

Transforming the Healthcare Supply Chain on pharmaceutical products

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Provide answers to some questions on the SCM project

- Why do we need to transform the Healthcare
 Supply Chain on pharmaceutical products?
- What were the problems in the system?
- How did we do it ?
- What challenges did we encounter?
- What was the outcome?



Health Care System in Hong Kong

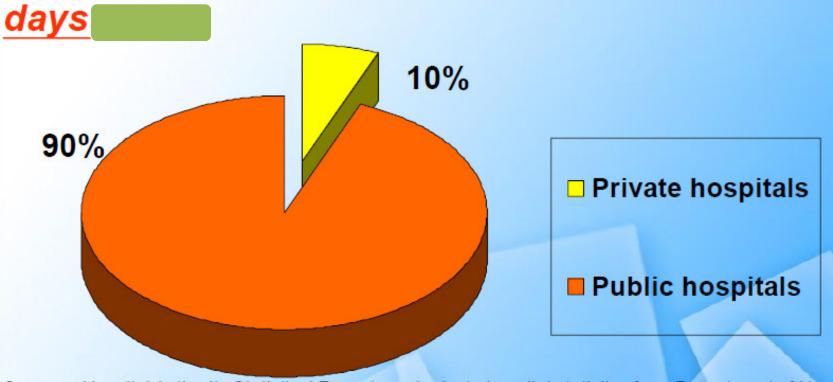
Dual-track Healthcare System



- Public sector -the cornerstone of the healthcare system
- Private sector –
 Personalised
 services for those
 willing and may
 afford higher fees

Hospital Authority – Provider of Secondary and Tertiary Medical Services

Public and Private Shares of Hospital Bed-



Sources: Hospital Authority Statistical Reports and private hospital statistics from Department of Health

Hospital Authority Hong Kong (HAHK)



- A statutory body established on 1 December 1990
- Manages all public hospitals spread over 7 clusters in HK
 - = 41 public hospitals (total 27,900 hospital beds) with 47 specialist & 74 general clinics
- Total 63,000 staff
 with 5,475 Doctors & 20,522 Nurses & 5,834 Allied Health
- 2013/14 Government Funding: ~ USD 5.69B (HKD44.4B)



Some of our hospitals in Hospital Authority Hong Kong (HAHK)





















Two Levels of Operational Control for Pharmaceutical Services

At Head Office level :

- Chief Pharmacist's Office
- Central steering functions
 - set policy & directions
 - establish professional standards
 - develop and implement & support systems
 - monitor progress on all pharmaceutical issues

At Hospital Cluster level :

- Hospital Pharmacies Cluster Chiefs
 - Control & perform decentralised operations at local pharmacies including purchasing, clinical activities

Out - Patients waiting to be served at different pharmacies at our hospitals













Magnitude of our <u>daily</u> business transactions in all HA pharmacies in 2013

Transaction types	Units
No. of Dispensed <u>Items</u>	215,000
No. of Dispensed Prescriptions	66,000
No. of <u>Patients</u> Served	58,000
No. of <u>Suppliers</u> dealt with	60
No. of Purchase Orders made	845
Dollar value of <u>Stock items</u> received in HK\$ 36M	
No. of stock items involved in stock receipts	1,600
No. of Pharmacy Stores for Stock Receipt/issue	80
No. of Stock Movements in these stores	2,400

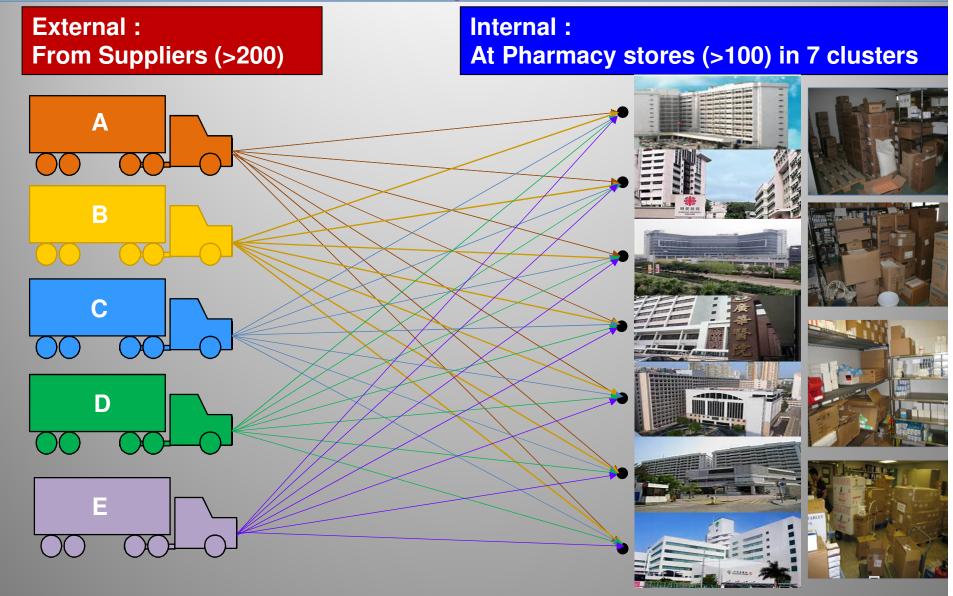


Ever wonder what is the backend of in our pharmacy stores serving the hospitals, SOPC & GOPC ?

- Where do our drugs come from ?
- How to control and monitor the movement of drugs
- What are the logistics in stock receipts?
- What are the processes?
- How to track and trace the Supply Chain ?



The ordering and delivery processes in our HA pharmacies



The overall situation about our pharmacy stores (too many, too small manual processes.....)

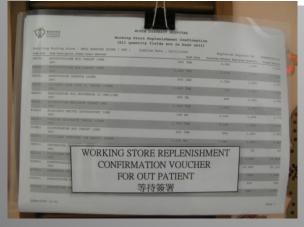
before 2009















The importance and significance of Quality, Safety and Efficiency in drug distribution/medication use



Peckaging of the Major Supply Chain Processes Industry ⇒⇒ → Logistics provider ⇒⇒ ⇒ Healthcare facility →⇒ → Healthcare facility →⇒ → Healthcare facility →⇒ → Friends of the Major Supply Chain Processes Friends of the Major Supply Chain Pro



"Insanity: Continuing to do the same thing and expecting different results."

- Albert Einstein

2009 - Catalysts for change....

