Traceability and standard codification for patients flows

The Dijon CHU Experience

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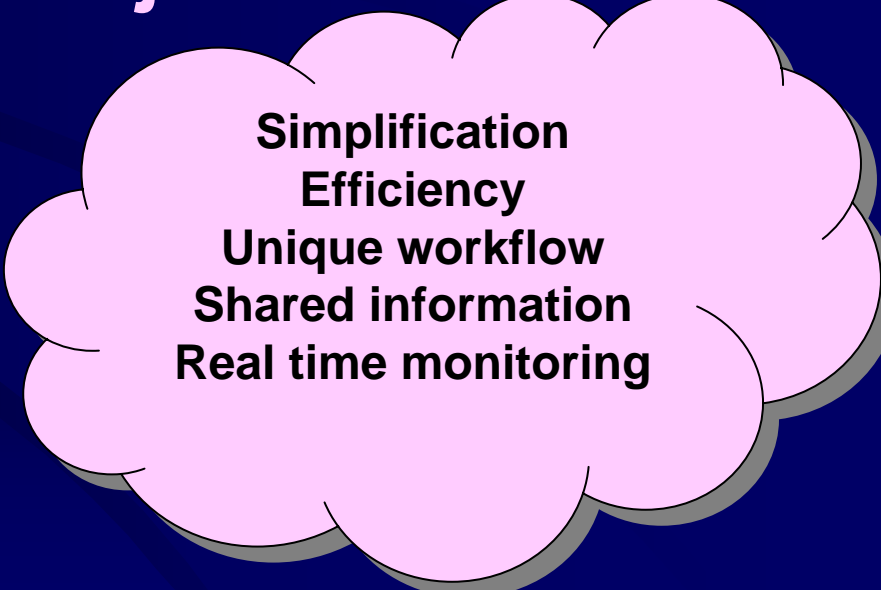
Patients flows in Dijon Hospital

Facts

Complexity
Significative risks
Multiples workflows
Inaccurate management

Objectives

Simplification
Efficiency
Unique workflow
Shared information
Real time monitoring

… In 5 steps !

Step 1 : Dataflow and processes
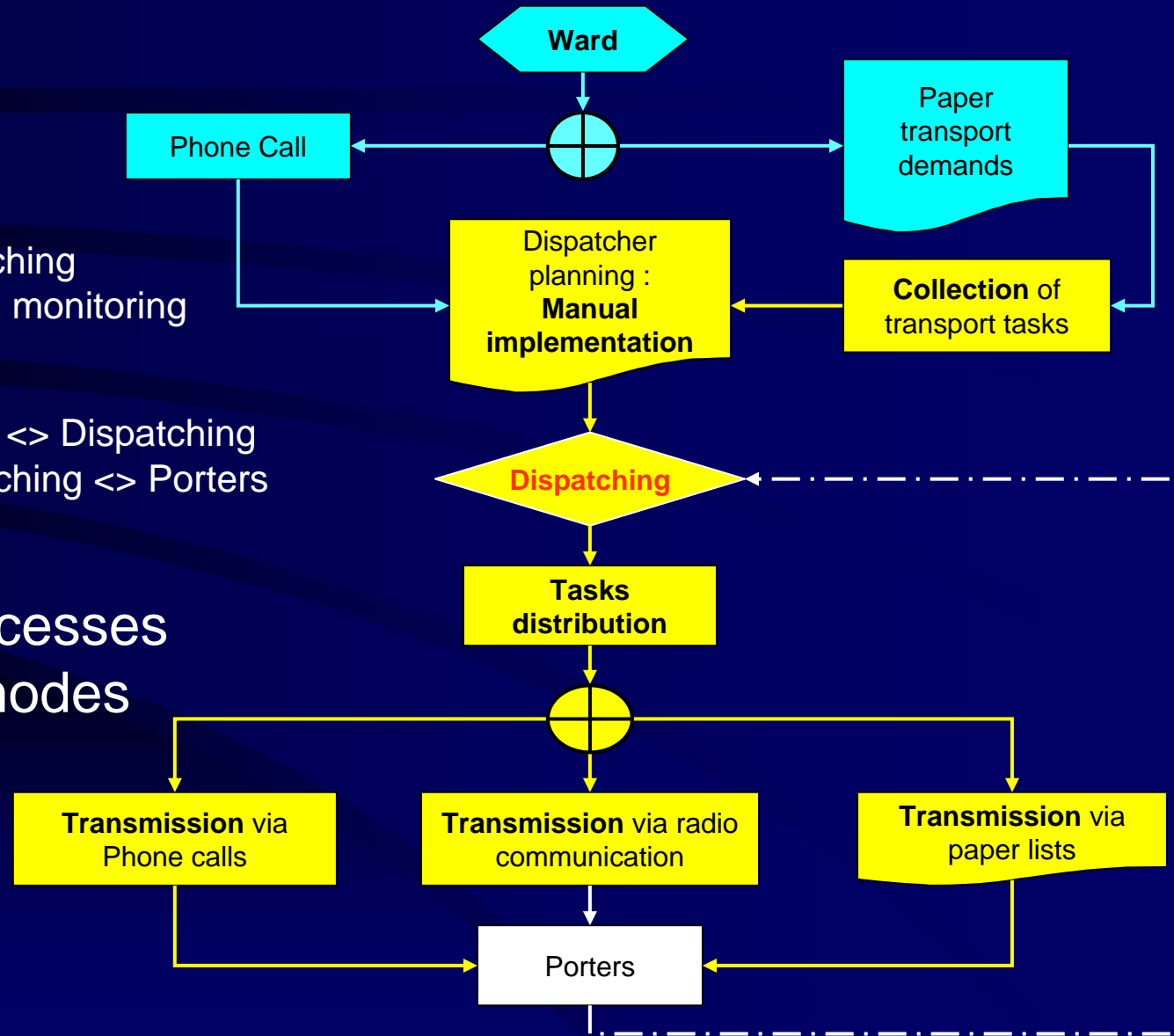
- Centralization
  - Porters
    - Dispatching
    - Porters monitoring
  - Dataflow
    - Wards <> Dispatching
    - Dispatching <> Porters

