

Auto-ID Data Work Team Hospital Survey

Berlin, 1 February 2007

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A Hospital Survey

- Gather input from Hospitals, by using their language
 - English
 - French
 - German
 - Dutch
 - Italian
 - Spanish
 - Japanese
 - Chinese
- Be able to understand hospital's voice regarding
 - 2 Groups of products (pharmaceuticals, biologics, vaccines & medical devices)
 - Patient safety and data which automatic capture is needed
 - Ask to explain the business needs
 - Status is AutoID





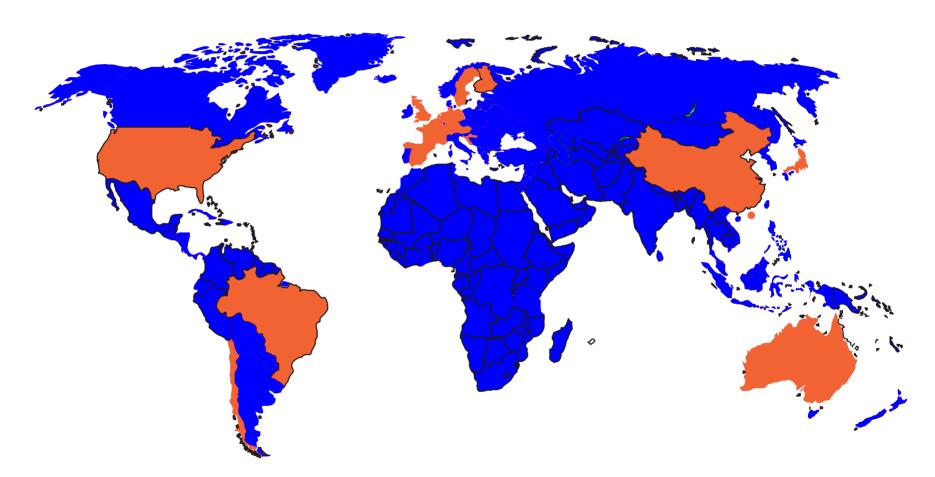
A hospital Survey

- The survey is focused on the data requirement needs of Hospitals for supply chain items
- The questionnaire is structured as follow:

Categories	Questions about
Medical Devices	UNIT OF USE package level
	packaging containing more than one unit of use
Pharmaceuticals, biologics, vaccines	UNIT OF USE package level
	packaging containing more than one unit of use
Data capture	Barcodes
	RFID



Responses to the survey

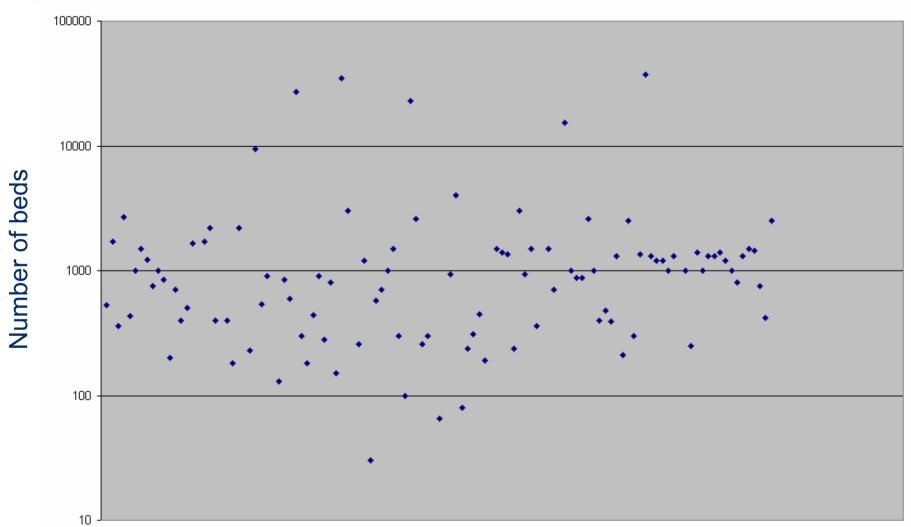


17 countries – 633 Hospital with ~ 244'000 beds – 117 Respondents 110 Hospitals – 3 Health Authorities – 7 providers