醫療失誤訴訟增五倍

醫管局12年賠償逾三億元

涉及醫管局醫療失誤 申索賠償和訴訟費用

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3 million imported tablets were ineffective

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【記者伍詠茵報道】醫管局院自願呈報的藥物事故共約一誤,真正發生的個案共五百卅病人因病房藥物用完,竟不獲人病情惡化被送入深切治療部時寫錯劑量,病人因此心跳減情

醫管局發表的《藥物事故 藥物事故計畫過去十年的情況 用作控制血糖的胰島素是自力 物,二百廿八宗個案中有十四 氯化鉀、嗎啡,常用止痛藥撲熱

最常犯:

十大藥物出錯範圍包括缺乏 等;最常見的首三個事故出錯原 題及處理人員精神不集中。

報告指呈報計畫設立以來,由九四/九五年呈報八千一百多宗,增至○三/○四年的一萬八千三百多宗,僅五十二宗對病人造成影響。報告指數字增加是正面發展,顯示醫院願呈報個案,從中吸取教訓。藥物事故出錯的工序,最常見於處方藥物,醫生是最常涉及的犯錯人員,佔九成二,其次是護士及藥劑部員工。

另外,威爾斯親王醫院李嘉誠專科門診上周六更新電腦系統



近日藥物風波影響不少病人早前須到公院換藥,醫管局為堵塞漏洞,推出7招改善問題。 (資料圖片)

藥物採購系統改善

在採購高風險藥物項目時,要求生產商引進微生物學測試作為先決條件,並在運送藥物時提供該批藥物的批號檢驗證明書

- 加強由醫管局進行的藥物樣本測試,除會涵蓋更廣泛種類的藥物 並會按風險程度,進行微生物學測試
- 要求供應商在送貨單上提供更多付運藥物的基本資料,協助醫院更 準確有效驗收貨品
- 與衛生署探討更易取得藥物註冊重要資料的渠道,包括包裝規格, 加強協助核實藥物是否符合註冊規管要求
- 6 考慮向多於一個供應來源,採購高用量和高風險藥物
- 6 提升醫管局的藥物資訊系統以加強監控,並逐步邁向:
 - 引進條碼系統
 - 自動核對訂購和送貨內容是否相符
 - 在不同的發放單位提供自動藥物核對及批號追蹤功能
 - 防止發放過期藥品
- 設立藥物品質保證辦事處,加強質素監管及實施各種改善措施

資料來源:醫管局

Secretary for Health, Welfare and Food York Chow cited the figures in Legco in response to a question by medical sector lawmaker Kwok Ka-ki. workshops held for the staff are enough to educate staff on how to communicate with patients.

matthew.lee@globalchina.com

suspended the company's licence yesterday, but an investigation was continuing.

The department said it was informed by the UK manufacturer that the expiry dates of the two batches of cosalgesic tablets – 3.6 million in total – numbered CX 3751 and CX 3754 and imported by Unipharm were May 2009 and June 2009 respectively.

"But the expiry dates printed on the two batches of drugs found in Unipharm were June 2010. The case will be referred to police for further investigation," the department said.

second falsified expiry date

Last week, the depar revoked Marching Pharmace Limited's licence for a month i tributing pharmaceutical pre with an indicated shelf-life o years when the products only

William Chui Chun-ming, e tion director of the Society of I tal Pharmacists, called on the g

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The Journey on Supply Chain Modernisation Project began when HA announced in March 2009 - The Key Initiatives

- 6. Enhance the HA's Pharmaceutical IT systems to improve controls by moving progressively towards:
 - introducing bar coding
 - automatically check what is received against what was ordered
 - automatically tract and trace drugs to the point of issue and
 - prevent dispensing of expired items



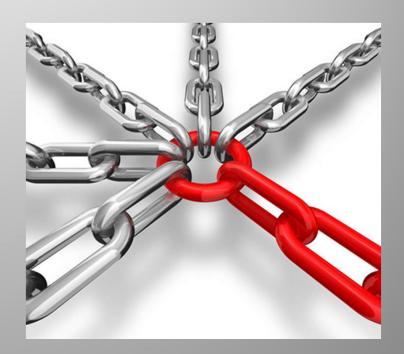
Key initiatives to enhance HA's pharmaceutical products procurement system

To ensure drug quality and safeguard patient safety, the HA announced today the following key initiatives to enhance our pharmaceutical products procurement system:

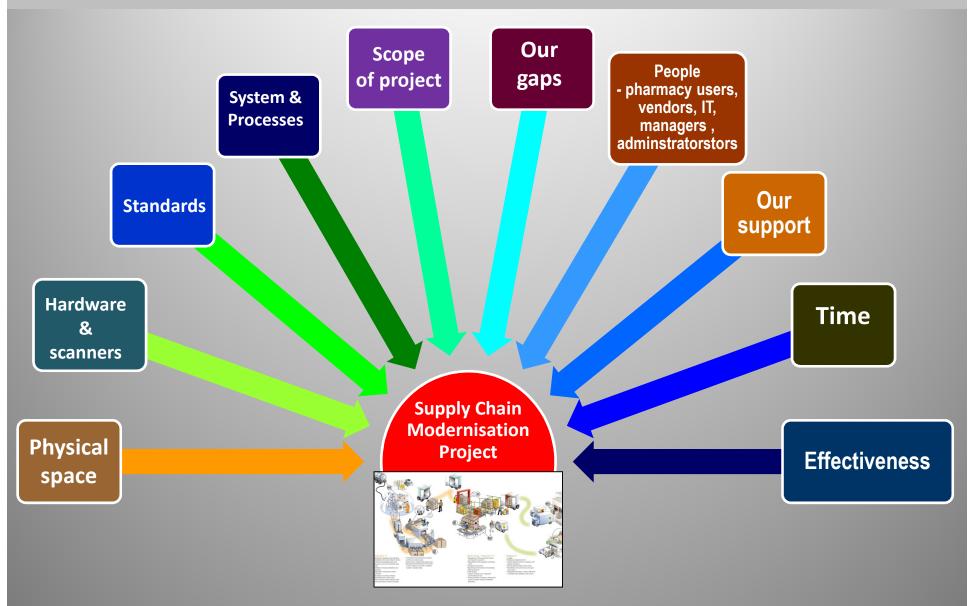
- Require manufacturers to introduce microbiology testing as a prerequisite to
 procurement for high risk drug items and for provision of batch release reports
 on delivery of drug products.
- Enhance the HA's sample testing to include a wider range of drugs and microbiology testing based on risk levels.
- Require suppliers to provide additional standard information for drug delivery documentation to enable more effective physical checking of goods received.
- Work with the Department of Health to improve ease of access to key additional registration details, including pack sizes to strengthen regulatory compliance.
- 5. Consider introducing multi-source for high volume/risk drugs.
- Enhance the HA's Pharmaceutical IT systems to improve controls by moving progressively towards:
 - Introducing bar coding:
 - Automatically check what is received against what was ordered;
 - Automatically track and trace drugs to the point of issue; and
 - Prevent dispensing of expired items.
- Establish a Drug Quality Assurance Office to enhance quality monitoring and implementation of improvement initiatives.



Turning threats into opportunity How did we do this?



What are the Challenges in SCM Project: fighting the unknowns!



