



Overview of Automation in the Brazilian Hospitals ANAHP

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Demographics and Health System in Brazil

Population

192 million inhabitants

Active Health Facilities

• 77,000 institutions

Hospital Facilities

• 7,600 institutions

<u>SUS – Single</u> <u>Health System</u>

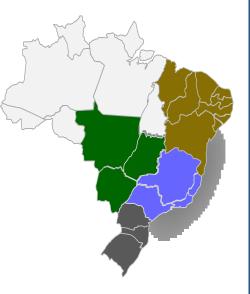
- Universal public financing
- Comprises 80% of the population

Supplementary Health

- Private agreements s
- Comprises 20% of the population

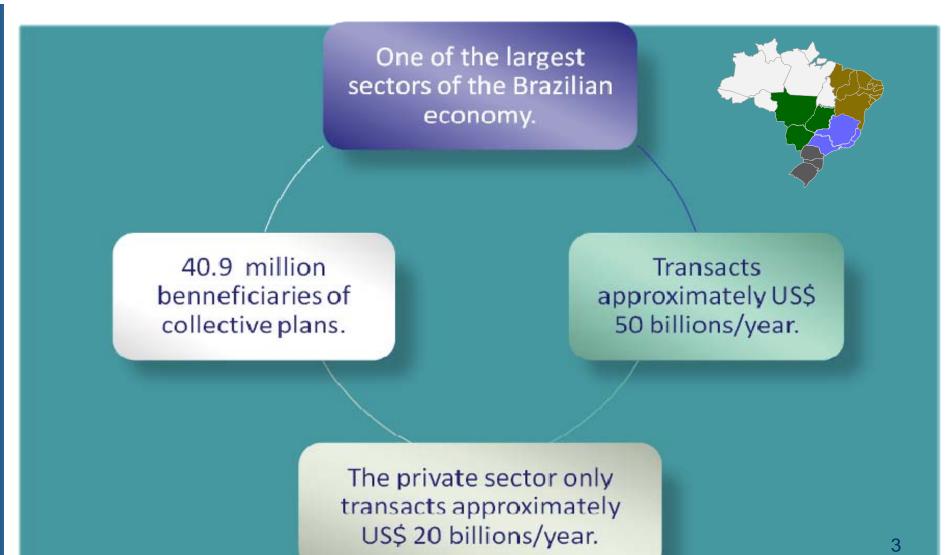
<u>Direct</u> <u>Disbursement</u>

- Population with higher purchase power
- Purchase of medications





Summarizing the Health Sector



<u>ANAHP</u>

MISION

Represent the legitimate interests of its associates, developing a value adding image and, through innovative initiatives and excellence models, promote the quality of health-hospital assistance in Brazil.

VISION

Be recognized as an institution that represents the excellence hospitals in the private sector, leading the health system strengthening process.

<u>VALUES</u>

- Associative spirit
- Entrepreneurship
- Ethics
- Social Responsibility
- Excellence management

ANAHP in numbers

Currently gathers 40 Hospitals, in 10 States and in the Federal District

According to ANS there were in Brazil 140,478 beds for hospitalization Non-SUS, in the end of 2008.

Therefore, the 9,375 Beds of ANAHP in 2008,

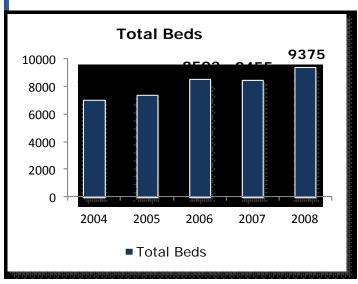
Represented 6.7% of the total

Beds available for the

Beneficiaries of the supplementary

Health sector.

Source: Caderno de Informações da ANS 03/09

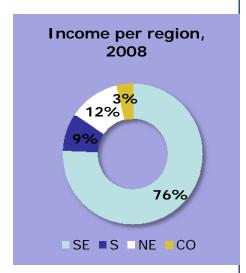


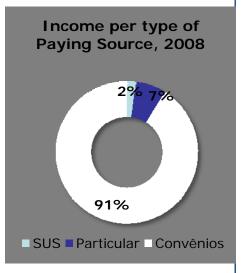
The total income of the ANAHP hospitals reached in 2008

R\$ 5.98 billions

This means an increase
Of 15,1% over 2007 and that
these hospitals already respond
for 13,3% of the total
Assistential expense of the
Health Insurance Operators

Source: Caderno de Informações da ANS 03/09







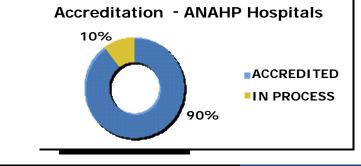
Incentive to Accreditation

Accreditation: method to stimulate, evaluate and certification of quality of the health services.