- Definition of processes and operating modes

Ward

Phone Call

Paper transport demands

Dispatcher planning : **Manual implementation**

Collection of transport tasks

Dispatching

Tasks distribution

Transmission via Phone calls

Transmission via radio communication

Transmission via paper lists

Porters

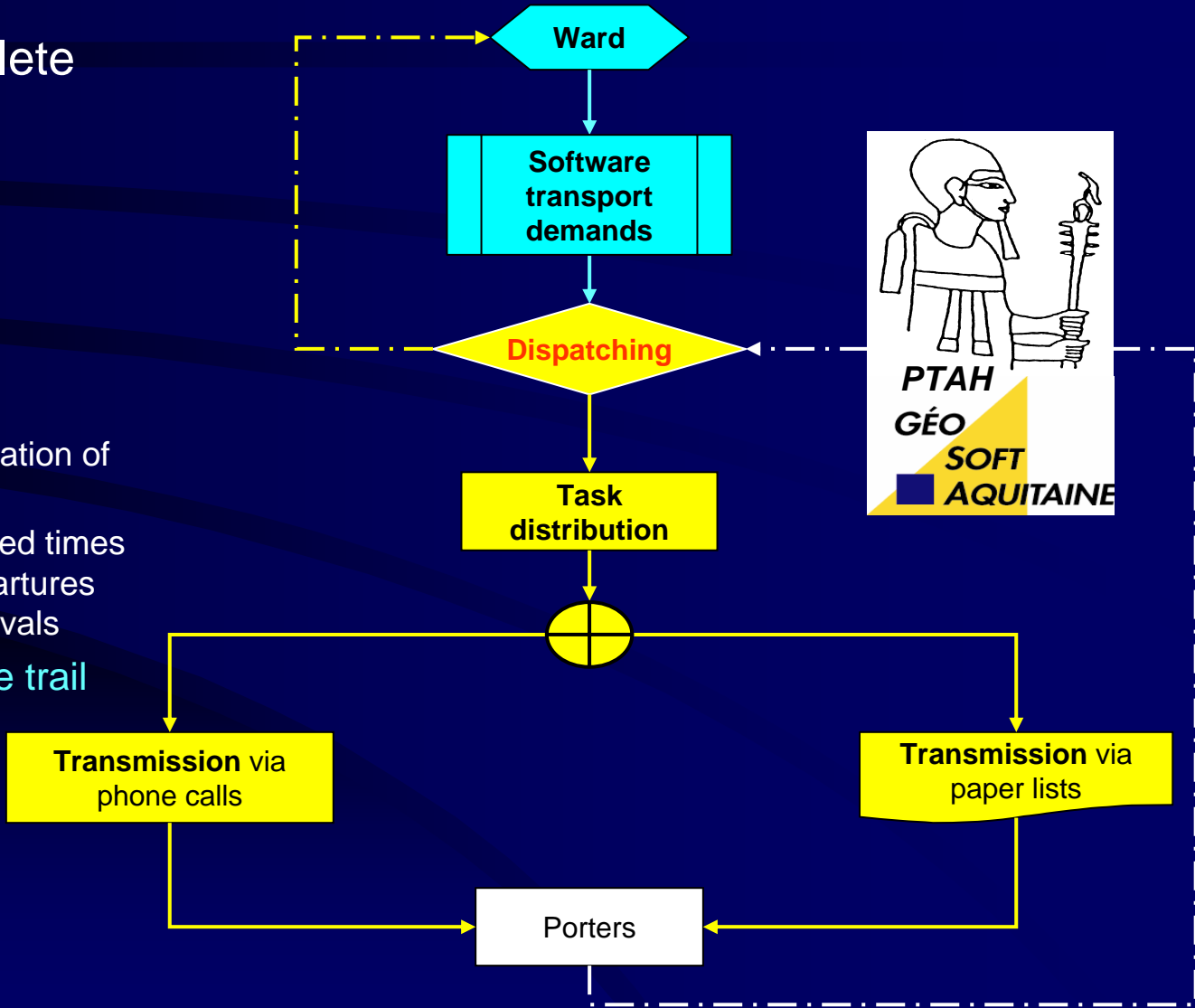# Step 2 : Wards – Dispatching dataflow processing