Leadership & Project Governance

Central level

- User Resource Group (URG)
 - Chaired by Cluster Service Director at Headoffice level
 - members from project team & clusters representatives
 - define project plan & monitor progress
 - allocate resources, prioritise issues & make decision on direction
 - deal with concerns from system vendor and users

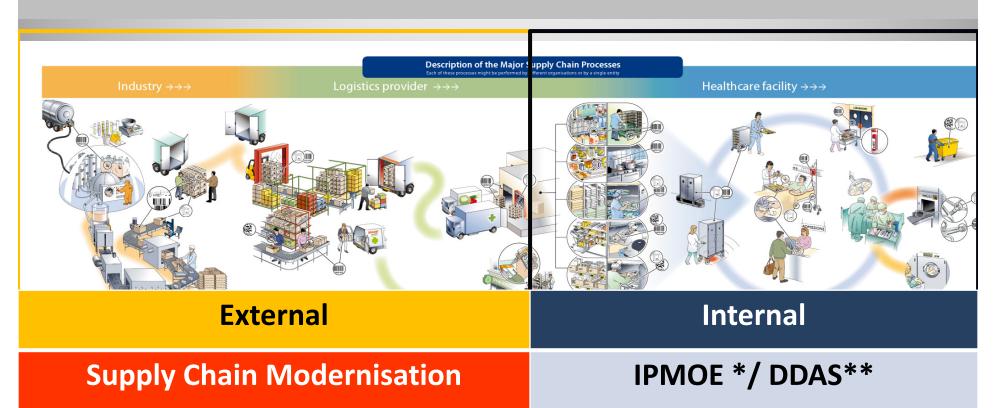
Cluster level

- 7 Cluster Implementation Project Resource Groups (CIPRG)
- each Chaired by Cluster Chief Executives
- members from hospital administrators, finance and pharmacy
- meet quarterly to report & monitor progress of implementation

Understand the need to transform/ modernise the Supply Chain process on Pharmaceutical Products

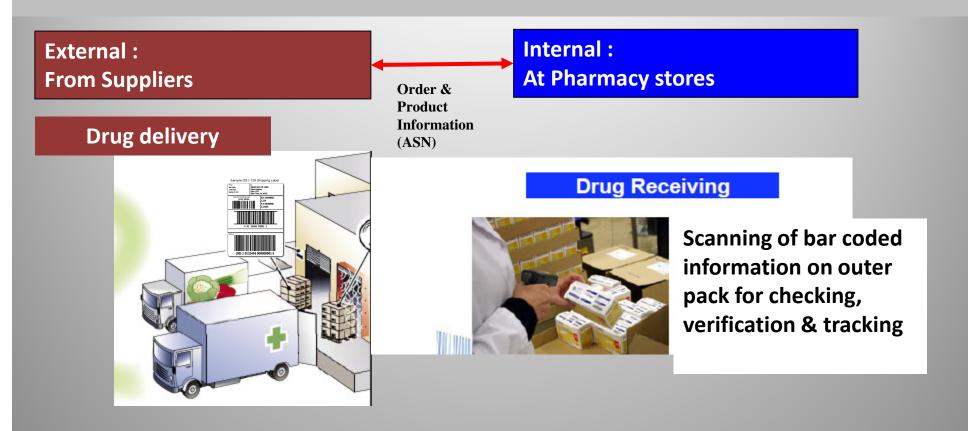


Identify the scope to be covered in the Supply Chain Modernisation project on Pharmaceutical Products



*IPMOE = In-patient Medication Order Entry **DDAS= Drug Distribution and Administration System

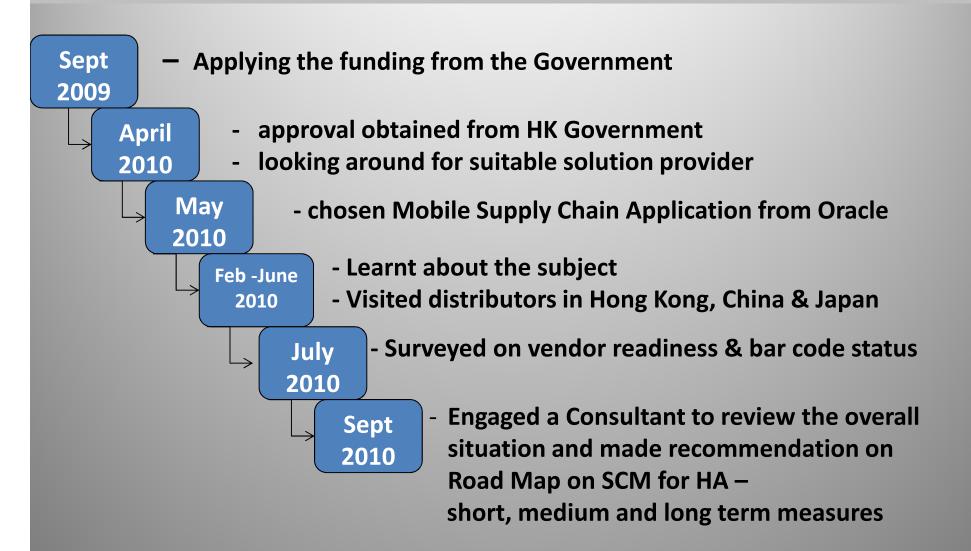
Defining what we want to do in SCM?



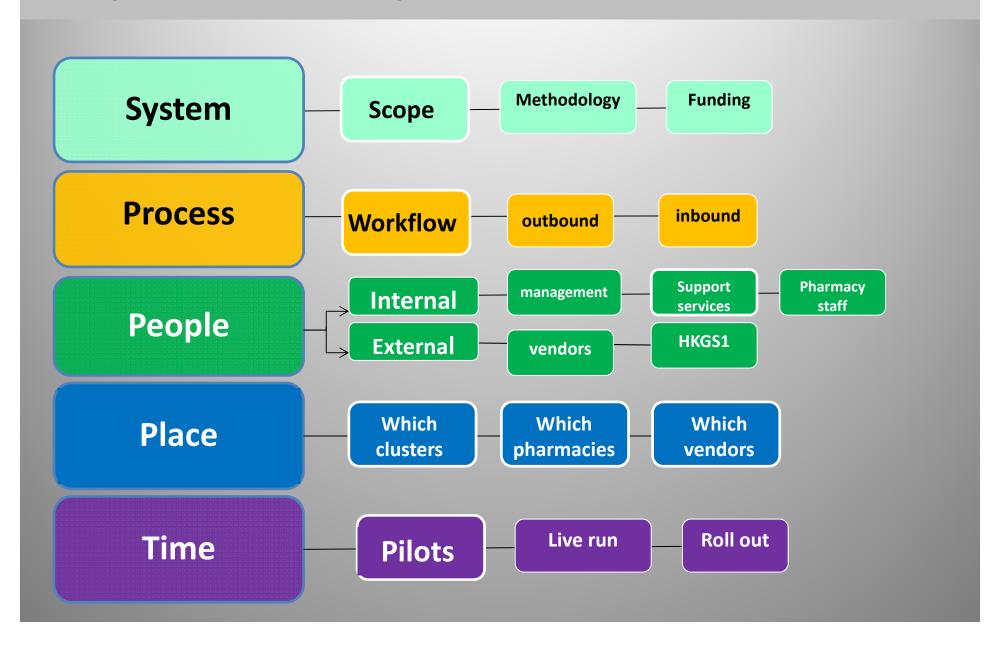
Enable track and trace of product movement from suppliers to pharmacy stores through MSCA with provision of:

- Advance Shipping Notice (ASN) from suppliers to pharmacy ERP to verify PO
- Bar coded information on individual product and outer delivery pack from suppliers to verify required information, manufacturer, lot no., expiry dates etc

