



The Global Language of Business

Panel: UDI – changes and benefits in hospitals

36th GS1 Healthcare conference, New Delhi, India

Chaired by Dr. Hajo Reissmann, Head of Medical Supplies Controlling, University Hospital Schleswig-Holstein, Germany

Hennie Mulder, Registered Nurse, Maxima Medical Center, Netherlands

Shingo Kasamatsu, Technical Officer of the Faculty of Medical Science, University of Fukui Hospital, Japan

7 November 2019



Hennie Mulder

Registered Nurse,
Maxima Medical Center,
Netherlands

Hennie Mulder is a registered nurse with broad experience in hospitals. Hennie is a great ambassador for the implementation of GS1 in hospitals and successfully chairs the GS1 Netherlands healthcare group on traceability. She has established a sound reputation as Operating Room nurse and in leadership.

Since many years, she is Vice-president and treasurer of the Dutch Organization for Perioperative Care (LVO) and editor of OKOperationeel/LVO Journal. Since 1997, she works in the Operating Room and as Quality & Safety coordinator in Maxima Medical Centre, Veldhoven, the Netherlands.



Shingo Kasamatsu

Technical Officer of Faculty of
Medical Science,
University of Fukui

After completing the doctoral course at the University of Fukui, he engaged in research on medical information at the School of Medicine. A person who launched an integrated sterilization management system.

Spreads the adoption of GS1 standards in the medical field.



E-mail: bhsk@u-fukui.ac.jp



LinkedIn: [Shin Kasa](#)



Dr Hajo Reissmann

Head of Medical Supplies
Controlling, University
Hospital Schleswig-
Holstein, Germany

Physician, specialized in Anesthesia and Intensive Care, 20 years of clinical and scientific work in the area. Master of Business Administration in Healthcare. More than 10 years ago migration to a position in hospital administration, i.e. controlling expenditures for medical supplies. 10 years of activities around standardization with GS1. Work in projects promoting AIDC at the point of care.

Our agenda



- 15 min presentation – H. Mulder
- 15 min presentation – S. Kasamatsu
- 10 min comments – H. Reissmann
- 15 min Q & A from the audience
- 5 min close – H. Reissmann

Please be ready with your questions!



The Global Language of Business

The Unique Device Identifier : For National Implant Registry and OR-nurse scanning

GS1 Healthcare Conference

7 November 2019, New Delhi, India

Hennie Mulder, RN OR nurse



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Maxima Medical Centre and Ministry of Defense
No conflict with any commercial interest

The new Operating Rooms



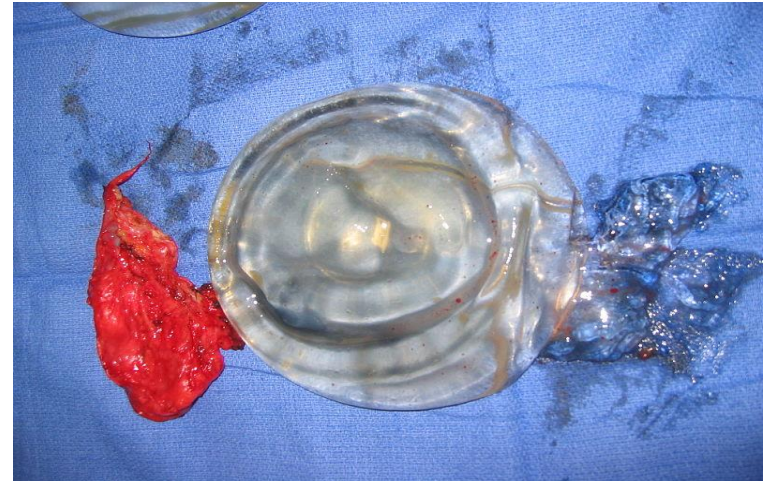
Why a National Implant Registry - L.I.R



Cause

Patient safety and traceability

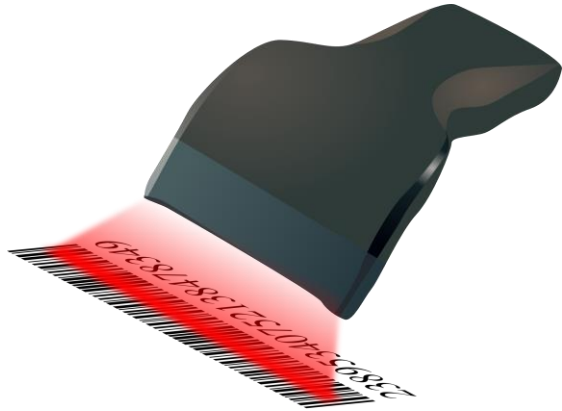
Implementation by 1-1-2020



In line with EU MDR



Dutch Agreements on unique coding of medical devices supported by industry, healthcare providers and the ministry of health (ADC)



National implant registry



- Barcode scanning of medical devices



- Facilitates the work of the OR nurse
&
• Traceability within the hospitals
• Direct uploading in implant registry
• (Global) product traceability



Why is it so important to have a good barcode



Scanning is easy but?





Wachlijst | Planning | **Peroperatief**

Operatie

Datum operatie: 30-10-2019 Akkoord

Operatiekamer: OK15 OK15 Bed: HV01

Aanvrager: ██████████ SEH

Operateur: ██████████ ORT

Behandeling: Heup, Kopsprothese

Zijde: L Links

Opmerking:

Prioriteit: S Spoed < 24 uur

Hoofd anesthesietechniek: Spinaal Spinaal

Sub anesthesietechniek:

Ligging:

ASA:

Postop. bestemming:

Traject: ORT/ R/ 3015 Operatienr.: 1000680547

Opnamecode:

Operatiememo:

Soort operatie:

Operatietijden

Besteld: < _ _ >

Op holding: < 12:00 >

Start locoregionaal: < _ _ >

Einde locoregionaal: < _ _ >

Aankomst OK: < _ _ >

Start inleiding: < _ _ >

Einde inleiding: < _ _ >

Start operateur: < _ _ >

Eind operateur: < _ _ >

Vertrek OK: < _ _ >

Op recovery: < _ _ >

Bellen afdeling: < _ _ >

Naar afdeling: < _ _ >

Algemene gegevens Peroperatief

Verrichtingen

Auth.	Cluster	Hfd.	1ste operateur	2de operateur	#	Verr.code	Zijde	Omschrijving	POW. verrichting?	POW. ingevuld?	Supervisor
—	ORT	<input checked="" type="checkbox"/>	██████████	██████████	1	38565		Heup, Kopsprothese	—	—	

Overige operateurs

Naam	Spec.	Artstype

Anesthesiologen

Naam	Artstype	Aflos	Start	Eind

Teamleden

Voornaam	Naam	Functie	Aflos	Start	Eind	Opmerking

Artikelen

Alias Apparatuur Devices Humane Implantaten Implantaten LV leads RA leads RV leads

Artikelnr.	Batch/Lotnr.	Seriesn.	Houdbaarheidsdatum	Groep	#	Omschrijving	Zijde	Opmerking	Notitie Artikel	Klaargezet	Klaarzet opmerking

Netregistratie

Omschrijving	ID	Klaargezet	Gebruikt	Opmerking	Reparatieformulier	Aantal art. in net	Klaarzet opmerking

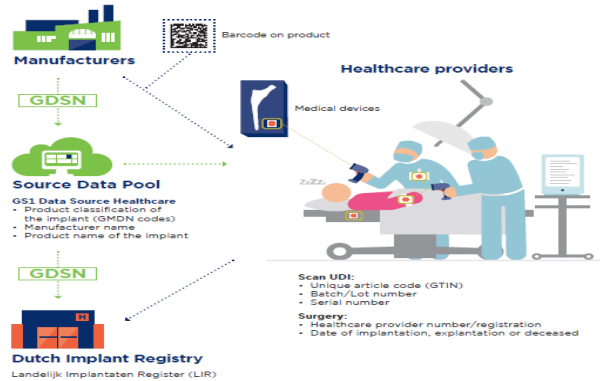


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Dutch Implant Registry



All products which are implanted in patients in the Netherlands must be registered in the Dutch National Implant Registry. It's about high risk medical devices (Class III), deadline January 1st 2019. UDI and GDSN are used as agreed by the Dutch market (ADC).



What does GS1 do?

- Visits each party involved
- Gives presentations and webinars
- Advises implementation partners

GS1 standards are used for regulatory compliance. Suppliers worldwide are affected.

More information: healthcare@gs1.nl

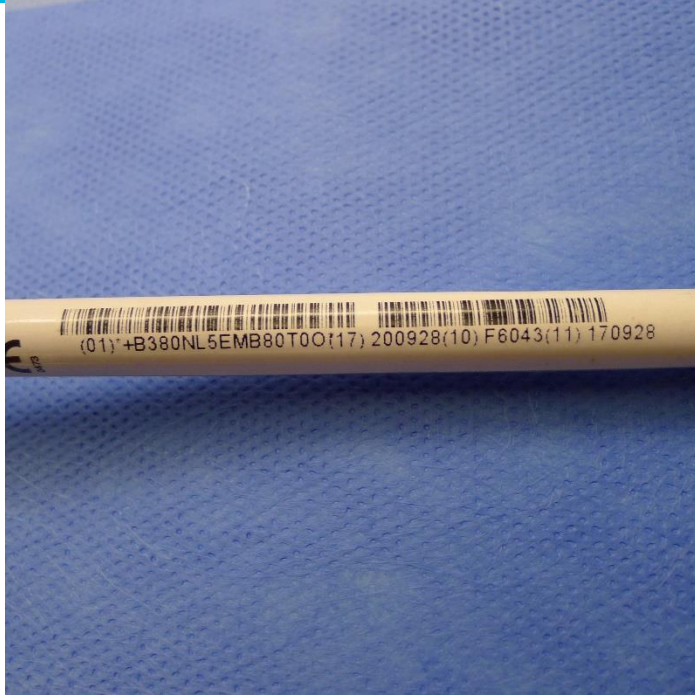


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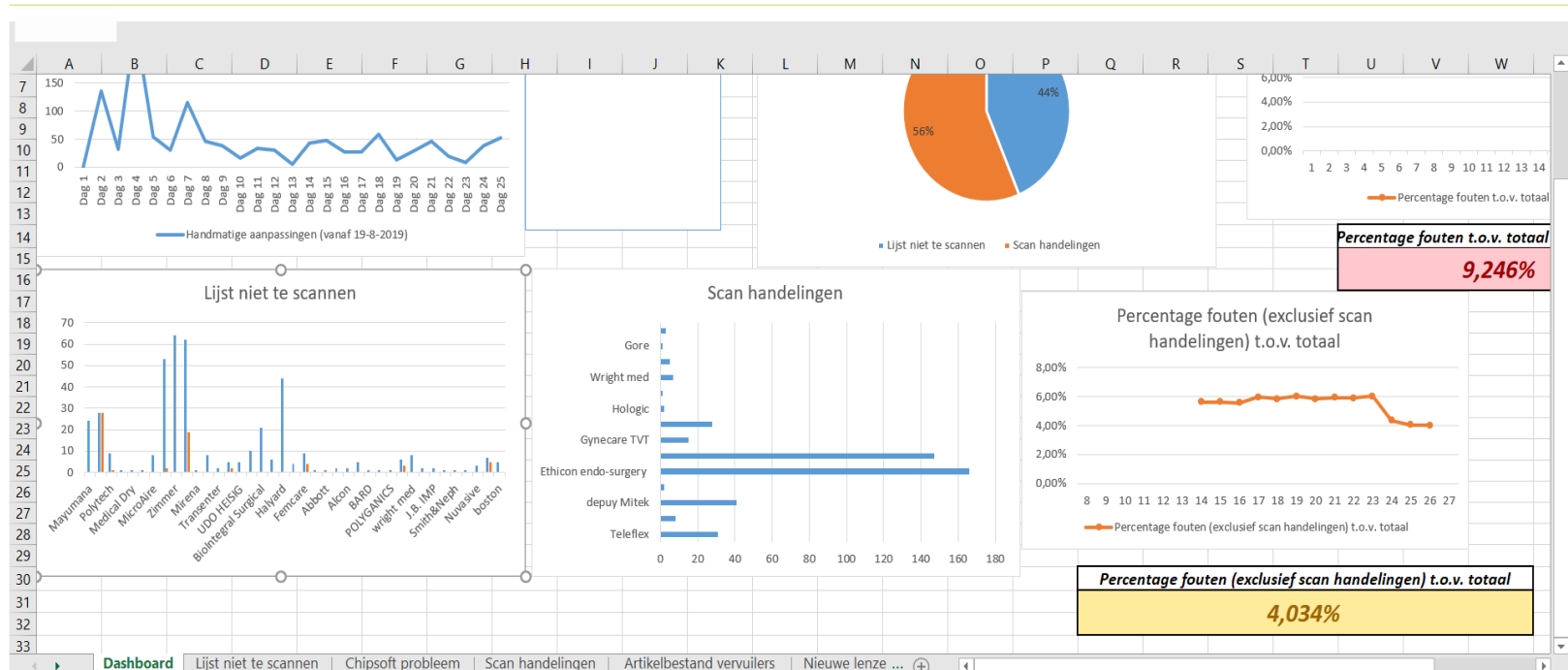
© GS1 2018