… Done !

- Dataflow complete traceability
- Incomplete traceability of physical flows
  - ⇨ Tracing
    - – Exact identification of users
    - – Estimated times for departures and arrivals
  - ⇨ No accurate trail

Step 3 : Seek for technical solution

- The Facts
  - ⇨ No accurate trail
  - ⇨ Errors in transports
    - Patient
    - Patient Record
    - Destination

- Pilot phase in Emergency Unit
  - ⇨ Why
    - Numerous physical flows in a limited area
    - 1 porter dedicated to the department
  - ⇨ Objectives
    - Flows analysis
    - Check the relevance of the standard codification
    - Process analysis

Step 3 : Technical validation Emergency Unit traceability pilot
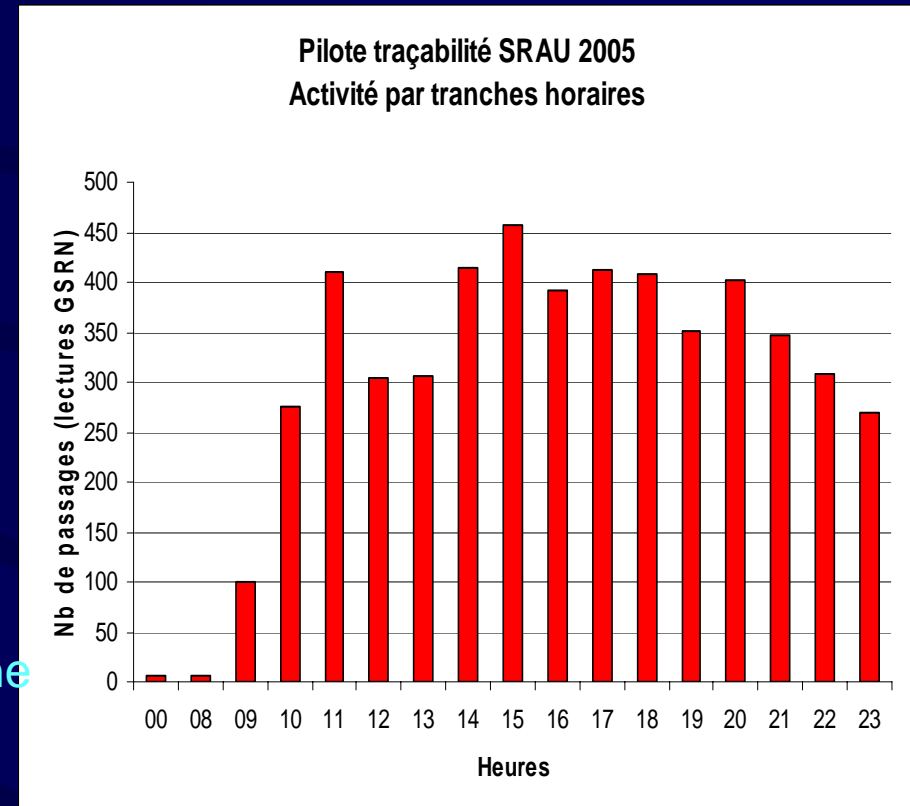
… Done !