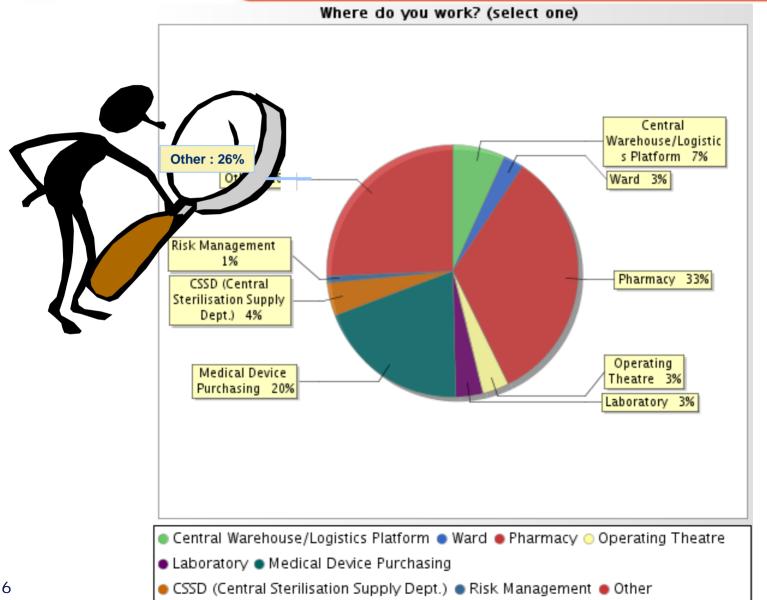


Hospitals by number of beds



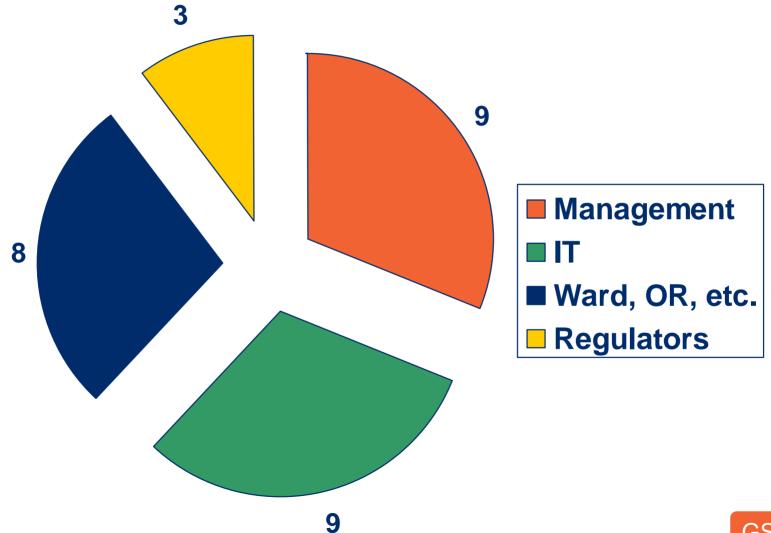


Answers per department



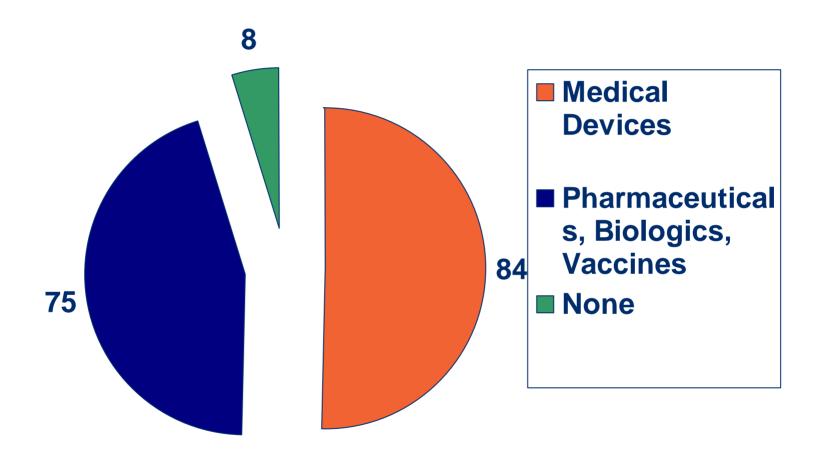


Answers per department ("other")





