ✓ Instrument Traceability - Frédérique Fremont, CHI Ballanger, France
- ✓ Open forum: Ask the Traceability Experts...





Janice Kite
GS1 Global Office

**Traceability Standard &
Basic Concepts**





Traceability in Healthcare I (TH-I)

DELIVERED:

Global Traceability Standard for Healthcare (GTSH)

PUBLISHED 27th February 2009

http://www.gs1.org/docs/gsm/traceability/Global_Traceability_Standard_Healthcare.pdf



GTSH Implementation Guideline

PUBLISHED 24th April 2009

http://www.gs1.org/docs/gsm/traceability/Global_Traceability_Implementation_Healthcare.pdf





Traceability – a definition

“Traceability is the ability to **track forward** the movement through specified stage(s) of the extended supply chain and **trace backward** the history, application or location of that which is under consideration”.

GS1 GTSH Issue 1.0.0, Feb-2009





Common themes

- Global Traceability Standard for Healthcare (GTSH) is a PROCESS Standard
- Definition of Traceability: both track & trace (downstream/upstream; forwards/backwards)
- Throughout the entire supply chain:
 - There is Internal and External Traceability
 - In parallel with the flow of product there **has to be** a flow of information about the product
 - Inputs (e.g. receipt) must be linked to outputs (e.g. shipments / dispensing)
 - Parties can have varying roles
 - Business Requirements = Needs
 - Business Rules = control and/or constraints





Frédérique Fremont
Hospital: C.H.I Robert Ballanger,
Aulnay-sous-Bois, France

Surgical Instrument Traceability





Surgical Instrument Traceability

- **Goal:** What was your organisation trying to achieve?

We needed to always know the last 5 patients on which the instruments were used

- **Who?** The organisation

Intercity hospital serving a population of 400,000 persons : 670 beds with 450 beds in acute care

- **What** was the Business Issue? What problem(s) were you hoping to address with GS1 Standards?

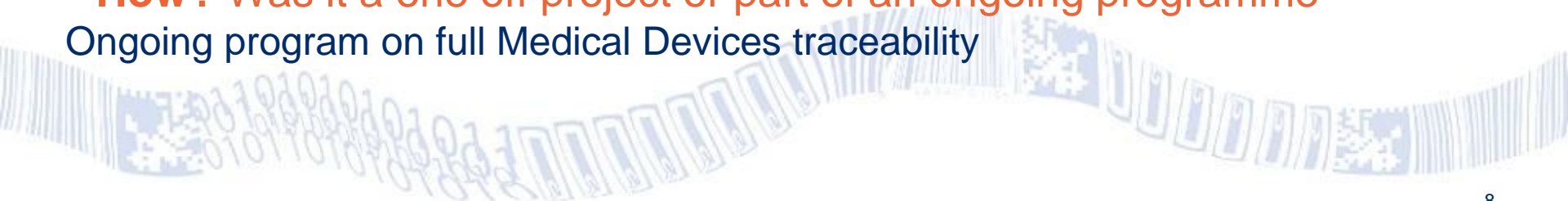
Patient security : Instrument and process traceability

- **When?** When did they start (and finish (if applicable))

Started in 2006, 50% of instruments used in the operating theatre marked, due to finish in 2012

- **How?** Was it a one off project or part of an ongoing programme

Ongoing program on full Medical Devices traceability





Surgical Instrument Traceability **cont.**

- **Where** they started: Which part of the GS1 system did you start by implementing, e.g. GTINs, GLNs, eCOM, GDSN...

GTIN's,

- **What** were the key challenges / opportunities experienced?

Lack of awareness among all stakeholders of the necessity to have a standardized approach

- **Where** were the business benefits? (e.g. Return on Investment / Cost Savings / Reduction in errors) and intangible (attitude of staff, patients, management)

Supply chain efficiency :

- The surgical boxes are made by the sterilisation operators
- Traceability of instrument localisation : sterilisation unit, O.R, repair contractor, *loan to other hospitals (2012)*

Cost reduction : Decrease in non-conformance ⇒ decrease of cost per box per surgical procedure



**Feargal McGroarty FIBMS
St. James's Hospital, Dublin,
Ireland**

**Traceability across the
haemophilia patient management
process**





Traceability of Haemophilia Products

- **Goal:** What was your organisation trying to achieve?

We needed to enact a validated real time medication recall

- **Who?** The organisation; e.g. Number of beds, range of clinical areas supported, number of years established.

National Haemophilia service – 2000 patients established 1992

- **What** was the Business Issue? What problem(s) were you hoping to address with GS1 Standards?

Catastrophic supply chain failure in supply chain – over 70 deaths

- **When?** When did you start (and finish (if applicable))

Started 2003 as part of an overall design of service

- **How?** Was it a one off project or part of an ongoing program

This is part of an ongoing project





Traceability of Haemophilia Products **cont.**

- **Where** they started: Which part of the GS1 system did you start by implementing, e.g. GTINs, GLNs, eCOM, GDSN...

GTIN's, GLN's, GSRN's

- **What** were the key challenges / opportunities experienced?

Lack of awareness among all stakeholders of GS1

- **Where** were the business benefits? (e.g. Return on Investment / Cost Savings / Reduction in errors) and intangible (attitude of staff, patients, management)

Over €5M savings, real time medication recall, patient empowerment, staff efficiencies, medication check alerts





Open Forum:

Your opportunity to...

Ask the Traceability Expert





SUMMARY





Common Themes

- Implementation from receipt to patient takes time (YEARS)
- Multi-project work programme
- Involves all parties (non-clinical and clinical; third parties; GS1 MOs)
- Focus on solving key issues
- All efforts have lead to improved patient safety
- One size does NOT fit all!





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