



Status Report Work Team 'Instruments & Implants Marking'

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Volker Zeinar

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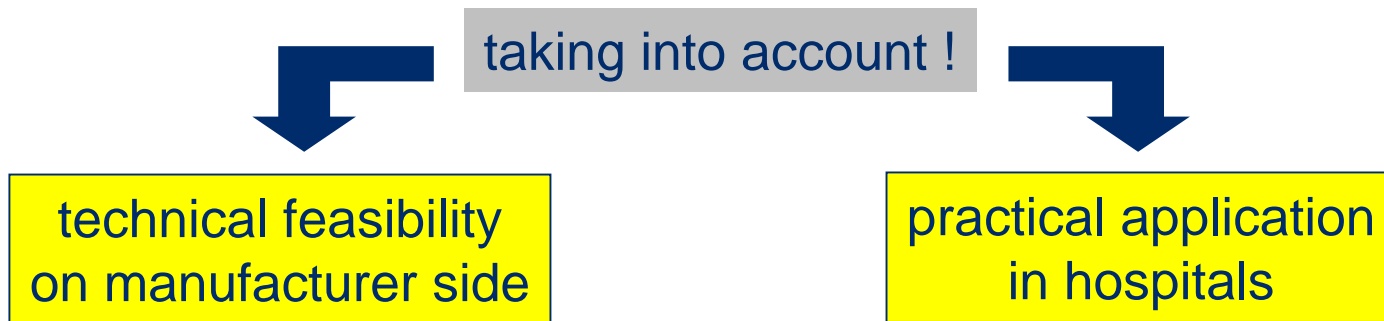


Hospitals ?
we talk about a
,core process' !!!



Objective :

,Analysis of the necessity of marking instruments and implants.'



Scope :

- Level of track & trace (e.g. set level or single instrument level) ?
- Marking of packaging and/or direct marking ?
- Data content + data carrier ?
- Regulatory compliance !



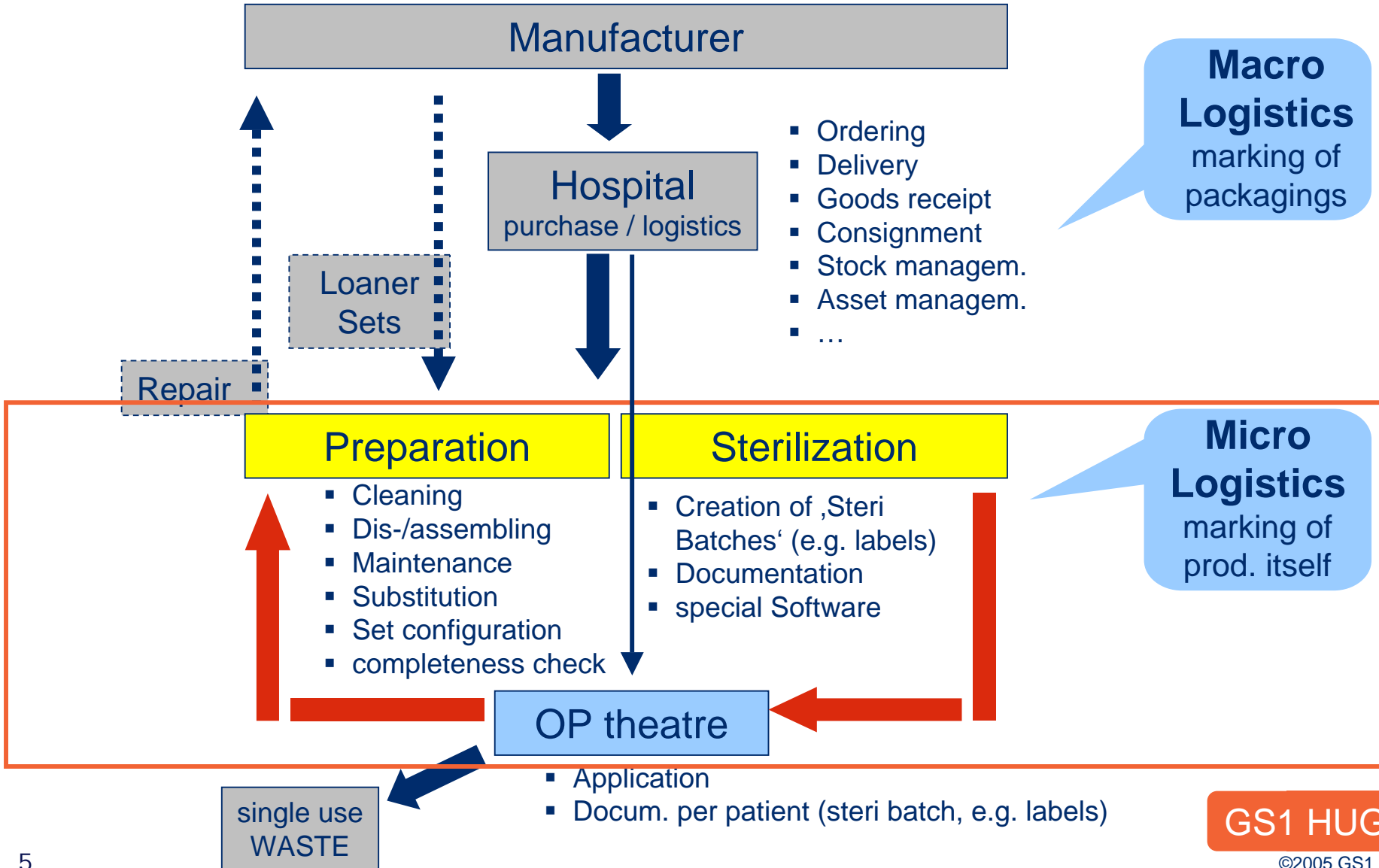
Where do we talk about ?