Finding out the means and how's to do the project



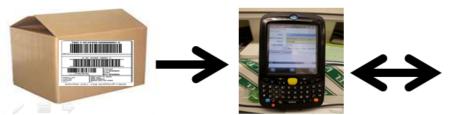
Supply Chain Modernisation on pharmaceutical products – areas of concerns

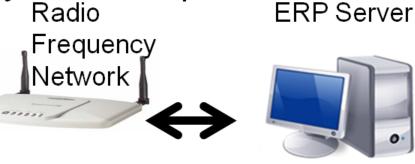


The IT system: Using MSCA in ERP (Oracle) (Mobile Supply Chain Application)

- Making use of mobile devices to support the Supply Chain Process from Goods receipt to Goods issue as much as possible
- Use wireless connection, scanners, bar codes, data transmission
- Minimize manual data entry
- Improve accuracy & efficiency of data capture

Not RFID but bar codes





Understand the Industry Standards provided by GS1



GS1 Identifiers in Healthcare

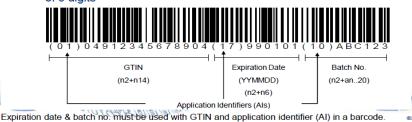
GS1 Key	Represented Information
GTIN (Global Trade Item Number)	Identification of Healthcare Product
GLN (Global Location Number)	Identification of Location & Legal Entity
GSRN (Global Service Relation Number)	Identification of Patient & Care Giver
Application Identifier	Represented Information
AI(01)	Global Trade Item Number
AI(10)	Batch Number
AI(17)	Expiration Date

* GS1 keys & Application Identifiers are recognised by ISO.



Batch Level Identification & Expiration Control

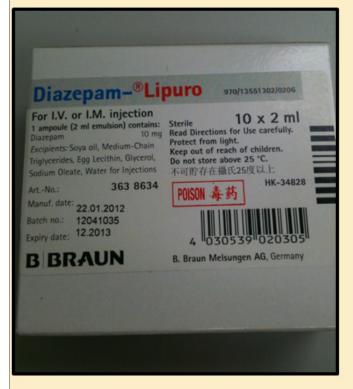
- For batch control or expiry date control, which are common to healthcare items, people may prefer encoding batch number and expiration date in barcode.
- GS1 System provides data structure standard for them as well:
 - Batch number Alphanumeric data format with variable length up to 20 characters
 - Expiration date Numeric data format (YYMMDD) with fixed length of 6 digits



Data Structure of a GTIN GTIN-13 **GS1 PREFIX GS1 COMPANY** NUMBER To identify territory of To identify the unique Calculated by modulo-10 the GS1 organization To identify the member product and service; formula to serve as an issuing the number. company; assigned by assigned by the accuracy check on the In Hong Kong, the the local GS1 member company entire number by **GS1** Prefix assigned organization scanning devices. to GS1 HK is 489

What is required on the product to enable track and trace

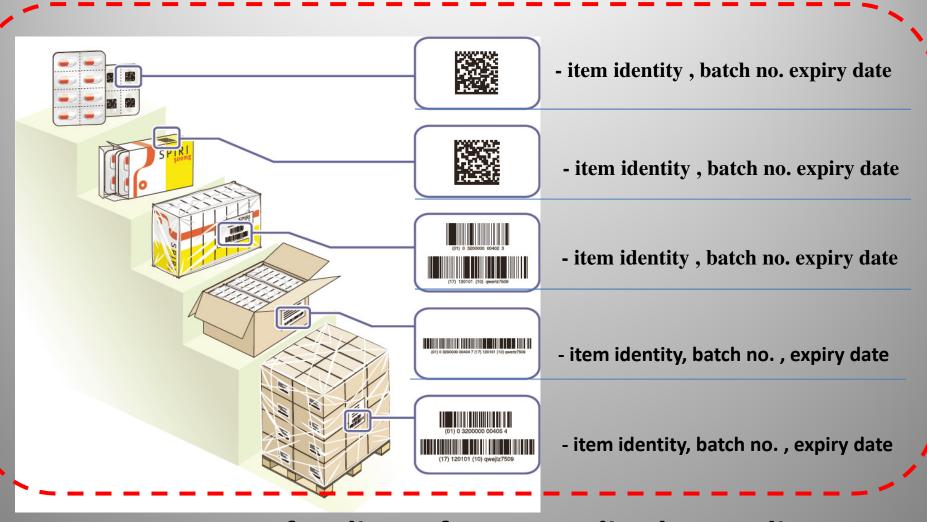
there should be bar coded information on GTIN, Batch, Expiry Date and QTY at the primary packing







Is it feasible to have Bar-code track-and-trace all the way?



Target areas for direct-from-supplier bar-coding

Legislation in Hong Kong on pharmaceutical products

- Pharmaceutical Product registration requirement by HKSAR
 - no legislative requirement on bar code on drug package
- Pharmaceutical industry not mandate to have the bar code printed
- Generally, the sales and marketing people are not concerned with this need







Examples of problems encountered on bar codes

Difficulties to identify the correct bar code to scan





Some bar codes are not in black and white



AI (241) which is a customer Part Number and cannot be used as an item identifier



Not a GTIN bar code, only a supplier Item bar code



What is the Gap and how big is it?

Findings:

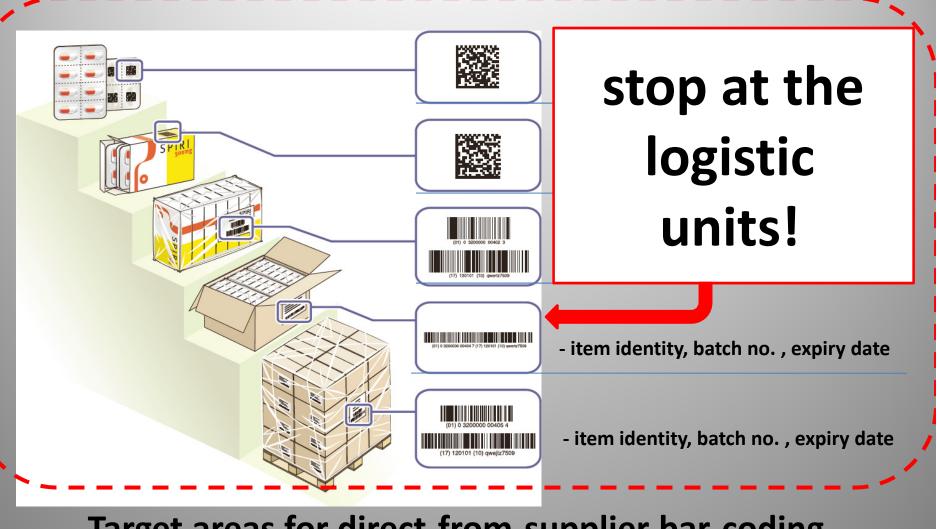
- > GTIN not a compulsory requirement
- Some bar codes are not GTINs
- EDI not a compulsory requirement
- most EDI vendors do not have bar coded info on primary packaging
- Some have bar coded info but not EDI vendors
- ➤ Bar coded info contain GTIN only, no batch