Area of interest



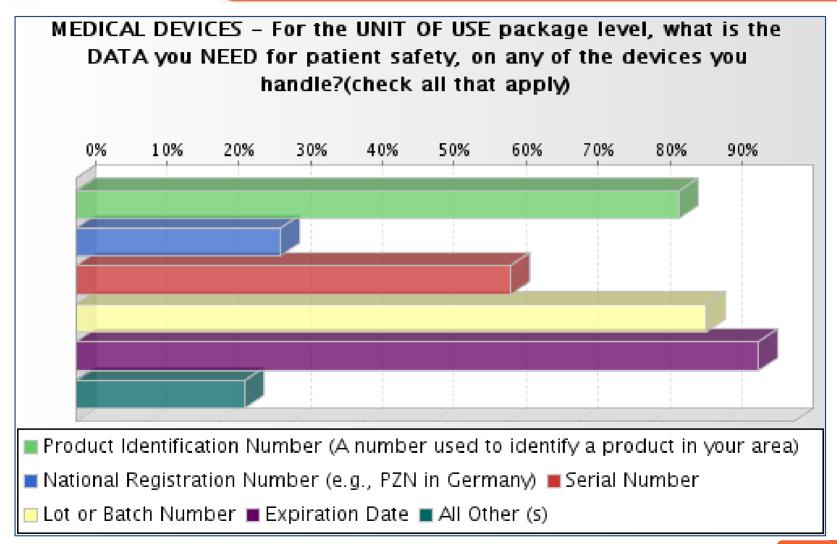


Medical Devices

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Data on Medical Devices on unit-of-use level





Data on Medical Devices on unit-of-use level - Product Identification

- Understand the difference on the respondent point of view
 - Both solution allow (unique) product identification
 - Product Identification Number and National Registration Number can be a number allocated by "a third party" (Manufacturer, Registration Authority, etc.)
 - Some respondents mention Product Identification allocated internally in the hospital



Data on Medical Devices on unit-of-use level - Product Identification Number

- Why do you need the Product Identification Number / National Registration Number?
 - Stock Management, Logistics, Re-ordering, support the picking process
 - Traceability, Transparency, Data Management,
 Documentation, access product information
 - Avoid errors





Data on Medical Devices on unit-of-use level — Serial Number — Lot Number

Why is the Serial Number required?

- To trace certain MD (surgical instruments, implants) to the patient (document the patient file)
- To identify pieces belonging to an equipment, link reusable devices to sterilisation steps including process documentation
- For stock management, recalls, consignment

Why is the Lot Number required?

- Traceability, recalls, vigilance, documentation, accounting
- To calibrate equipment with reagents
- To fulfil regulatory requirements
- For logistics and stock management purpose





Data on Medical Devices on unit-of-use level — Expiry Date

- Why is the Expiry Date required?
 - Patient safety; traceability, security, duration of sterility
 - Logistics and stock management (better use of products before exp), including decentralised stocks
 - For chemicals, reagents
 - Regulation requirement