reusable / single use products (instruments)	mass / physician specific products		
made of steel, plastics, ...	large / very small / all forms	sterile / non-sterile	
one-piece / multi-part products	active / passive	motor systems	spare parts (instruments)
container systems ,parents-child-relation‘	hips, knees, plates, stents, screws, cardiac pacemakers, heart valves,...		
repair processes	life cycle management (>10 years)		

- ❑ huge variety of products !
- ❑ all these characteristics have influence to marking solutions and track & trace processes !



Instruments Cycle





Track&Trace : SET vs. INSTRUMENT level

SET

machine-readable marking

- linear BC / datamatrix / RfiD
- space is no issue
- marking process uncritical

Bill of Materials (BOM)

- list of instrument types
- quantity per instrument type

Scanning (in sterilization environment)

- one scan per SET
- BC easy to find (marking always in the same place possible)



INSTRUMENT

machine-readable marking

- serialisation
- datamatrix / RfiD
- space is often an issue
- surface partly unsuitable for datamatrix (rough, round, plastics,...)

Scanning (in sterilization environment)

- one scan per INSTRUMENT
- code very small (difficult to find)

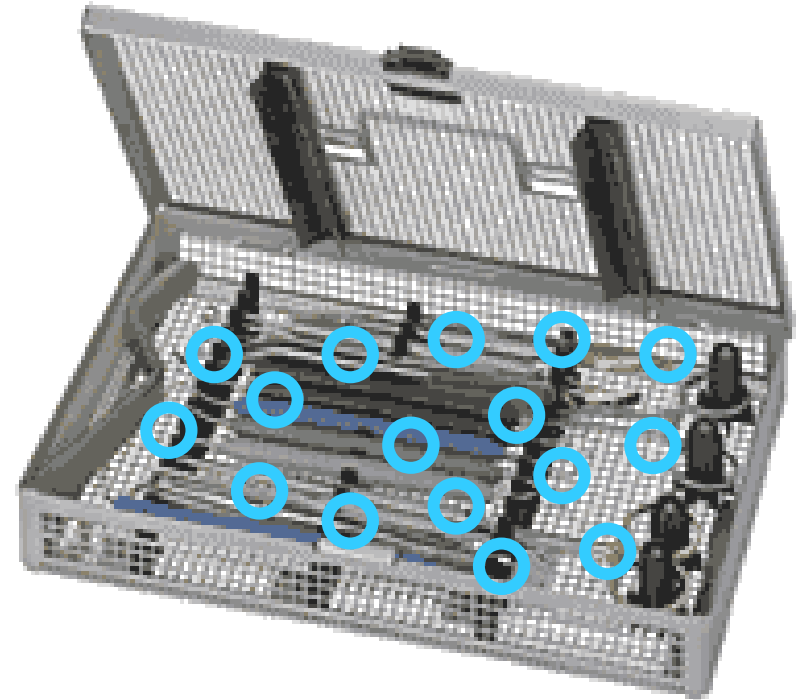


1 scan per SET
→ easy to find

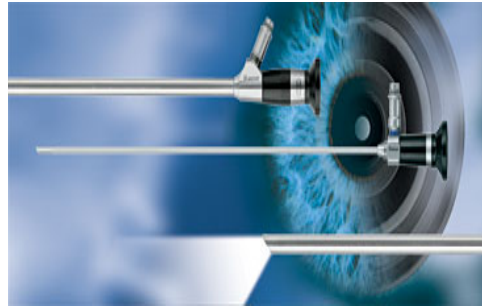
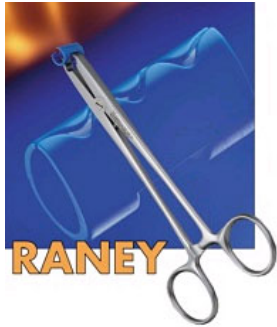


many scan's per SET
(up to 90, in average 50)

- multiple effort
- user-friendly ?
- hospitals/users view ?



Track&Trace : SET vs. INSTRUMENT level



where is the code ?



- positioning of scanner difficult
- it takes time
- ...



Implants Material Flow

Manufacturer

sterile + non-sterile

- Ordering
→ scanner based ,SEDICO‘
- Delivery
- Goods receipt
- Consignment
- Stock management
- ...

Hospital Storage (close to OP)



non-sterile (unpacked)

sterile (packed + bar coded)



MICRO – Log.

trays of small items (e.g. screws)