15

Some challenges



Issues reported while recording in EHR



How the EU Medical Device Regulation helps



- UDI on every medical device available => scannable
 - Ease registration in EHR
 - Less issues with non-scans
 - Facilitate recall
-
- Comply to National Implant Registry
-
- **Patient safety**

How a barcode can facilitate a nurse

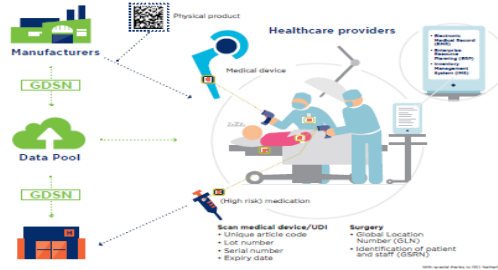


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From barcode to sustainable patient care in the OR

Els van der Wilden, MD MPH, Director Healthcare Providers, GS1 Global Office, Belgium
 Hennie Mulder, Registered Nurse, Maxima Medical Centre, Veldhoven, the Netherlands

GS1 identifiers support Identifying products, patients & caregivers and locations



Benefits of using GS1 standards in healthcare



Discover more benefits of using GS1 standards

- OLVG case study
- Bernhoven hospital case study
- the 401 Athens General Military Hospital case study

For more information visit our website: www.gs1.org/industries/healthcare

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Contact details



Hennie Mulder

**Registered or nurse and board member of the Dutch OR
Nurses Association**

- T +31(0)62366157
- E h.mulder@mmc.nl



The Global Language of Business

An integrated sterilization management system for traceability and patient safety, using GS1 standards at Fukui Hospital

Shingo Kasamatsu, Department of Medical Informatics, University of Fukui Hospital, Fukui, Japan



UNIVERSITY OF FUKUI



An integrated sterilization management system for traceability and patient safety, using GS1 standards at Fukui Hospital

Shingo Kasamatsu,
Department of Medical Informatics,
University of Fukui Hospital,
Fukui, Japan



University of Fukui Hospital



Summary of the hospital

Name : University of Fukui Hospital

Date of opening : October 1, 1983

Address: Yoshida-gun, Fukui 910-1193, Japan

6000 surgeries/y, 10 operating theaters, 600 beds

Fast Facts on University of Fukui Hospital's CSSD team



Annual Performance and Production	2018
CSSD FTEs	11 FTEs (1 stand-byes)
Percent of FTEs Certified ^(*1)	58.3% (7/12)
Outpatient procedures	330,653
Inpatient volume	195,378
Number of Acute Care volume	17,270
Baby deliveries	259

**1: An average CSSD did not even reach 10% in Japan.*

Fast Facts on University of Fukui Hospital's CSSD team



Other CSSD year-to-date averages	2018
Percentage of sets complete before 7 a.m.	100.0%
Inventory Stock outs	0%
Average instruments/singles processed per week	10,000
Average Case carts processed per week	126
Average Loaners sets per a week	80
Average total department hours worked per week	414 hrs.
Average Overtime hours per week	4.7 hrs.

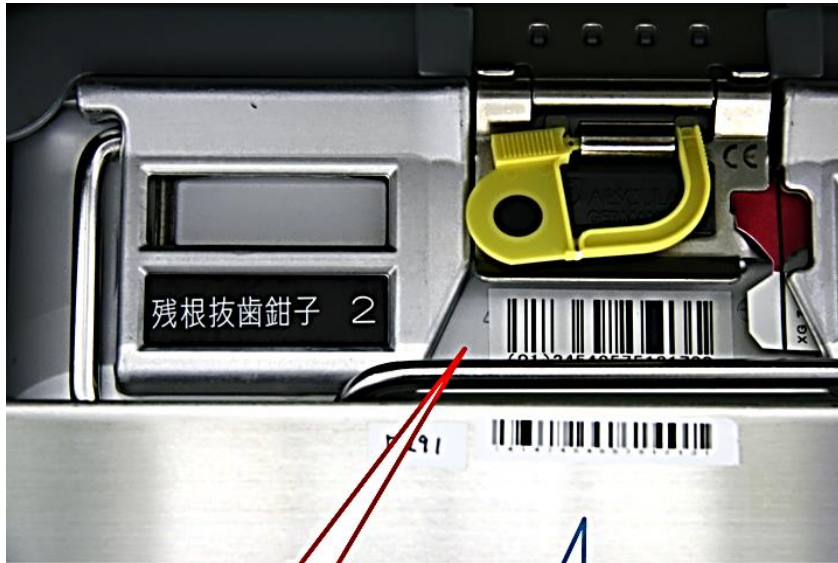
Summary items are total of CSSD team

Background



- 1. In 2014, Fukui University Hospital was rebuilding the hospital.*
- 2. It was decided to update the CSSD in line with the renewal of the surgery department.*
- 3. The practical Guidelines of Surgical medicine was announced in 2009 by the Japanese Association for Operating Technology.*
- 4. CSSD decided to ensure traceability of surgical instruments in accordance with these guidelines.*