Data on Medical Devices on unit-of-use level

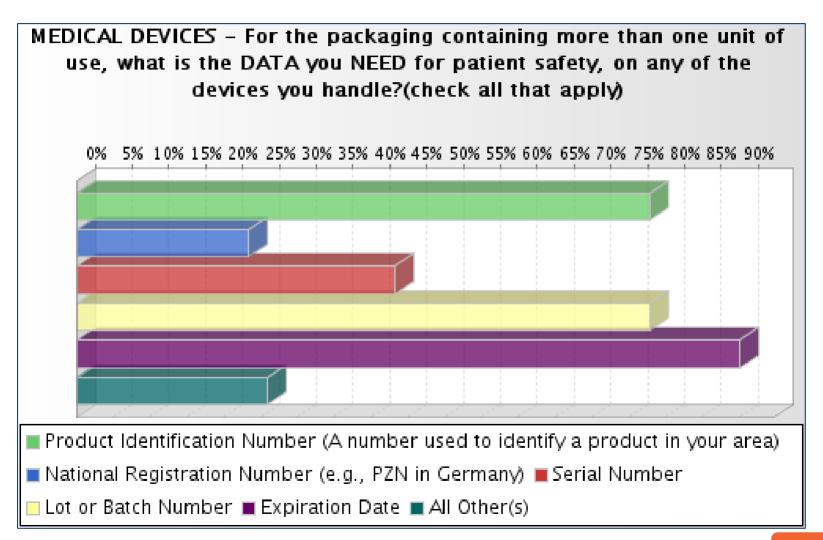
- Why do you need these data on a data carrier?
 - Faster processes (incl recalls), reduction of errors (i.e. picking)
 - Avoid key entries (traceability)
 - Safer key entries, simpler integration into database; data accuracy
 - Accounting with mobile data capture
 - Possibility of logical controls
 - "Our system is built according to GS1 system, reading GS1-128. We just utilize it" (*)
 - "in one scan, have all the necessary information"
 - Better patient file documentation with a thinner granularity (lot / serial, exp)

(*) = 118 hospitals, 37'000 beds





Data for Medical Devices on case/shipper







- Why is a Product Identification Number required?
 - Same as for primary pack level
 - Allows stock management with different hierarchies (primary / secondary pack levels)
- Why is the Serial Number required?
 - Serial number is needed to track maintenance
 - Traceability, Stock Management



Data on Medical Devices on carton level

- Why do you need these data on a data carrier?
 - Faster processes, reliability of stock, accounting, document databases, support ordering processes (internal / external)
 - Reliability of traceability

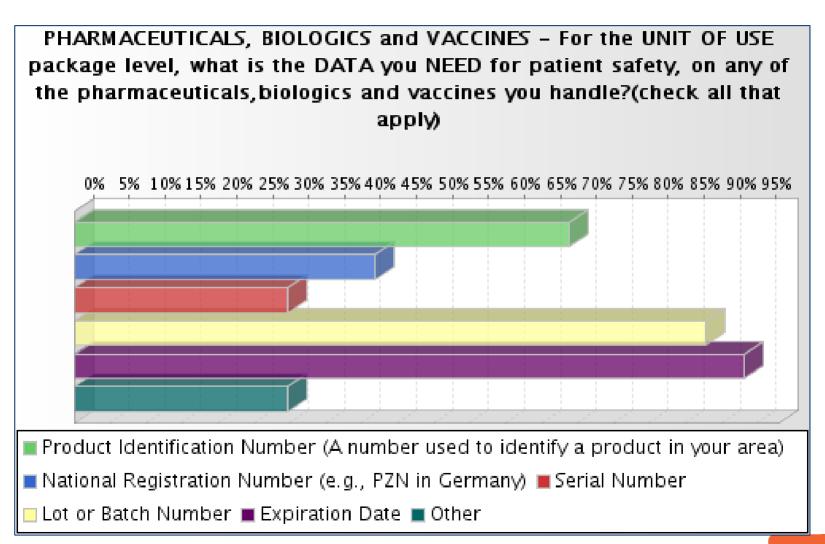




Pharmaceuticals

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Why is Product Identification required?

- Same as for Medical Devices (traceability, etc.)
- Avoid errors (differentiation with colours not reliable)
- To notify narcotic trade (ex : Morphin anhydrid, 7611746078005)
- Internal ordering, documentation, accounting, traceability
- Blood derivate underlie the same regulatory requirements as implants



- Why is the Serial Number required?
 - Same as for Medical Devices
 - Traceability and link to supplier
 - For biologics / blood derivates full traceability
 - For traceability to the patient (legal requirement)
 - Quality insurance, vigilance
- Why is the Lot Number required?
 - Same as for Medical Devices
 - For blood derivates, biologics
 - Traceability, documentation of patient file



- Why is the Exp Date required?
 - Same as for Medical Devices
 - To check if date is not expired
 - Stock control at the ward
 - Overall control of the stock (especially for the drugs with a low turnover)
 - Manual control of exp date is a long task with a high degree of error risks
 - Reduce waist on stocks (react before exp date)

