



Report Work Team ,Instruments + Implants‘

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Team + Leadership

MANUFACTURER

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GS1 MO's

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- Fiona van der Linde (SA)
- Alice Mukaru (UK)

HOSPITALS

- Herve Ney, University Hosp. Geneva (CH)
- Pascal Mariotti, University Hosp. Lyon (F)
- Francois Bisch, University Hosp. Dijon (F)

Co-Chairs : Herve Ney + Volker Zeinar



Objective and Scope

Objective

,Analysis of the necessity of marking instruments and implants‘

Scope of the work team

- Identify the products concerned
 - Instruments should have a higher priority than Implants
 - suggestion by Herve Ney short-term
- Level of track & trace (set vs. instrument level)
 - Marking of packaging and / or direct marking
 - Data content + data carrier
 - Regulatory compliance

Outcome

- Guideline with recommendations



Methods of working together :

- conference calls
 - first one within 3 weeks
 - decide step by step the next date
- F2F meetings
- visit hospitals

Enlargement of the work team :

- more expertise from hospital side helpful
- especially expertise from OP theatre



First Discussions and Findings

Why track & trace of instruments ?

- what is the benefit ?

Definition of ,tracking‘ and ,traceability‘

- tracking = focused on supply chain efficiency
→ benefit possible to measure
- traceability = can potentially positively impact patient safety
→ benefit almost impossible to measure

Requirements on track & trace of instruments are focused on the hospital internal supply chain efficiency !

Patient safety is not the business driver !!!



Pascal Mariotti (Univ. Hosp. Lyon) outlined the business issue of the hospitals as

- **increase nursing productivity**
 - means : never increase their workload
- **nurses should focus on their core responsibility (take care for patients)**
- **and not on logistics supply chain (scanning activities !?)**



To Do's

Detailed description of the instruments cycle

- identify the critical points regarding product identification
- therefore we need more information

Best way : Visit hospitals, see what happens in the processes, learn what their motivation for track & trace is, ...

- Alice Mukaru (GS1 UK) will contact 2 hospitals in London
- 1 with experience in track&trace on set level / 1 on single item level
- Univ. Hosp. Geneva



To Do's

Collect information regarding legal requirements / hospital projects / where we are the different domestic markets today / ...

- e.g. Germany : market driven by DRG system, tracking only for expensive products, tracking of all single instruments no topic today, ...
- e.g. UK : decontamination projects, outsourcing of sterilization is an issue
- e.g. France : AFNOR pre-standard, pilots with datamatrix and RFID

Based on the information develop a best practise business case (vision).

- the group agreed, that existing technical obstacles (direct marking, RFID, ...) should not influence that first phase (open in mind)
- instead of the result could be healthcare industry requirements on solution providers (e.g. RFID tags in appropriate form ...)



Summary

- ✓ **WT should be a platform for open discussions / brainstorming**
- ✓ **Big workload**
- ✓ **List all the topics, set priorities and work step by step**

**First meeting was stressful
but successful !**