GIAI, GTIN and GLN



GTIN

GLN

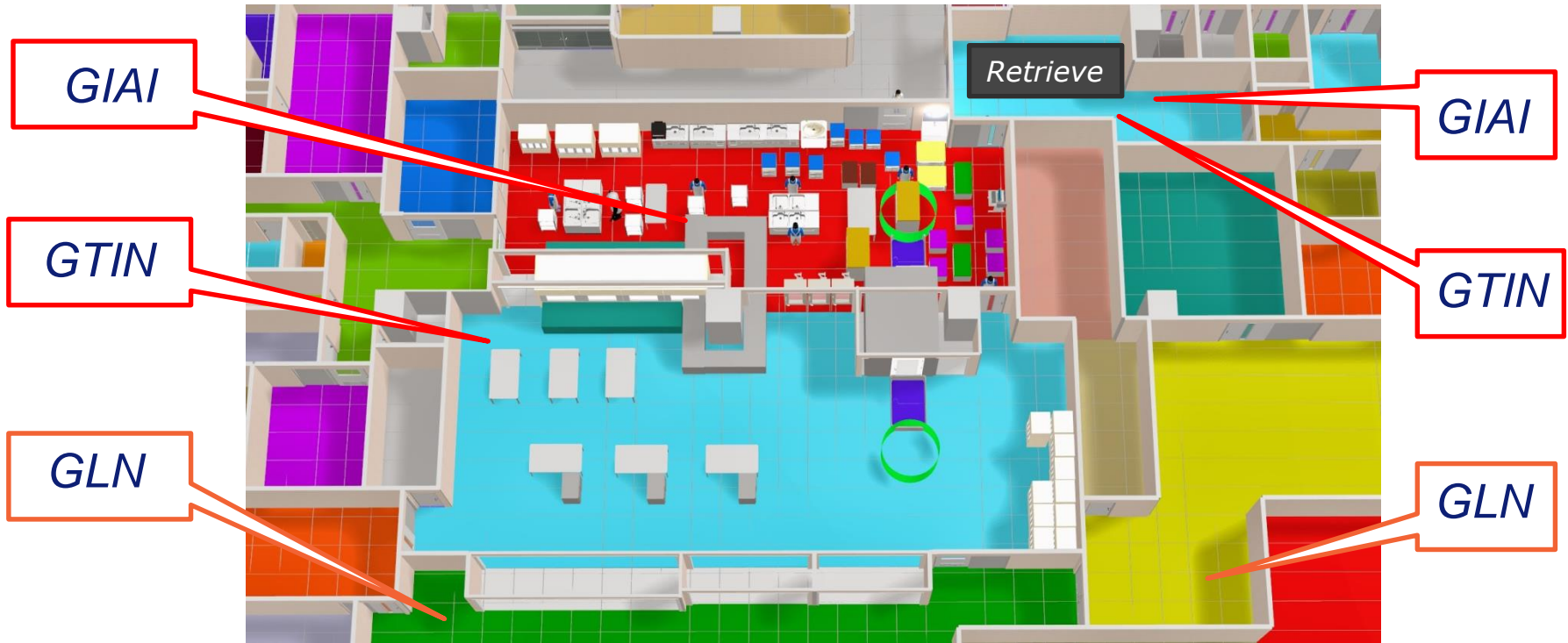


GIAI

GS1 Everywhere



GS1 Everywhere



CSSD Work flow

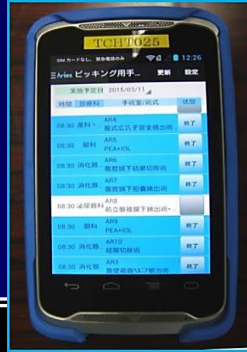


Counts



Surgery

Wash - Steril.



Mobile



CART picking





after surgery count



washing&assemble



sterilization&QC



Picking

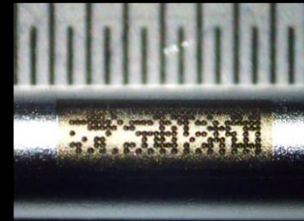
Direct Parts Marking (DPM) in CSSD



- Ideal for fine DPM of small steel instruments
- Suitable for installation in clean areas
- Can be engraved up to about $\Phi 2\text{mm}$
- Compatible with complex 3D shapes
- High power for engraving to DPM (DataMatrix)