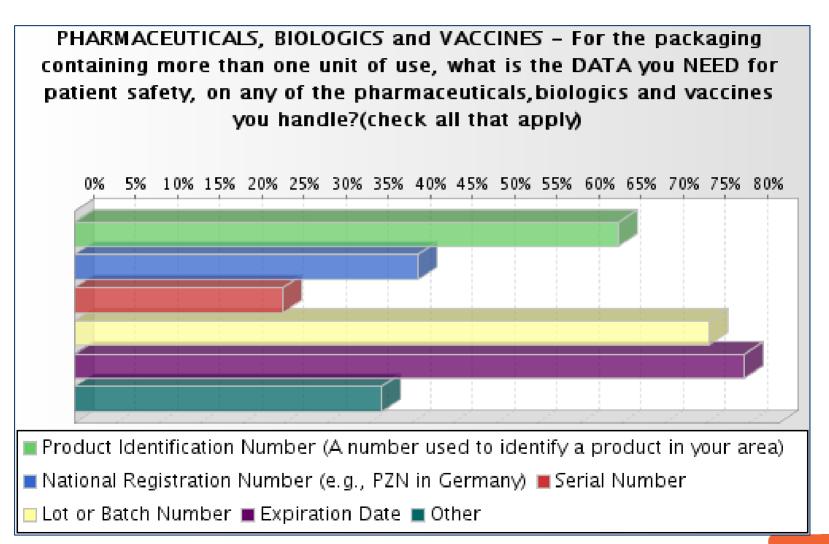




- Why do you need these data on a data carrier?
 - Same as for Medical Devices
 - Support picking, capture delivery at ward, ward capturing administration to patient (document patient file), have a better traceability in the medication process
 - Last check at the bed of the patient (bedside scanning), reduction of medication errors



Data for Pharmaceuticals on case/shipper level





- Why do you need these data on a data carrier?
 - Same as for Medical Devices
 - Support stock management processes (deliveries, picking, inventory)
 - Dispose of accurate data about stocked products in the shortest time (also in decentralised stocks)
 - Real standardisation would allow the effective use of data with barcodes in the administration process
 - Security of the drugs supply chain (manufacturer > patient)

