

The Minutes of the Derby Medical Society 19th October 2016
Derby Medical School Lecture Theatre

GS1 Standards Improving Clinical Effectiveness and Safety

Apologies: Dr Dave Young

Dr J Charlton returned had from New Zealand and officially handed over the Presidential Medal to Mr Keith Jones. Dr Charlton thanked the members of the Society for the support during his presidential year.

Guest Speaker: Kevin Downs Director of Finance and Performance at Derby Teaching Hospitals Foundation Trust

Kevin was introduced by the President. Kevin's background is in business, textiles and venture capital. His input is making huge difference to the Trust and he has been highly visible on the "shop floor". Prior to his appointment at Derby, Kevin was in charge of services for Neurosurgery and Cardiac Surgery in Hull which enabled him to have a greater understanding of the NHS.

The presentation this evening is on the same day as a National Health Executive Press Release on Derby leading way with GS1 standards. GS1 standards is the technology used in the Trust to improve stock control and free up staff for patient care. Further developments have expanded the role of GS1 standards to include coding of patient procedures and medical history.

This technology has been used in Industry for many years

What is GS1? In it's simplest form it is a barcode. Consumables, equipment, procedures, patients and even staff are assigned a unique barcode on which data can be stored and added to. The aim is for clinicians to be treating patients rather than performing administrative tasks.

NHS Procurement Strategy - NHS must comply with GS1 standards by 2020

Derby is one of 6 pilot Trusts running this. Derby is the front runner Trust and regularly hosts visitors from other Trusts who want to learn from best practice.

It is estimated that use of GS1 could save every hospital £3m per year

Wrigley's Juicy Fruit chewing gum was first to be barcoded! The NHS can learn from business use of these systems to improve efficiency eg John Lewis and Jaguar.

Barcodes are everywhere, as demonstrated by photographs from Mr Jones recent skiing holiday.

Kevin showed the audience a YouTube video documenting a patient journey through a THR using GS1 barcoding and data collection and recording.

Kevin went on to explain why this process was implemented in the NHS. The NHS procures 1.7 million items and there are inefficiencies in many areas. For example one Trust was ordering 29 different types of glove. Ultimately more efficient use of equipment, staff and time along with safer recording of data will improve patient safety.

The need for improved documentation and traceability of data is shown by the fact was 30000 women in UK still do not know if they have a PIP breast implant - although all implants have been traceable in Derby.

The original objective of GS1 was to improve and rationalise stock control in the Trust. The patient wrist band is the key and contains a unique barcode. This enables the following:

Patients are scanned and checked

Staff are scanned and tracked

Traces scopes and instruments

Tracks stock and theatre consumption

Rollout across the hospital has been gradual starting in April 2014. Now all theatres use GS1 barcoding and the system rolled out to out-patients in August 2016. Ward 403 (respiratory) are now piloting the system for eventual implementation across all wards.

Clinical engagement was needed to ensure patient safety, tracing, coding, automatic update of external records for implants, co-morbidity recording (to ensure correct tariff paid)

The Scanner used is robust - can be dropped 10m. It serves a single purpose and is not attractive to those who may wish to steal it.

Big Steve is a template to scan in co-morbidities and allow accurate coding.

The implementation of GS1 has already resulted in changes of Clinical Practice

Purchasing in smaller, most cost effective quantities resulting in less waste of surgical supplies. An example of this is buying in smaller packets of sterile maxillofacial screws rather than using a large tray of over 100 screws for every maxillofacial surgical procedure.

Can get management information out of the system to enable work force planning and more accurate financial tracking.

The Society was shown tables demonstrating costs of consumables and length of operations, along with length of stay. This data has enabled additional identification of variables within a speciality which may need to be addressed.

Litigation and liability in the NHS is increasing so there is a need to increase safety and build robust systems.

The system works by scanning high value items which are used in procedures to track stock control, manage expiry dates and ensure that all items are accounted for.

Low value items are put into a pack for scanning. For example the anaesthetists now have a standard anaesthetic pack to use for procedures.

The review of surgical items has also picked up historical waste in the sterilisation process; Mr Henry's bone tray was still being sterilised 10 years after his retirement. Mr Henry was presented with his freshly sterilised bone tray for inspection at the meeting!

GS1 has also enabled easier data collection for clinical trials such as a recent Endoscopy Clinical trial.

The Ward 403 (respiratory) point of care scanning pathway trial has received positive feedback from the clinical team. No one has lost their job, they have been able to get back to patient care.

The ward has copies of readcodes that are scanned to document procedures such as tracheostomy replacement and catheter insertion. Devices have an attached readcode to scan and each staff member has their own barcode so they can scan that they have undertaken a procedure.

The next steps for GS1 include roll out to all wards roll out, pharmacy, and improving efficiency of deliveries around the hospital

There were many questions particularly around the subjects of:

Human error with scanning - Kevin Downs confirmed that audit had demonstrated 99% accuracy with correct code scanned.

Questions about the use of standard packs was raised particularly in the situation where equipment was dropped or more items required. Kevin Downs confirmed that additional supplies are available.

There was some concern about emergency situations and where scanning fitted in here - Keith Downes explained that improved stock control should ensure that all essential equipment should be available and in date.

Register: 11 member signed in although more present

Next meeting: Wednesday 2nd November 2016

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Mr K Jones, President