no., no expiry dates



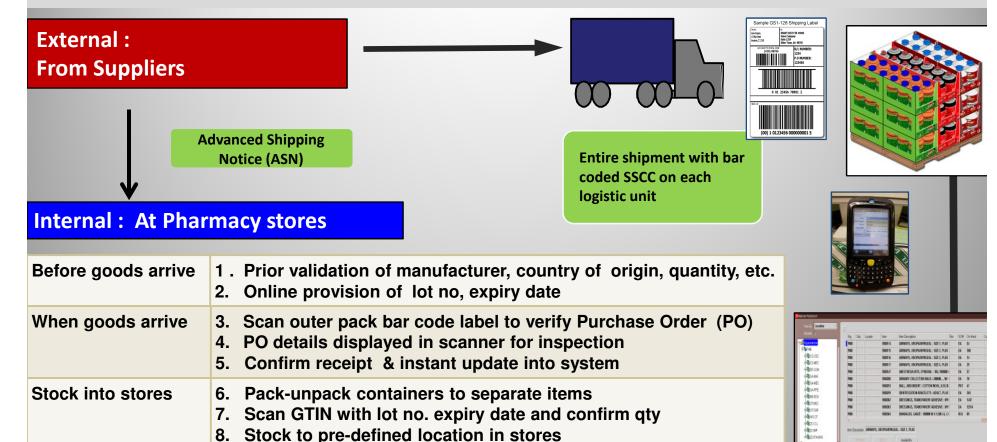


Is it feasible to have Bar-code track-and-trace all the way?



Target areas for direct-from-supplier bar-coding

The process flow in Mobile Supply Chain Application



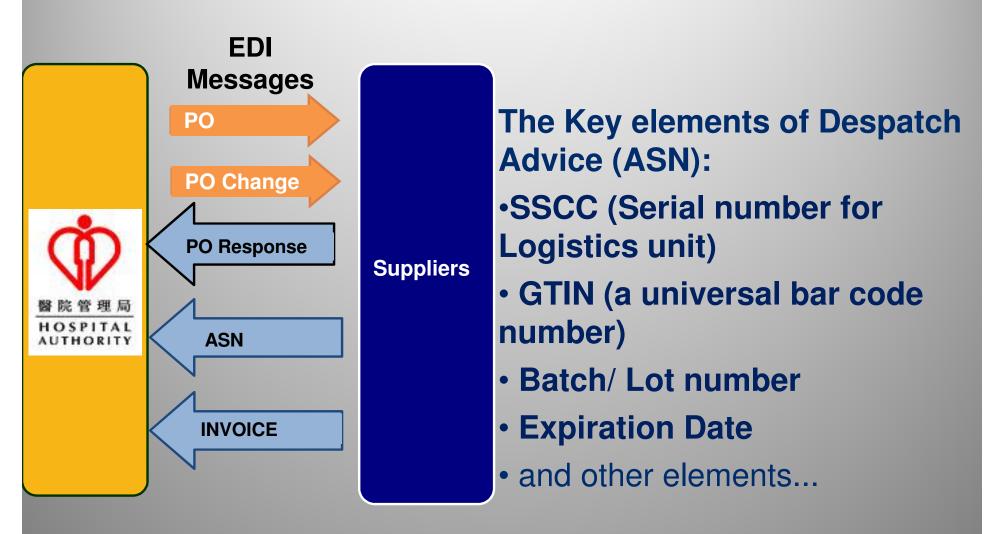


9. Enable lot-control with track-and-trace functionality

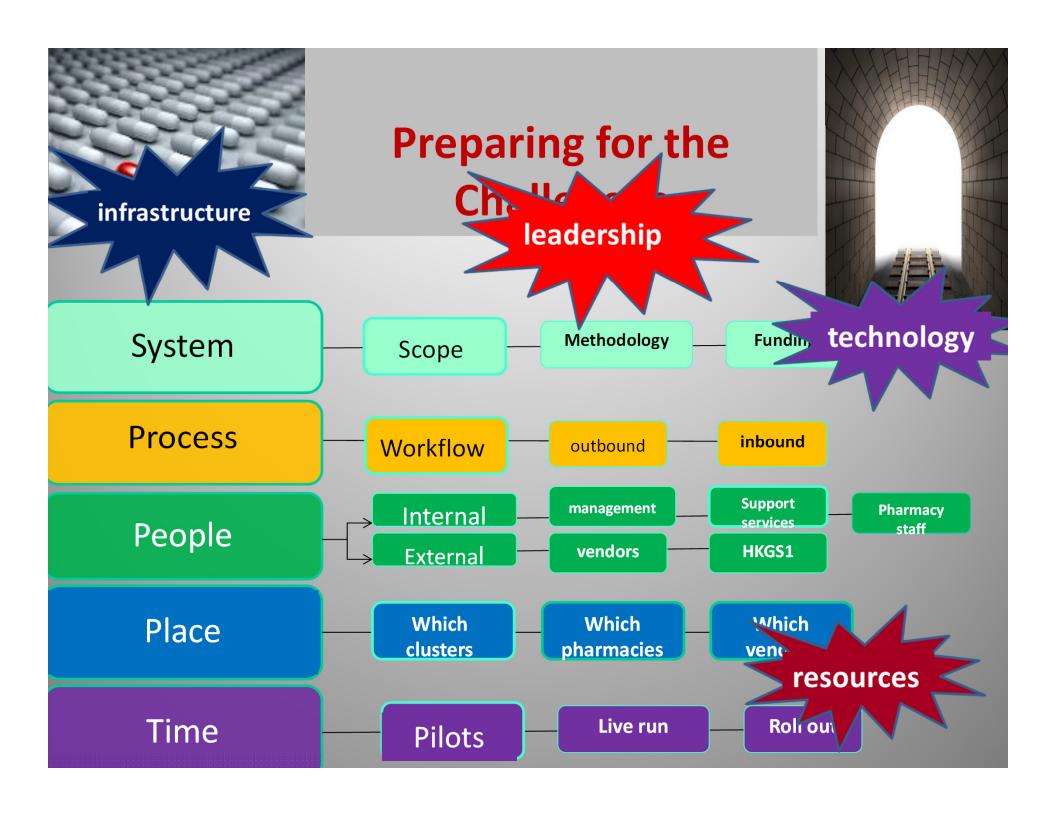
Drug distribution



The electronic information exchange in MSCA process



*The Despatch Advice (ASN) should be sent 24 hours before the Physical Goods Delivery.