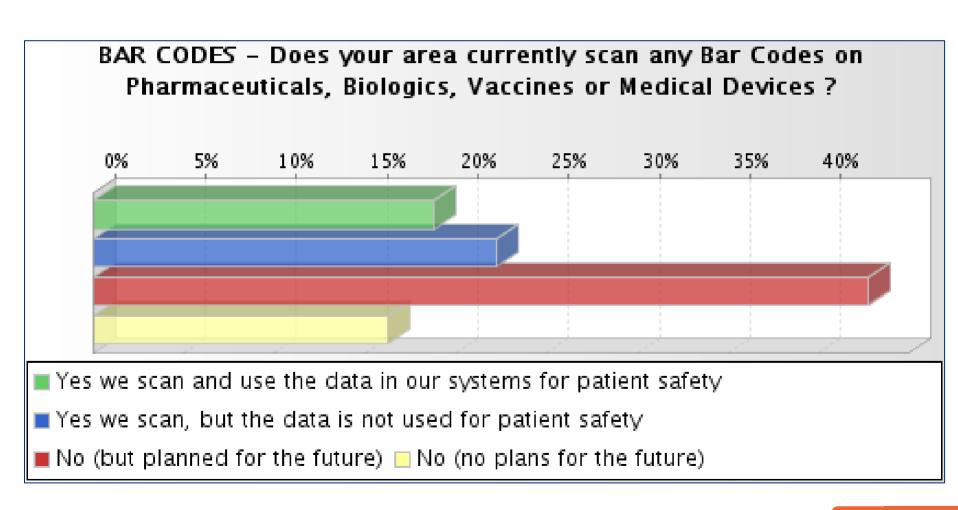


Data capture

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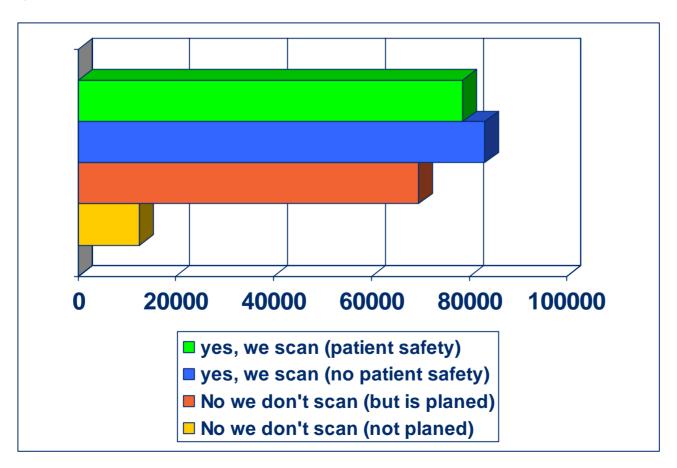
Level of scanning in hospitals by respondent





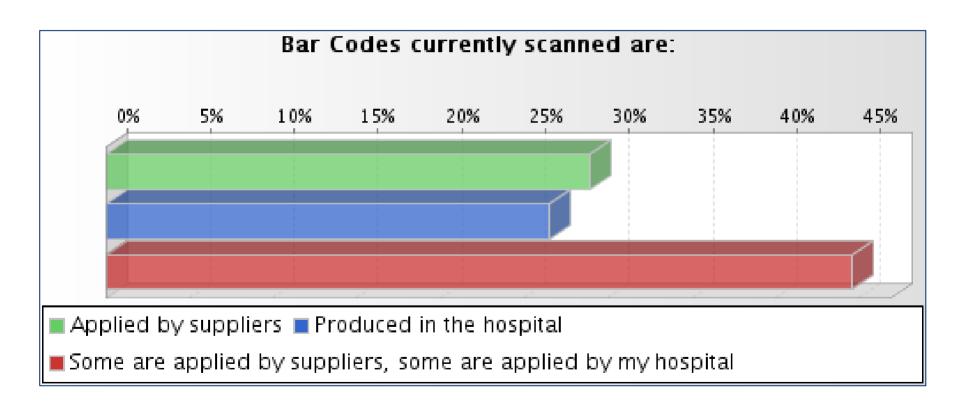
Level of scanning in hospitals by Nb of beds

Barcodes – Does your area currently scan any Barcodes on Pharmaceuticals, Biologics, Vaccines or Medical Devices?