- Process
  - ⇨ Bar codes
  - ⇨ Standalone scanner

- Drawbacks
  - ⇨ Numerous scanning (4 scanning by task)
  - ⇨ Questionable patient identification (use of wrist straps)
  - ⇨ Low acceptance from medical staff
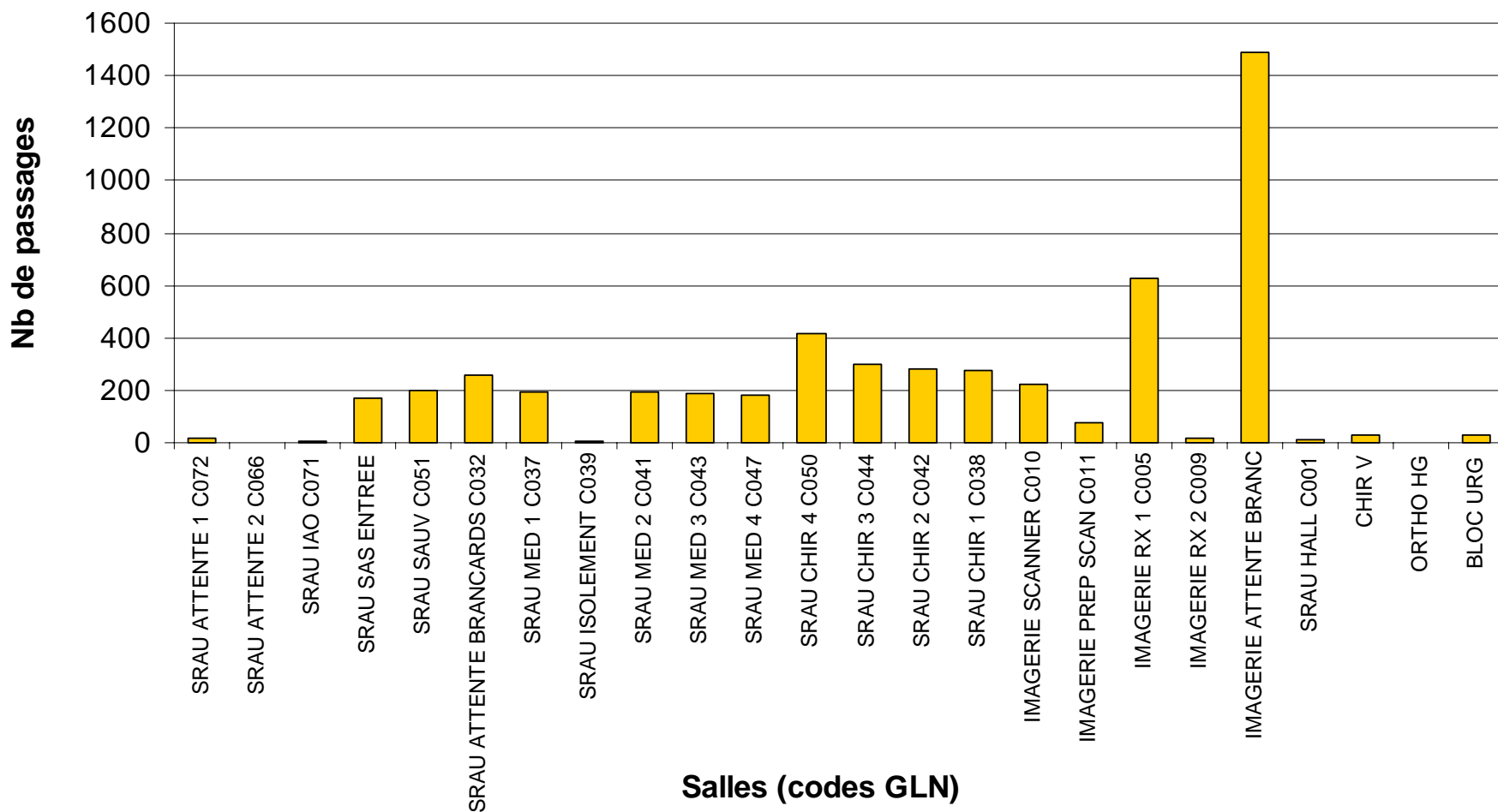
- Outputs
  - ⇨ Use of multi-function standalone scanner
  - ⇨ Codification
    - – GLN : adapted bar codes
    - – Porter : bar codes or RFID
    - – Patient : RFID