- CNES: Brazil has 7,606 facilities with hospitalization type service (Mar/2009).
 - Only 126 hospitals (1.7%) had ONA or JCI Accreditation.

ANAHP Hospitals: represent 28% of all the hospital services accredited by the two organizations in the country.

ANAHP defends and stimulates the Accreditation and this is one of its eligibility criteria.



| | | ANAHP HOSPITAL | SERVICES S ACCREDI | TOTAL HOSPITAL SERVICES ACCREDITED (BRAZIL) | | |
|---------------|------------|-------------------|-----------------------|---|--|--|
| ACCREDITE | D | | | | | |
| | I | 5 | 31 | 16% | | |
| ONA | - 11 | 6 | 46 | 13% | | |
| | 111 | 18 | 38 | 47% | | |
| JCI | | 6 | 11 | 55% | | |
| TOTAL | | 35 | 126 | 28% | | |
| IN PROCES | S | 4 | | 6 | | |
| Sources ANAHP | - Pesquisa | com hospitais | Associados. 2009 | ONAn | | |

www.ona.org.br ; JCI on www.cbacred.org.br

CNES: National Health Facilities Registry



excelência por princípio

Evolution until Automation and Traceability

Unitization, identification and manual controls



Hospitals, Suppliers and GS1:

joint meetings and evaluation of international trends /recommendations



Pilot HIAE Project



Important Meetings: communication of the processes implemented



ANVISA and legislation

Institute for Healthcare Improvement - USA

IHI is a non-profit independent entity, with sole focus in the conduction of the improvement in health care throughout the world. Founded in 1991 and with headquarters in Cambridge, Massachusetts, develops promissing concepts for the improvement of patient care, through campaigns and information to volunteer registered Health Institutions.



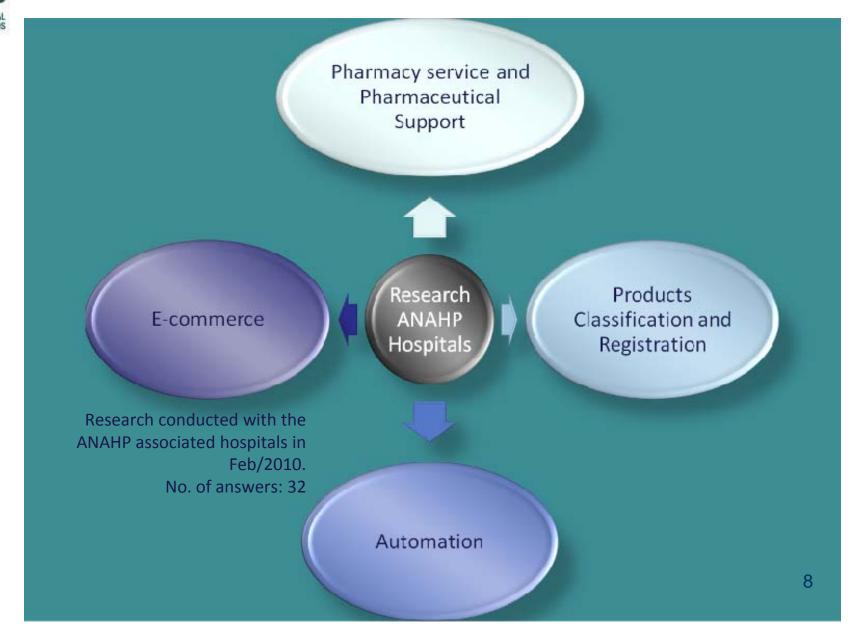


Safety and improvement of patient care

RDC 59, of 11/24/2009
Traceability and
Datamatrix



TODAY: a hard work to ensure safety in patient care





Structure of the Supplies and Pharmacy Sectors

Pharmacy Sector

- All the hospitals develop Pharmaceutical Assistance activities.
- 95% of the Hospitals monitor errors with medications, drug interactions and adverse effects, among others.
- Hospitals have an average of 4 to 10 active Pharmacists.

Supplies sector

- 65% of the Hospitals have pharmacists acting in this area.
- Main activities: Standardization of medications and health products, qualification of suppliers and inventory management.

Management system for internal traceability of the institution

Among those researched, 95% have medications traceability and 50% have traceability for health products.



Doses Unitization

80% of the Hospitals perform doses unitization.