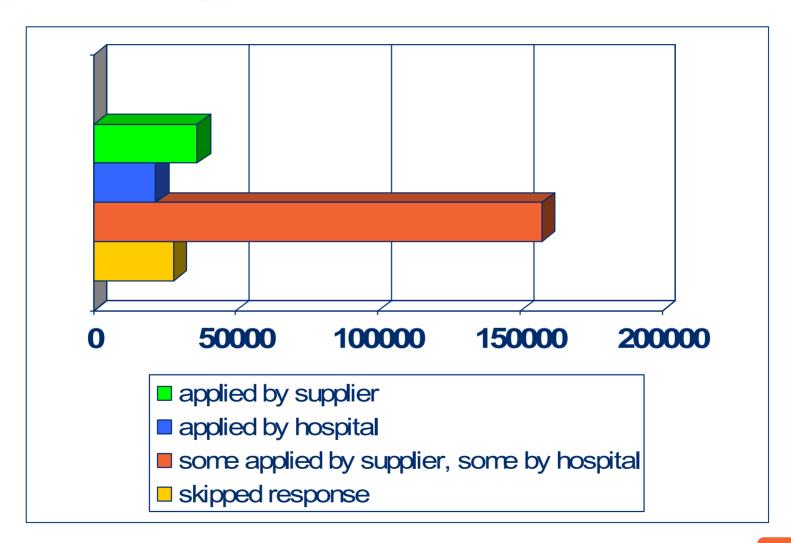


Origin of barcodes on products by respondent





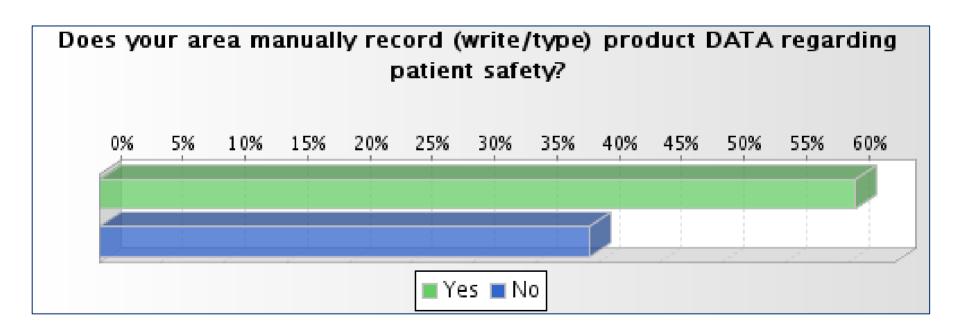
Origin of barcodes on products by number of beds



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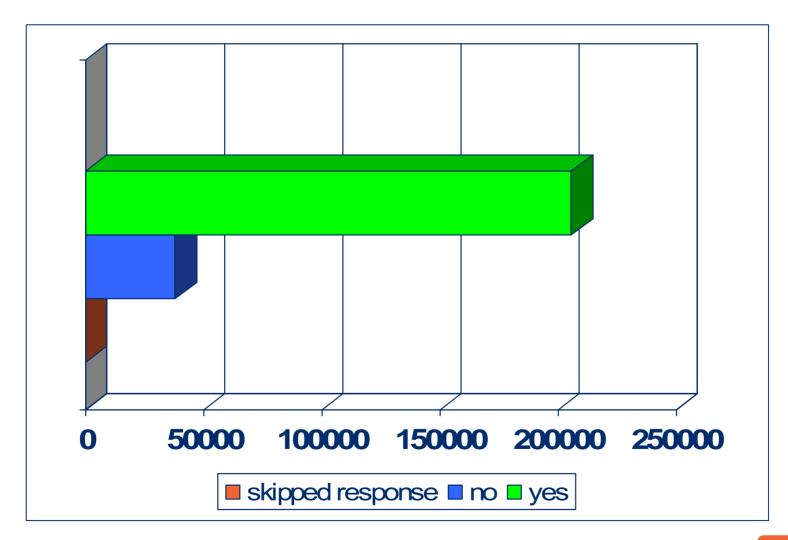
Manual key entries for patient safety by respondent







Manual key entries for patient safety <u>by number of beds</u>



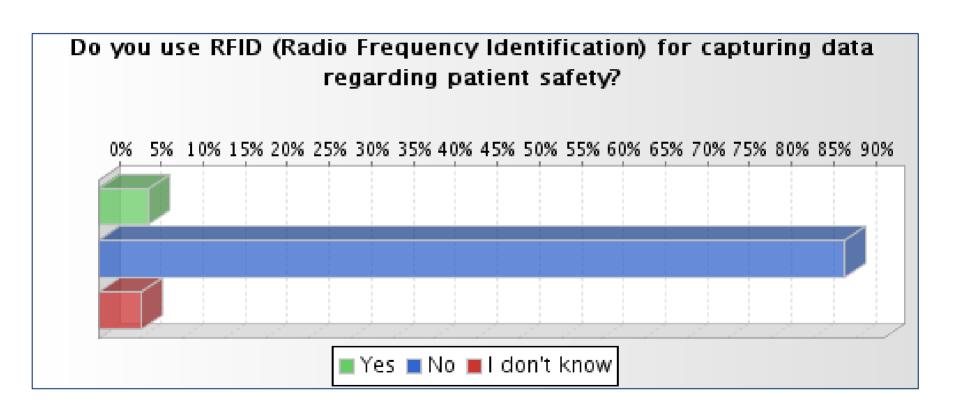


What patient safety issues could be prevented with AIDC?