Defining our action with stakeholders

External

HKGS1:

- Technical guidelines
- industry standards on ASN, SSCC, GTIN,GLN

Pharmaceutical vendors:

- System interface to HA
- GTIN on smallest order unit
- bar code readiness to include GTIN, Qty, BN, Expiry date
- Bar coded Labels for shipper case& logistic units
- Testing and preparation

Internal

Hospital side:

- Management buy in
- Support services
- Pharmacies

Engagement & support:

- implementing MSCA
- renovating stores & facilities
- adding manpower
- supporting user training

Vendor Engagement started in 2010

- No less than 6 mega vendor briefings, 25+ meetings, training workshops, testing, emails, etc...
 - Clarifications on project objectives, process, technical requirement, time frame.....
 - Frequently Ask Questions
- Mock ups on bar code labels,
- EDI messages testing
- End to End testing with mock up products
- On site testing at pilot sites
- With HKGS1 assistance and support

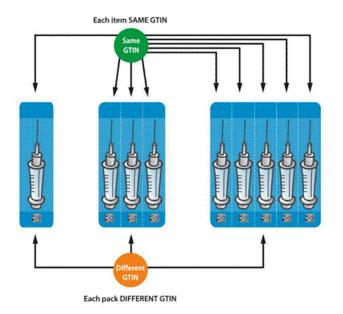


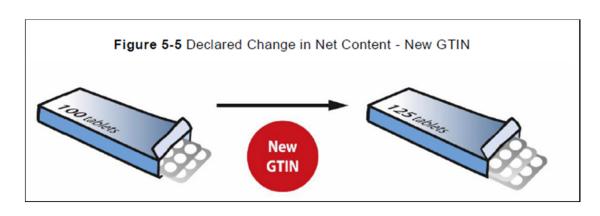
Importance of GTIN in SCM

- GTIN is a compulsory requirement for EDI PO
- It is inevitably that some items would not carry a valid GTIN because
 - Free Goods, Sample Goods, Donated Goods, Clinical Trial Goods and duplicate item code created for special program...)
 - Due to System limitation, one GTIN cannot be assigned to multiple item codes
 - GTIN may not be available when new items are introduced into HA

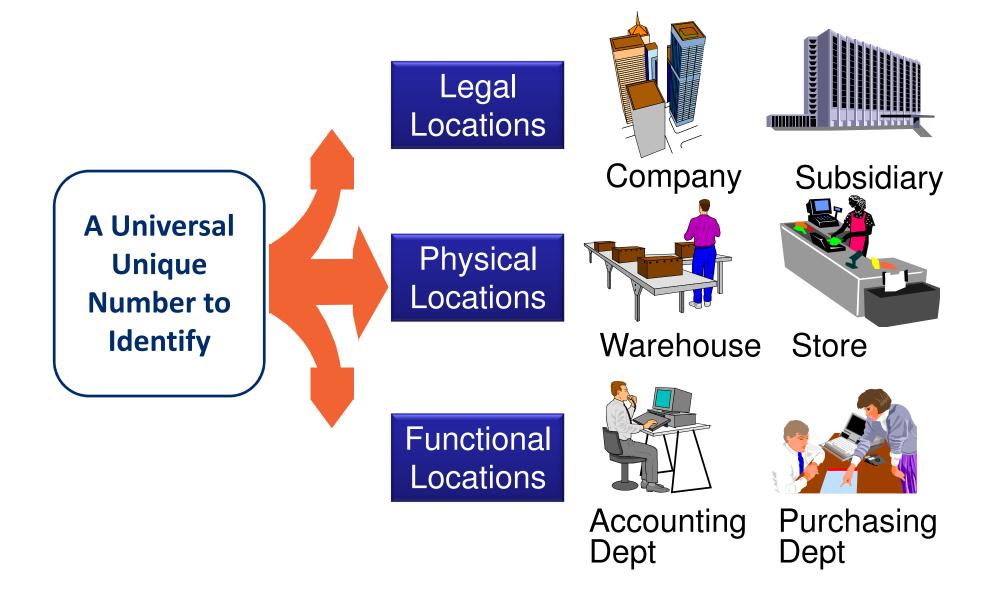
GTIN Allocation

different GTIN





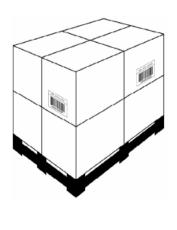
Locations - Types of GLN

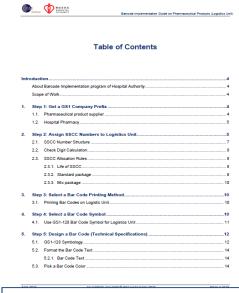


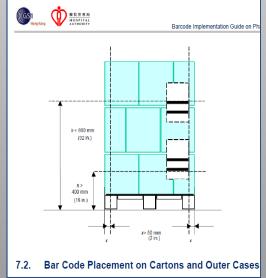
Standards provided by GS1



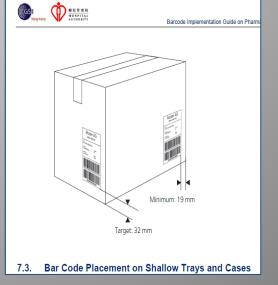
The symbol including, its Quiet Zones, should be at edge to avoid damage.















Case Label Requirement

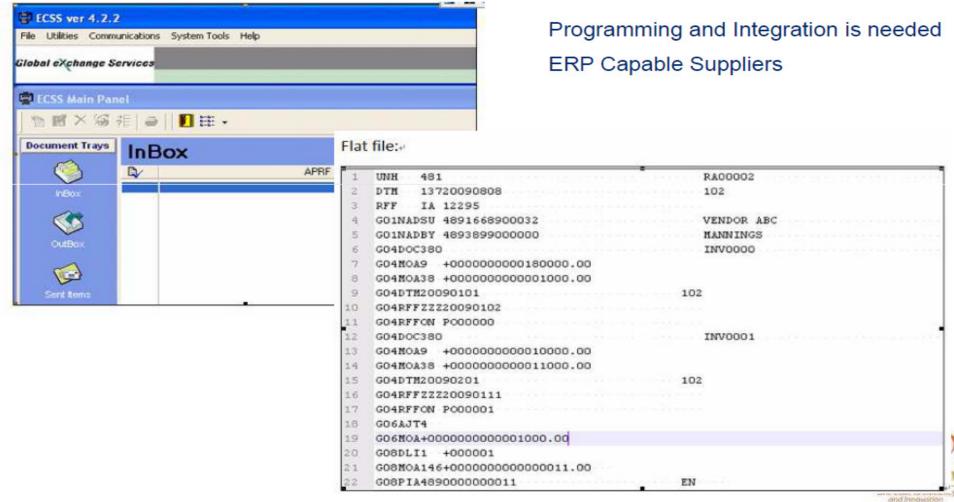
The Data String for Bar Code

Application Identifier	Meanings	Example	Remark				
(02)	The data follows (02) is the GTIN of ordering base unit	(02)04891668000022	Must be 14 digit no.				
(17)	The data follows (17) is the expiration date	(17)110106	YYMMDD Format				
(37)	The data follows (37) is the count of trade item	(37) 12345678	Up to 8 digit no.				
(10)	The data follows (10) is batch/Lot no.	(10) ABCDEFGH	Up to 20 alphanumeric				
= (02)04891668000022(17)110106(37)12345678(10)ABCDEFGH							

for vendors with no in house IT system ability



Cat A – EDI Gateway (EDI PO, PO Response, PO Change, ASN, Invoice)



Tendering of Hardware & printers & labels



Hospitals side – engagement with local management & pharmacy

- ERP System
 - Early engagement
 - Data preparation
 - Data cleansing
 - Data conversion
- MSCA / SCM
 - Hospitals Stores Facilities
- Manpower
- Training

How did we do it? Defining the scope of the Supply Chain Modernisation Project



How did we do it? Defining time frame for SCM implementation

by phase & batch approach:

Phase I

- > Track from distributors into the main stores
- > Applicable to all pharmacy stores in all hospitals
- ➤ Involve 2 batches of vendors on all their products

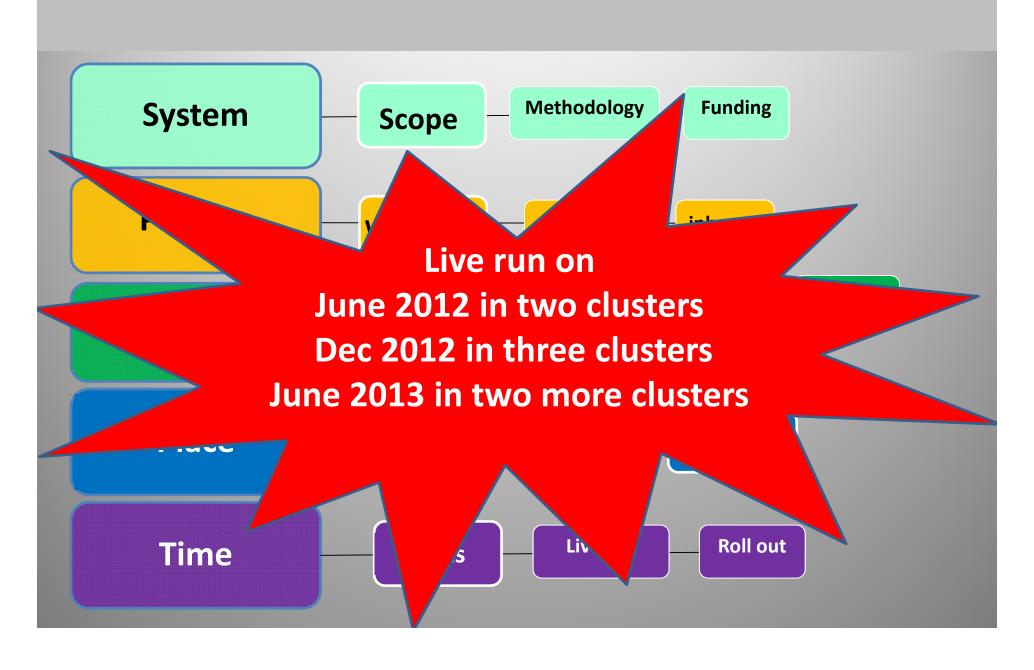
Phase II

- > Track from pharmacy stores to the dispensing stores
- > Pilot in two hospitals PWH and QEH on Dangerous Drugs

SCM Project implementation: by batch & phase approach

Batch I	Batch II				
(live run in June 2013) > 13+1 vendors	(live run in April 2014) > + 13 vendors				
> = about 70% of order lines	> = about 16% more order lines				
> About 38% of item sources	> About 13 % item sources				
BAXTER HEALTHCARD LTD	EUROPHARM LABORATOIRES CO. LTD.				
DKSH H.K. LTD	HK MEDICAL SUPPLIES LTD				
FERRING PHARMACEUTICALS LTD	JOHNSON & JOHNSON (HK) LTD				
FRESENIUS MEDICAL CARE HK LTD	MEDIPHARMA LTD				
GAMBRO HK LTD	MEKIM LTD				
HIND WING CO LTD	PRIMAL CHEMICAL CO LTD				
JACOBSON MEDICAL HK LTD	STAR MEDICAL SUPPLIES LTD				
JEAN-MARIE PHARMACAL CO LTD					
KERRFLEX SUPPLY CHAIN SOLUTIONS LTD	SYNCO (HK) LTD				
LF ASIA (HONG KONG) LIMITED-HEALTHCARE DIVIS	THE INTERNATIONAL MEDICAL CO. LTD.				
LF ASIA (HONG KONG) LIMITED-UNIVERSAL DIVISIO	TRENTON-BOMA LIMITED				
LUEN CHEONG HONG LTD	UNITED ITALIAN CORPORATION (HK) LTD.				
U S SUMMIT CO LTD	VICKMANS LAB LTD				
7UFLLIG PHARMA ITD	V C WOO & CO ITD				

SMART Achievement



The Change - Goods Receipts from batch I vendors using ASN & SSCC













The Gains – a much improved goods receipts process assisted by technology











The Gains -

much better & improved storage facilities













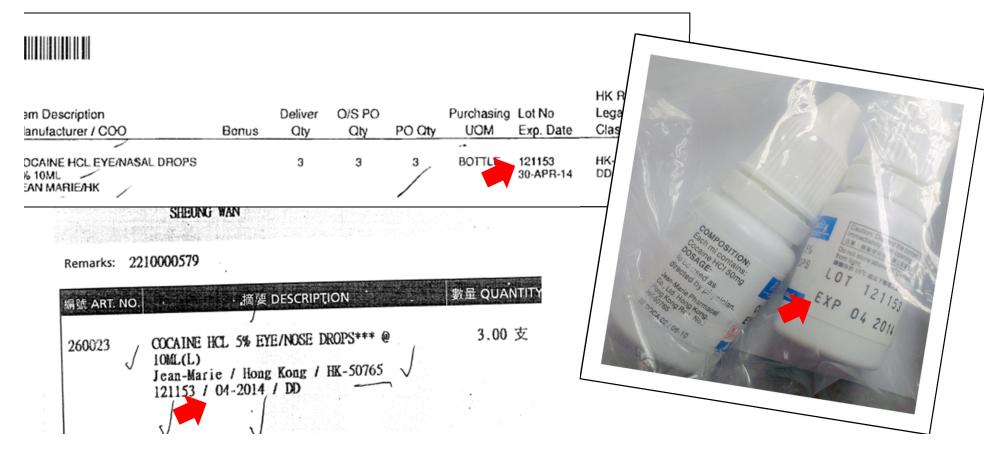
Problems encountered

Requirement for Expiry Date Format

e.g.	Expiry Date on Product	Expiry date format in ASN message CCYYMMDD	Barcode Format on Shipper Case YYMMDD	Expiry date printed on Shipper Case label	Expiry date printed on DN/Invoice
Α	28-Dec-2013	20131228	131228	28 DEC 2013	28 DEC 2013
В	Dec-28-2013	20131228	131228	28 DEC 2013	28 DEC 2013
С	28-12-2013	20131228	131228	28 DEC 2013	28 DEC 2013
D	12-28-2013	20131228	131228	28 DEC 2013	28 DEC 2013
E	Dec-2013	20131200	131200	DEC 2013	DEC 2013
F	122013	20131200	131200	DEC 2013	DEC 2013
G	201312	20131200	131200	DEC 2013	DEC 2013
Н	12/13	20131200	131200	DEC 2013	DEC 2013

Mismatch Expiry date information on ASN and products

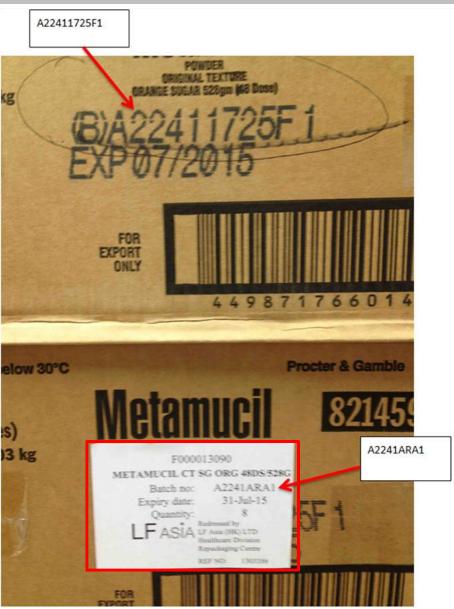
Expiry date printed on products did not match
 ASN message -> When no date is specified, HA takes 1st day of month as the 'used by' date.