These institutions process an average of 50,000 unit doses/month, manually and the codification /identification is made internally.

All the Hospitals have a dedicated area and team for the doses unitization.

All the Hospitals unitize solid pharmaceutical forms, 50% fraction oral liquids and 32% fraction injectables.

Most unitization processes are performed manually and the Hospitals refer to losses of up to 1% in these processes.

The main reasons for losses are breakages, damages and expiration.



Products Classification and Registration

All the Hospitals have a management system for the registration of products.

In most cases it is na internal database with manual update.

Medications

- 78% of the Hospitals follow a classification systerm.
 - The most adopted classification is the ATC (Anatomical Therapeutic Chemical), in 64% of the cases.

Health Products

The most adopted materials classification is UNSPSC (United Nations Standard Products and Services Code), in 40% of the responses, followed by the classification per products families and categories.

All the Hospitals
evaluate and
qualify their
suppliers, having
their own
methodologies or
common
methodologies as is
the case of GAFO
(Suppliers
Evaluation and
Qualification
Group).



Automation in the Receipt

Until now, 6 ANAHP
Hospitals located in the State
of São Paulo are technically
prepared for the products
receipt with the

GS1 Datamatrix code.

RECEIPT

50% of the Hospitals use bar code readers or data collectors for the products receipt.

GS1 Datamatrix Safety and Traceability

Upon receipt, the bar code reading is performed mainly in the secondary packages, both in medications and health products, being the GS1-128 code, the most prevalent.



excelência por princípio

ANAHP Hospitals using the GS1 Datamatrix in the Pharmacy Sector



HOSPITAL . ENSINO E PESQUISA . RESPONSABILIDADE SOCIAL







Automation in Inventory Management

97% of the Hospitals have automation for the Management of Inventories using bar code reader or data collector.

Fractioned
medications are
controlled and
dispensed through bar
code readers, in 90% of
the Hospitals.

Secondary medication packages and health products are also mentioned as the most common in the Inventories

Management by 77% of the Hospitals.

Even today the codes
EAN-13 and GS1-128 are
the most found in the
market, even
considering that they do
not comtemplate the
expiration and
manufacturing batch of
the products.

E-commerce

87.5% of the researched Hospitals use electronic commerce tools for the acquisition of medications and health products.

84% use a Purchase Portal focused in hospital business both for medications and health products.

The Purchase Portals are also the source of information regarding the suppliers documentation.

The Hospitals refer that in average 60% of their purchases of medications and health products are performed through electronic commerce.



Automation Benefits

Traceability

Reduction of the operation cost

Reduction of the time of the several steps of the process

Reduction of loss due to expiration

Resources optimization

Guarantee of the registrations performed

Reduction on errors generating greater safety in the processes

Possibility to follow up the process until the administration of the medication to the patient.



An important data to reflect on

Six to 13% of the hospitalized patients suffer at least one side effect, and 11 to 39% are caused by medications.

Table 1: Main results of national multi-centre studies on adverse effects

| | Year of data collection | No of patients | Stays with at least one serious adverse event | Adverse drug events | | |
|---|----------------------------------|----------------------|--|------------------------------|----------------|-------|
| Studies | | | | Part of adverse events | preventable | death |
| Harvard Medical Practice Study (HMPS) 34 | 1984 | 30,195 | 3.7% | 19.4% | 17.7% | |
| Quality Australian Health Care Study (QAHCS) 5 | 1992 | 14,179 | 16.6% | 10.8% | 43.0% | 8.0% |
| Thomas et al. (UCMPS) 6 | 1992 | 14,732 | 2.9% | 19.3% | 35.0% | |
| Schioler et al. (Denmark) 7 | 1998 | 1,097 | 9.0% | | | |
| Davis et al. (New Zealand) 8 | 1998 | 6,579 | 12.9% | 15.4% | | |
| Vincent et al. (United Kingdom) 9 | 1999 | 1,014 | 10.8% | | | |
| Canadian Adverse Events Study (CAES) 10 | 2000 | 3,745 | 7.5% | 23.6% | | |
| French Adverse Event Study (ENEIS) 11 - prospective study in hospitalised patients - cause of hospitalisation | 2004 | 8,574 | 6.6‰ 4.0% | 19.5% 38.7% | 31.0% 47.0% | |
| Spanish Adverse Event Study (ENEAS)12 | 2005 | 5,624 | 9.3% | 37.4% | 34.8% | |









Centro Colaborador de la OMS sobre Soluciones para la Seguridad del Paciente

Ayuda de memoria





THANK YOU!

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