- More efficiency in the internal supply chains (incl recalls, decentralised stocks); vigilance
- Less errors by data capture, better (reliable) documentation; DRG calculation; avoid documenting the wrong patient file
- Bedside scanning (right product, right patient, etc.); barcode on the unit of use (pill, vial, etc.); alerts when allergies, interactions; also for nursing homes; for hospitals preparing patient daily doses
- Avoid wrong blood transfusion
- Master data and software must be available to profit of AIDC
- More time for proactive quality measures with less manual stock control systems
- Simplify processes
 better patient safety

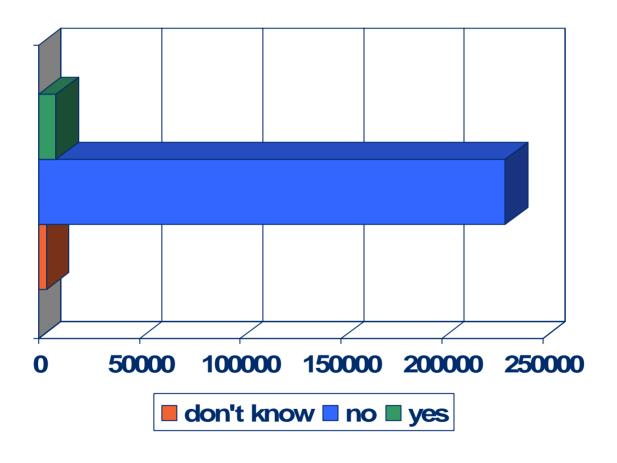


Use of RFID for patient safety by respondent





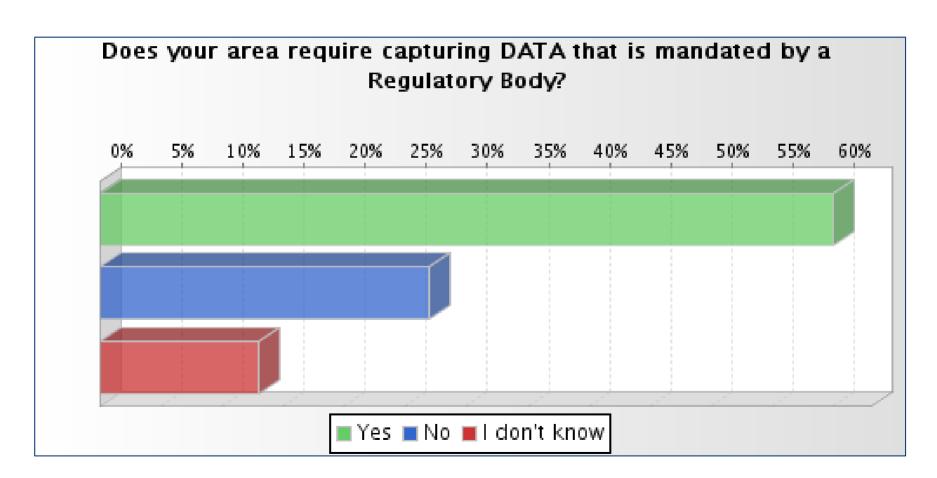
Use of RFID for patient safety by number of beds





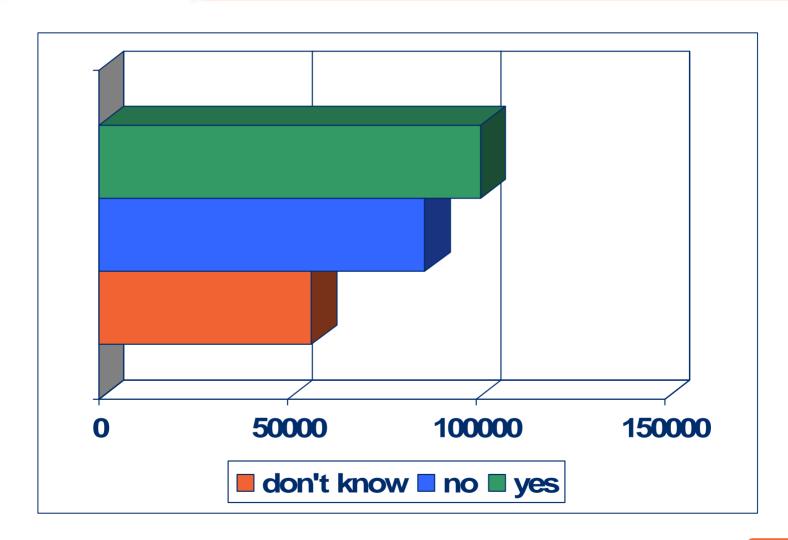


Regulation and Data capture by respondent





Regulation and Data capture by number of beds





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