*Laser Engraving
Technologies*



*1.2 × 5mm
GS1-Datamatrix*



*2.6 × 2.6mm
GS1-Datamatrix*

DPM reader

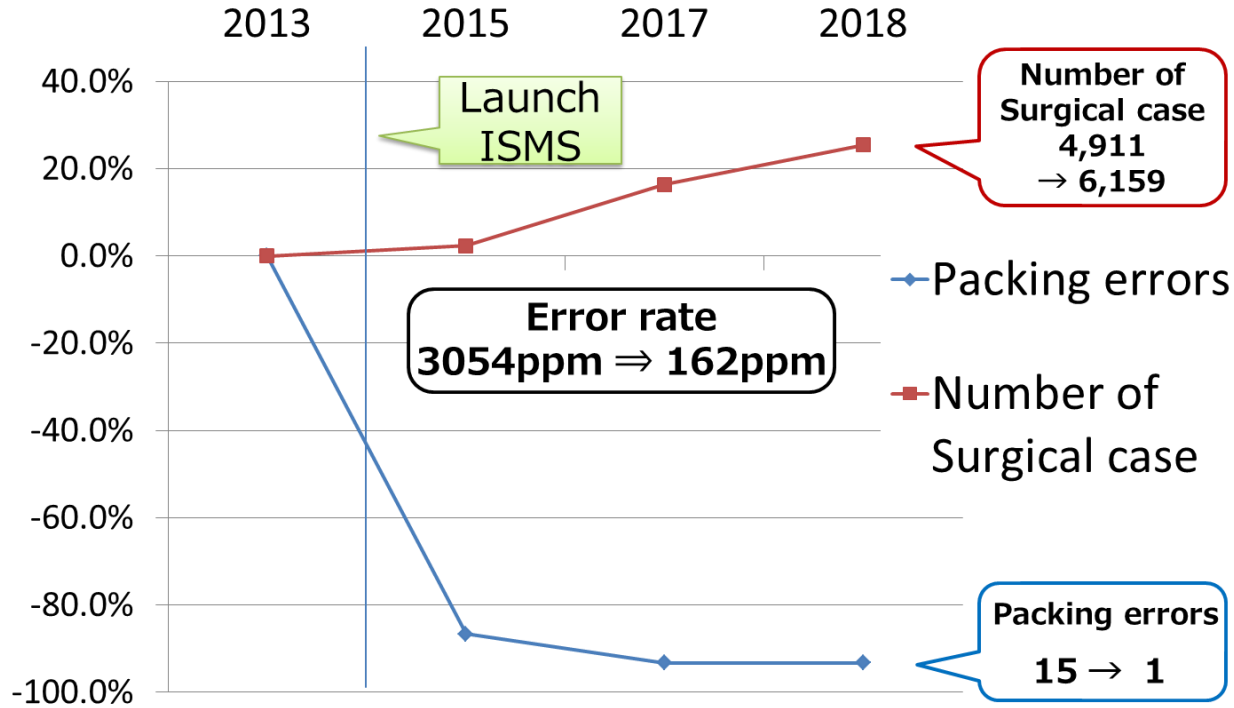


- Optimized for fine DPM of small steel instruments
- Medical grade stainless steel exterior
- Low profile Height to approx. 60mm
- Less than 1/3 the height of other products
- Fully waterproof and can be washed
- 10 DPM-Reader (8 Assembly, 2 Retrieve)



We can assemble while sitting!

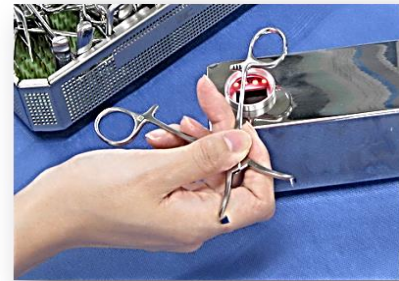
How the error rate with surgical instruments reduced



Reduce Assembly time ~ but keep Inspection reliability ~



- ✓ Read the GS1 code each instruments
- ✓ Check for residual contamination, good movement and sharpness.
- ✓ After all instruments have been checked, the set assembly is complete