Pilote traçabilité SRAU 2005
Activité par tranches horaires

**Pilote traçabilité SRAU 2005
Répartition par codes GLN**

Step 3 : Technical validation
The final process

… Done !

- Porter identification
  - ⇨ GSRN Porter
  - ⇨ Once at Porter beginning of service
- Patient identification
  - ⇨ GSRN patient
  - ⇨ At departure and arrival
- Place checking
  - ⇨ GLN arrival place
- Messages
  - ⇨ Acknowledgement
  - ⇨ Departure notification
  - ⇨ Arrival notification
- Device
  - ⇨ Multi-function and standalone device for each porter

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BLOC CHIR CARDIO-VASC
arrivée

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Step 3 : Technical validation
The final process

… Done !

DEPARTURE = [GSRN Porter] + [GSRN : Patient] — **- The right patient**

ARRIVAL = [GSRN : Patient] + [GLN: Arrival place] — **- The right patient**
- At the right place

Step 4 : Monitoring of physical flows

… In progress !

PTAH

GÉO
SOFT
AQUITAINE

Ward

↓

Software demand

↓

Dispatching

↓

Task distribution

↓

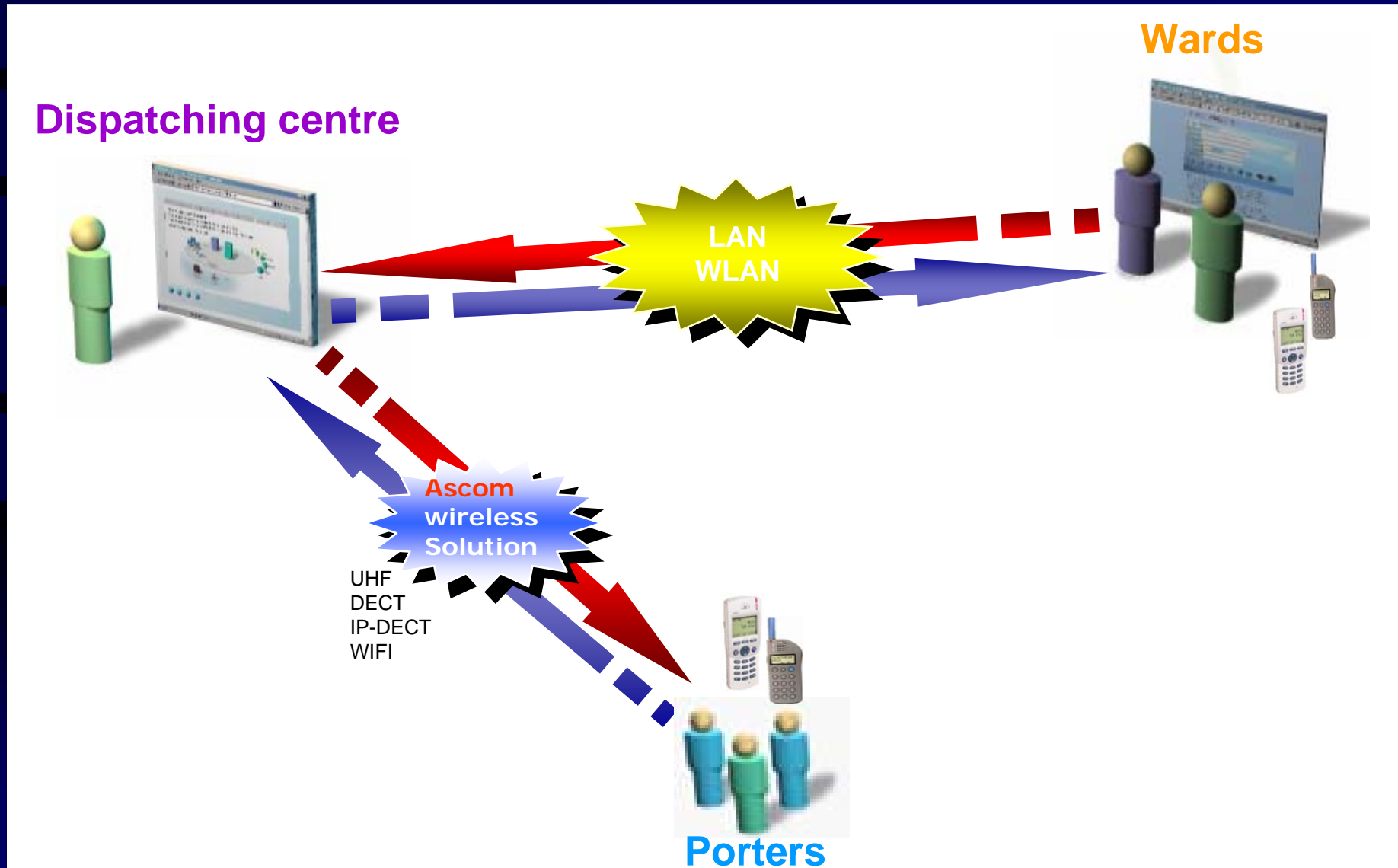**Transmission** via text messaging

↓

Porters
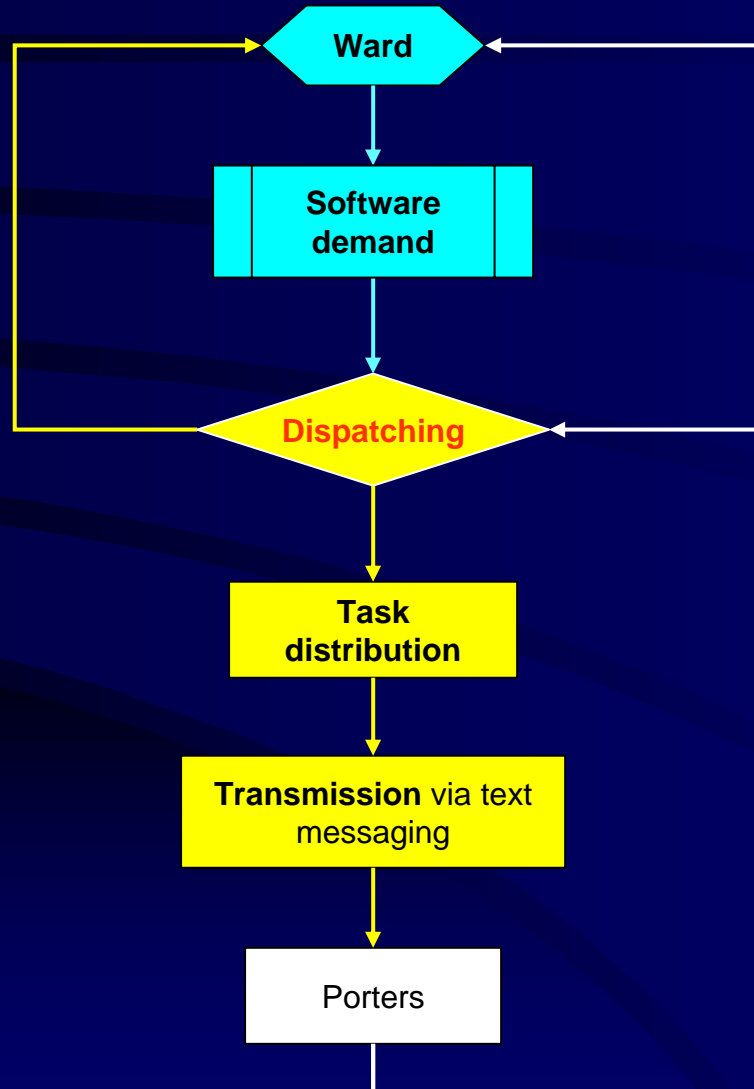
- Safety
- Complete traceability
- Reel time monitoring
- Optimization & enhanced reactivity
- Confidentiality

ascom

Step 4 : Physical flows monitoring

… In progress !