Sterilization

OP theatre

- Creation of ,Steri Batches‘
- Documentation
- special Software
- Refill trays (e.g. screws)
- ...

- Application
- Documentation per patient
→ peel-off labels

Patient





- ❑ **Direct marking + space**
 - instruments and implants
 - smallest DataMatrix to large for many products
 - expiration of DataMatrix (cleaning methods)
 - RFID tags – a suitable alternative ? for which products ?
- ❑ **Serialization of multi-part instruments ?**
- ❑ **Data content**
 - different recommendations GS1 MO's : *,(01)GTIN(21)Serial no.* versus *,(8004)GIAI*
 - manufacturer / hospital specific coding
- ❑ **Why track & trace on instrument level and for which instruments ?**
 - today : high value, maintenance intensive, property issues, ...
- ❑ **Track & trace of very small implants ?**
 - not single packed (screws, nails, ...), re-sterilization several times, ...
- ❑ **Prerequisites on hospital side for track & trace ?**
 - e.g. set optimization, IT, process organisation, ...

The acceptance of a solution
depends on their convenience in daily business !
(impact on processes in preparation / sterilization / OP theatre)

Questions to discuss and decide during WT sessions :

- What should be the scope of the WT in detail ?**
- Priorities ? e.g.**
 - Prio 1 = Implants : entire supply chain
 - Prio 2 = Instruments : MACRO – Logistics
 - Prio 3 = Instruments : MICRO – Logistics
- Timetable ?**
- Methods of working together ?**
 - Conference calls, F2F meetings, visit hospitals, ...
- Decision/confirmation work team leader**

Start work !!!

- Review and complete instruments cycle + implants material flow
- Collect legal / customer requirements (track & trace / documentation)
- Product classification (significant impact on patient safety ?, level of risk ?, ...)
- ...



Thank you for your attention !

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