Operational results in Assemble



1,000,000 Scan/year



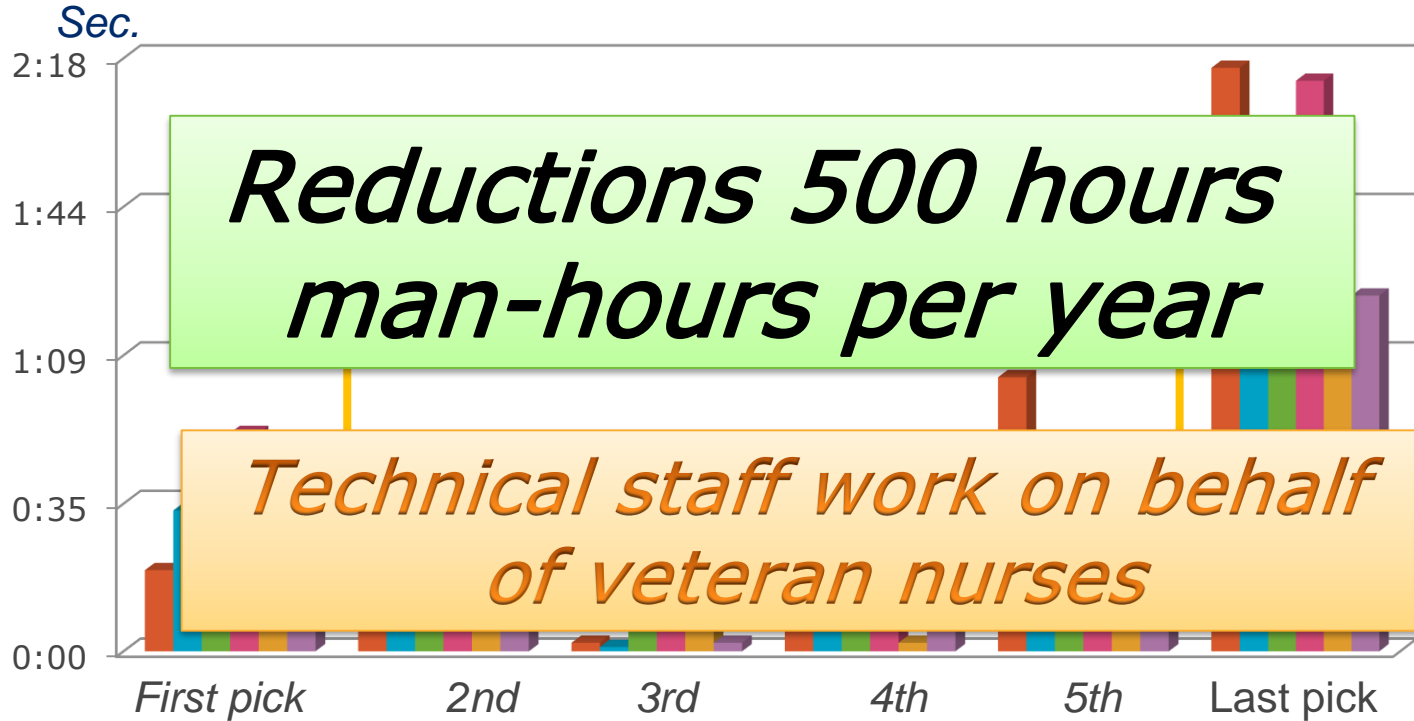
Operational results on Picking



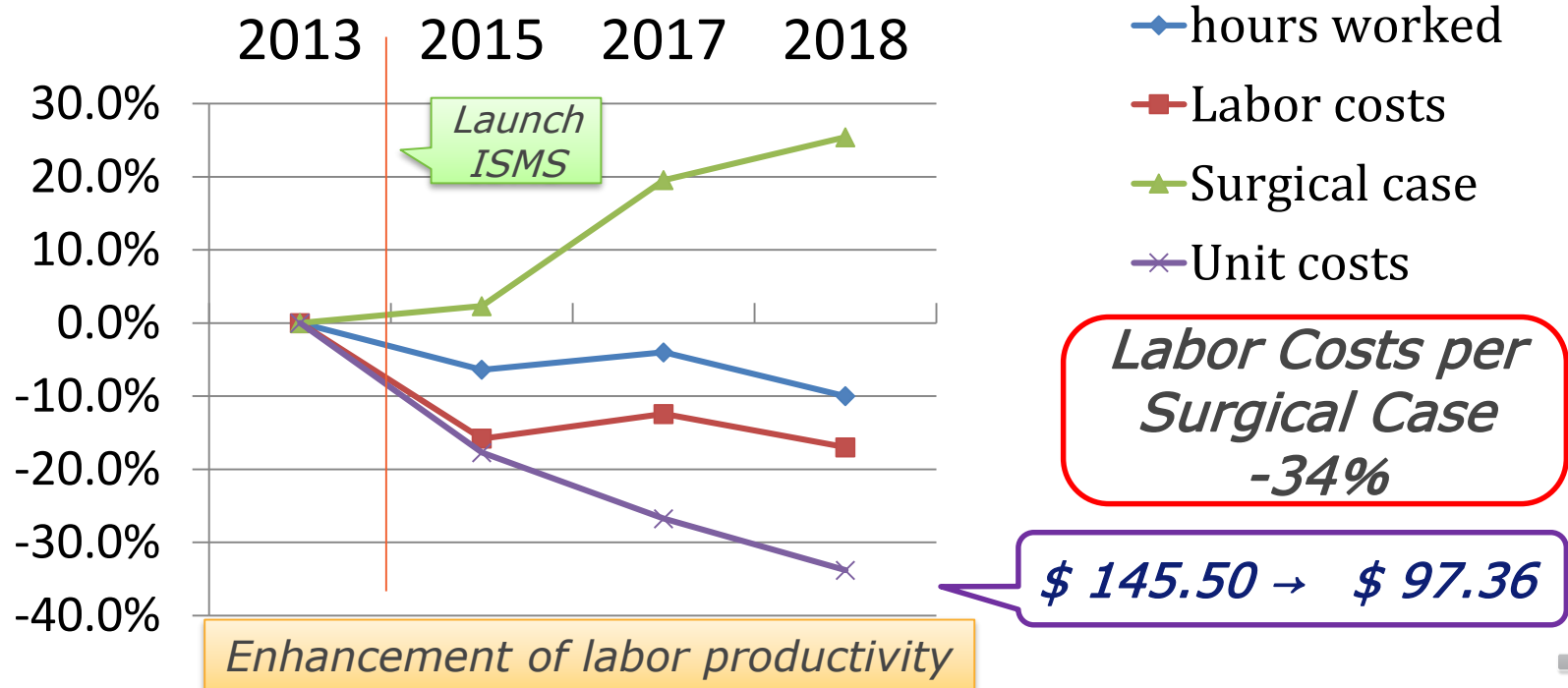
53,680 pcs./year



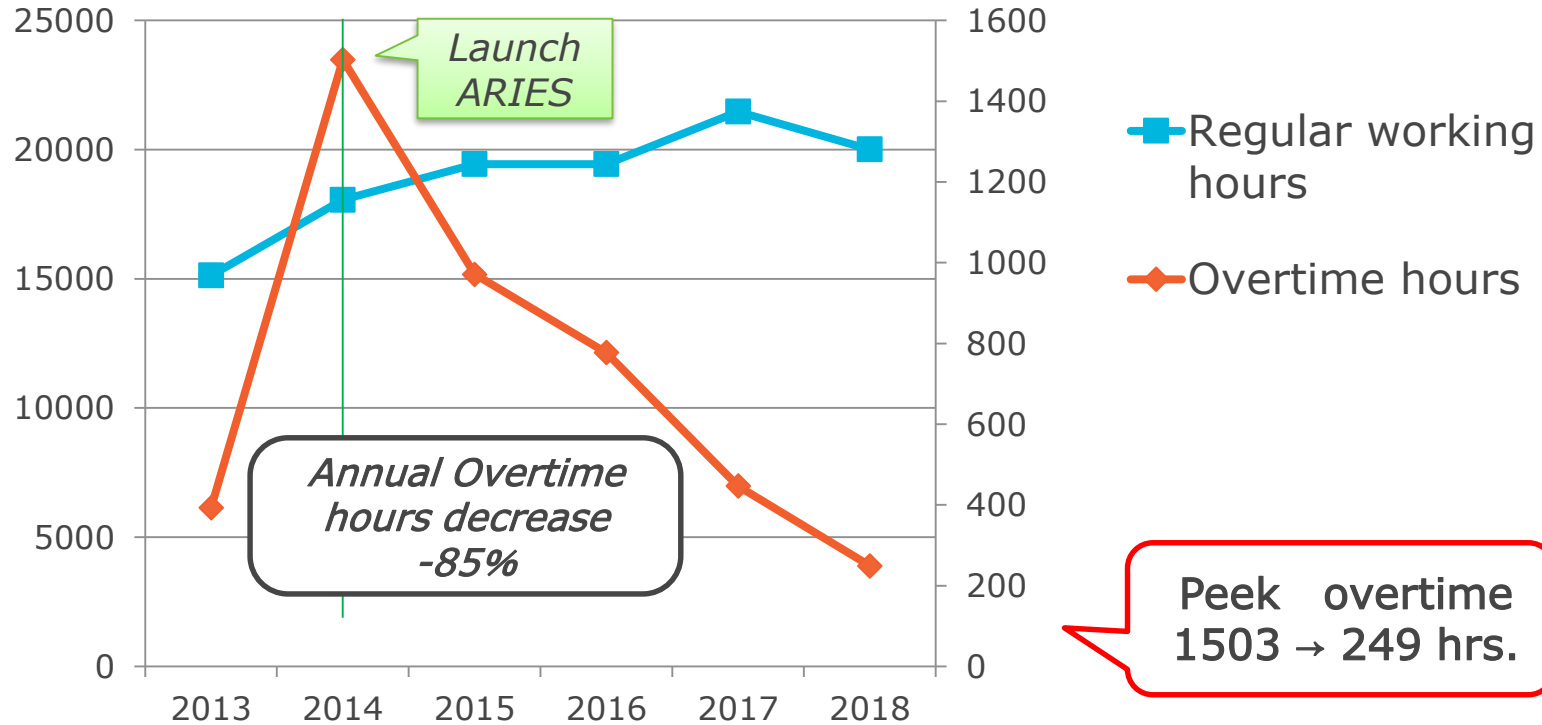
Picking cycle time becomes short



Cost-benefit analysis



Work style change by improvement of labor productivity



The prize of Ministry of Internal Affairs and Communications

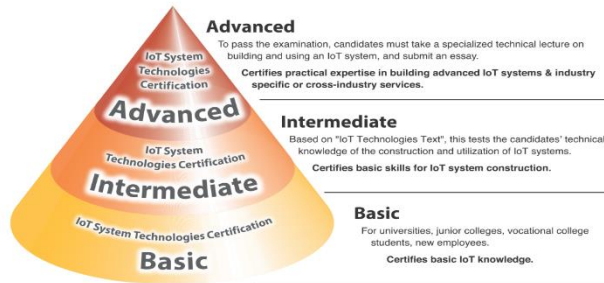


2019 MCPC Award

Grand prize



Winner



More information Let's look!



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Healthcare Provider Advisory Council (HPAC) webinars

26 September 2019: An integrated sterilization management system for traceability and patient safety, using GS1 standards at Fukui Hospital, Japan