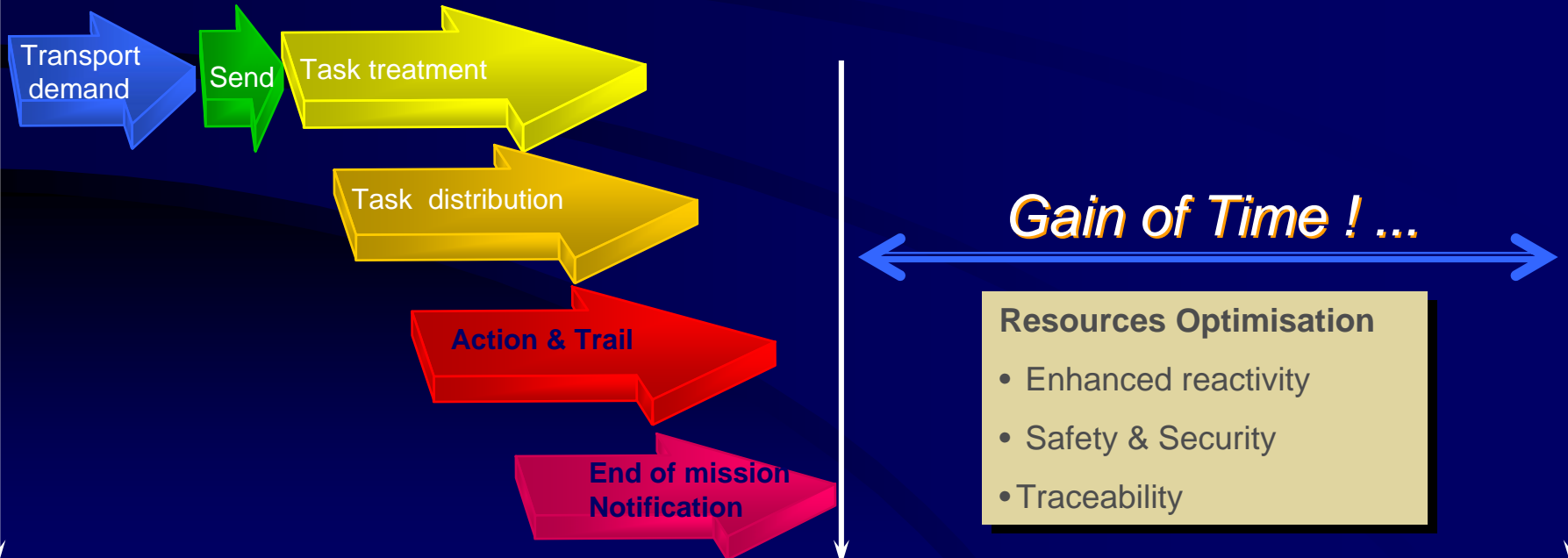## How does it work?

Dispatching centre

Wards

LAN
WLAN

Ascom wireless Solution

UHF
DECT
IP-DECT
WIFI

Porters

Soft + Wireless Communication vs Paper dispatching

Paper Dispatching

Transport demand → Call to dispatcher → Seek for available Porters ? → Task distribution → Action → End of mission

Software Dispatching powered by wireless communication

Transport demand → Send → Task treatment

Task distribution

Action & Trail

End of mission Notification

Gain of Time ! ...

Resources Optimisation

- Enhanced reactivity
- Safety & Security
- Traceability

Benefits for all

- **Patients**; reduced waiting delays, reduced length of stay & better care

- **Nurses**; More time to dedicate to patients, direct communication with Porters

- **Porters**; Reduced Stress, improved service delivery to wards and valued image

- **Managers**; Patients & staff satisfaction, enhanced logistic flows, higher profitability of the Hospital

Step 5 : Codification

- ## GLN Codification

  ⇨ Used for all logistic flows

  ⇨ Implementation in progress

  ⇨ Scanners adaptation

  ⇨ Tight timeline

- ## Patient GSRN Codification

  ⇨ Technical validation

  ⇨ Scanners adaptation

  ⇨ Resistance from medical staff

  ⇨ Timeline ?

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… Next step !

With the highly valuable collaboration of :

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for GS1 France

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