Batch Number Issues

users reported that the lot information printed on product packing did not match with the lot number printed on product



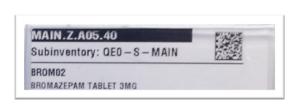


Batch number issues

- Issues were referred to the vendors
- Different batch number assigned due to the different stages of redressing involved
- Need to understand the process and provide explanation for our pharmacy store management users

In stocking up the shelves,

- > each batch should be stored in a separate locator
- > apply physical separators to separate different batches
- > shelf label marked with bar-coded locator information













In reality, not enough space and manpower, mix batches are in the same locator

Receipt Traveler

Supplier Name VICKMANS LAB LTD

Ship to Loc. QE0-FB-G-MAIN

Inventory Org Receiver Receipt Date Receipt#

QEO - QUEEN ELIZABETH HOSPITAL FOR DRUGS

eiver CHIK, XX J049150 eipt Date 27/AUG/2012 15:56:30 eipt# 306000001472

5.56.30

Dest. Subinv	Dest. Locator	DD	Spec. inst.	Item Code	Item Description	Received Qty	Rec UOM/ Pur UOM	O/S PO Qty	Lot No. Exp. Date	PO#	PO Line#
QE0-S-MAIN	MAIN.A.P12.0			CLOX01	CLOXACILLIN (SODIUM) CAPSULE 250MG	4	500 CAP	190	EUT_QMH_01 23-NOV-17	3210001113	1
						5	500 CAP		EUT_PYN_02 29-NOV-12		
						1	500 CAP		EUT_UCH_03 30-NOV-18		







AL

- Storage Racks
- Stores are installed with carton flow racks which facilitate users to fill the newly received goods from the back and pick the goods from the front
- In reality, newly received goods may have earlier expiration





Some pharmacy stores are still temporary stores



Storage space & facilities

Conclusion: Plenty of room for improvement in our stores







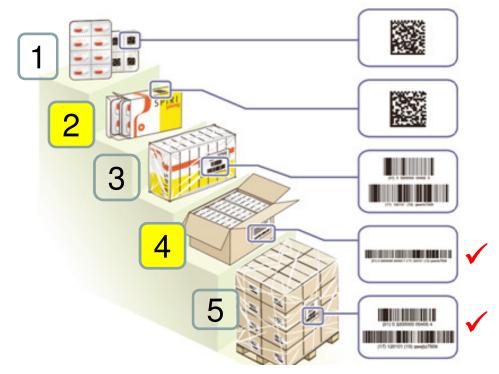




Vendor & Product readiness

For SCM EDI vendors:

- Bar codes are required on outer cartons, pellets with GTIN, Batch No, Expiry date
- These information are lost when the goods are removed from cartons and pellets





Not all store rooms are properly setup









Way Forward

Patient & Medication Safety





Traceability



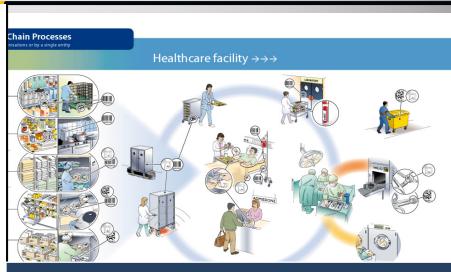
where we want to go via the SCM Project





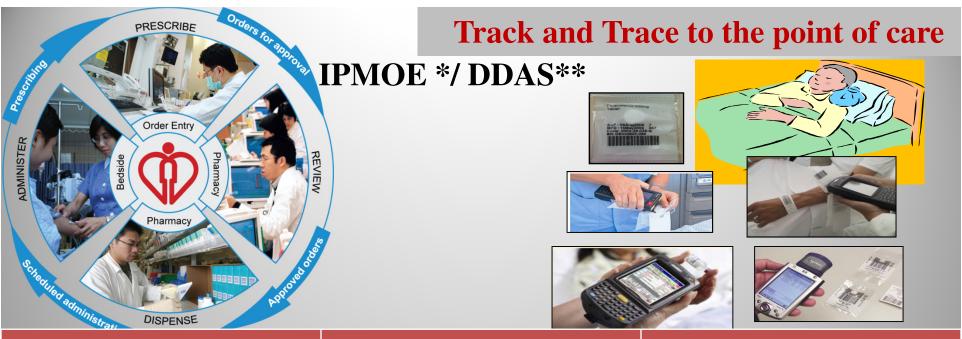


Way Forward The Supply Chain Modernisation on Pharmaceutical Products

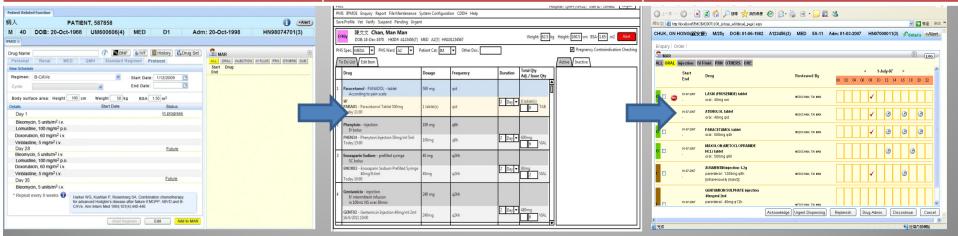


Internal

IPMOE */ DDAS**





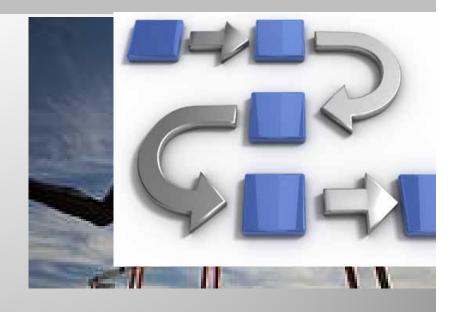


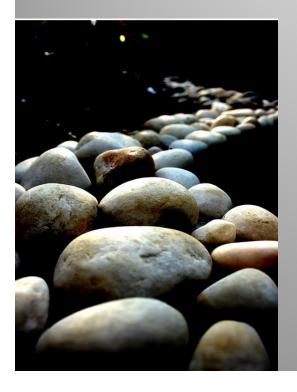
- Electronic prescribing by clinicians
- Vetting & dispensing with workflow reengineering at Pharmacies
- Drug administration by nurses using BCMA

What do you see?



The Journey is long & tough





Insanity:

Continuing to believe that if we insist and persist, we can make the difference, some day

- S C Chiang

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The GS1HK Business Casebooks 2010, 2011,2012, 2013