[View recording](#)

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Drive New Generation



The near future of CSSD

Thanks so much

Concluding remarks



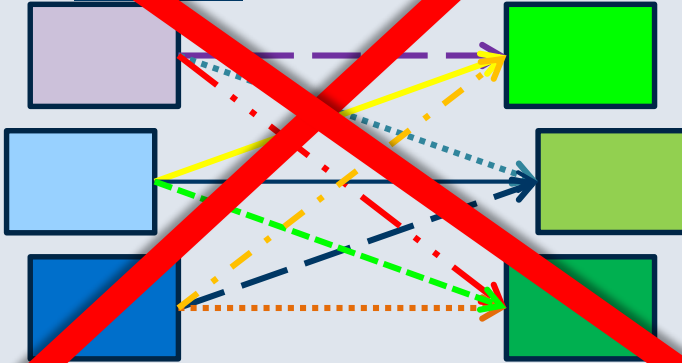
Unique Device Identification → a mixed blessing

- Nice: Good identifiers make logistics and clinical processes much safer and easier
- But. There is a flipside
 - Data hungry administrators and regulators are aware of that
→ rising demands for recording of events
 - Acquisition and administration of master data (UDI and more) comes at a price

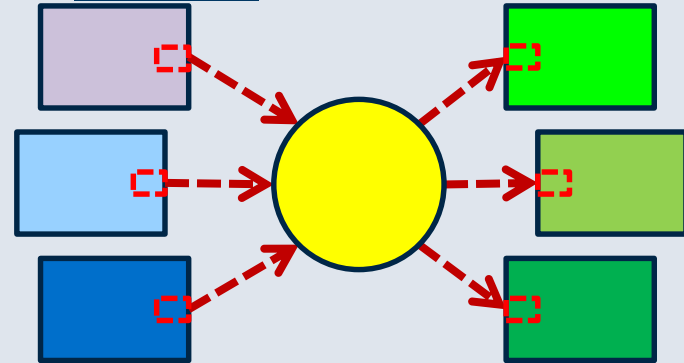


Master Data from external sources: Communication

- Many-to-many
is outdated

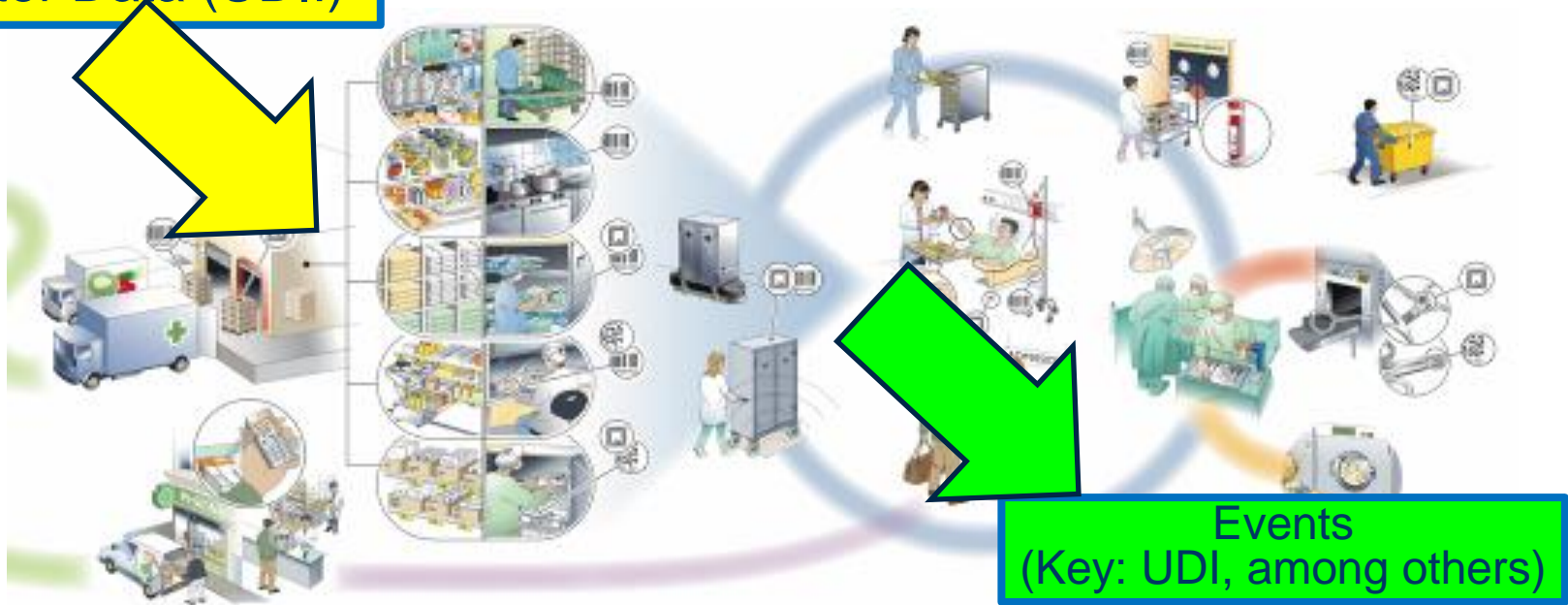


- One-to-many (data hub)
is the future





Master Data (UDI!)

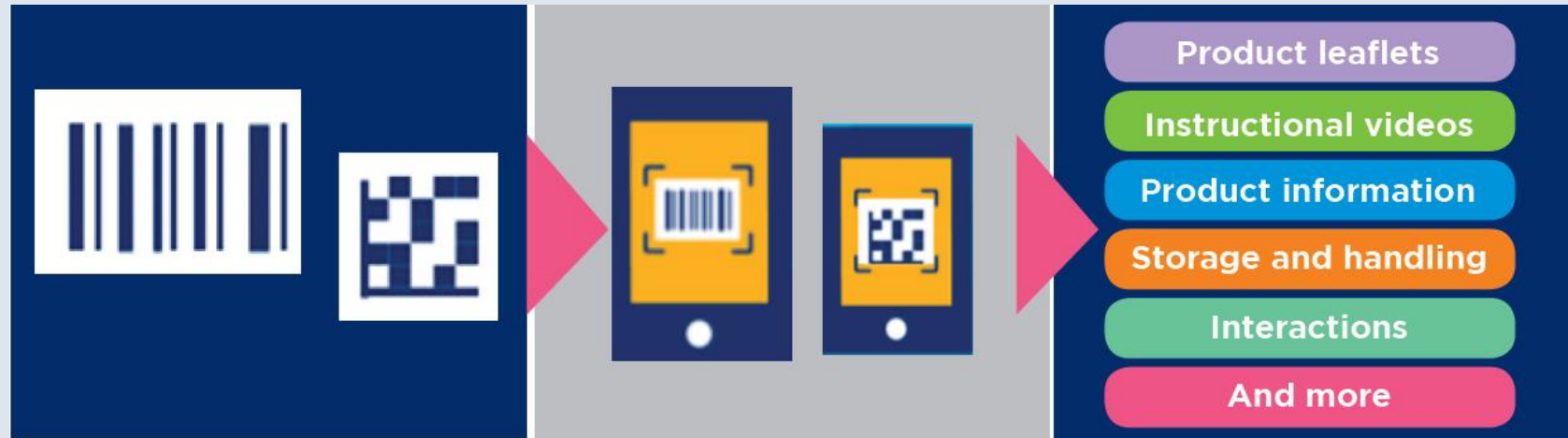


Events
(Key: UDI, among others)

Goal: Smooth flow of people, things & information

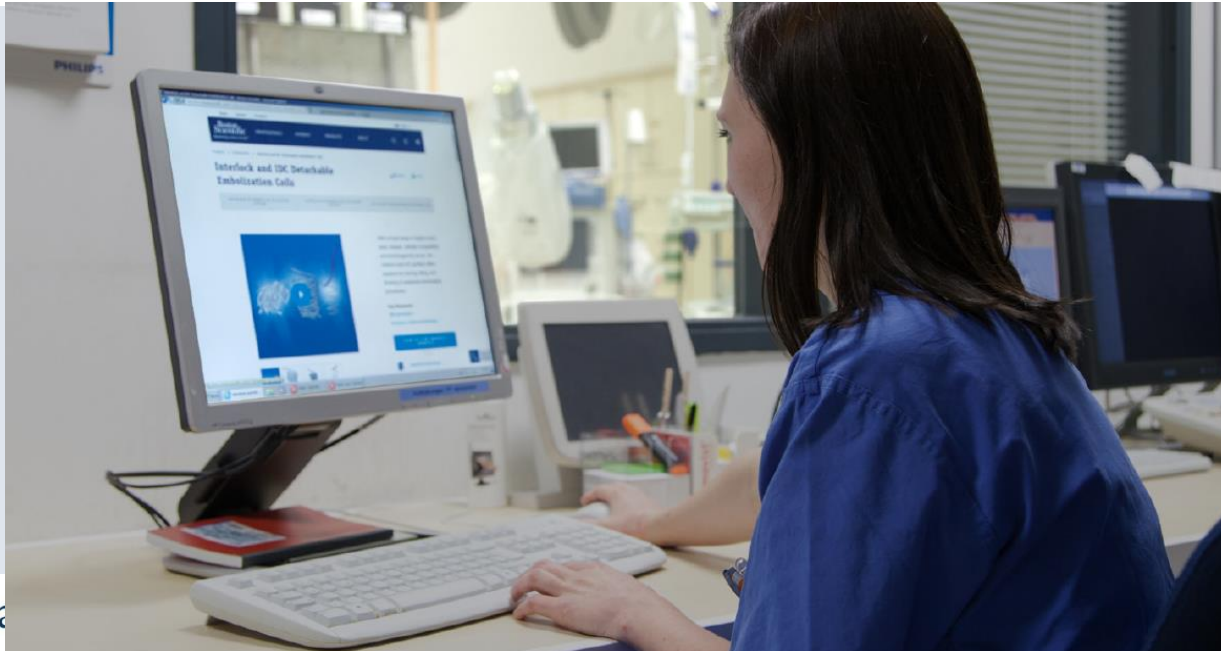


GS1 Digital Link → connecting objects to their digital twins





GS1 Digital Link → connecting objects to their digital twins



Wissen schä



Questions from the audience





Some messages to take away

- Due to various activities by regulators, manufacturers, standardisation organisations, and solution providers identification of things at the point of care has become easier.
- Hospital have to adapt (and to invest) to reap the benefits.
- Enhancements are in the pipeline.