Seeking the innovation in Healthcare Supply Chain

What is required to the healthcare in the 21st century

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Chair, GS1 Healthcare Japan
Dean, Graduate School
International University of Health and Welfare

Contents of my talk

- Multiple aspects of healthcare supply chain
- Supply chain reform and present status in Japan
- Barcode utilization in a hospital for patient safety. Three hospitals with advanced systems
- Future problems to be solved

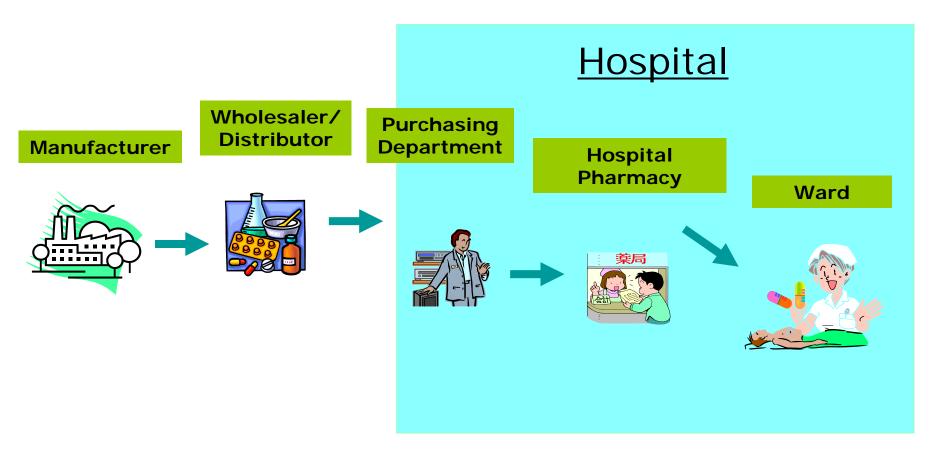
Multiple Aspects of Supply Chain

"Supply Chain" that is a flow from production through consumption consists of four parts

- manufacturer to wholesaler
- wholesaler to purchase dpt. of hospital
- purchase dpt. to pharmacy / supply center
- pharmacy / supply center to patient

Supply chain in hospital

- pharmaceutical products-



Objectives of supply chain reform vary at each part

- Manufacturer : anti-counterfeit, efficient distribution
- Wholesaler (upper) : efficient distribution
- Wholesaler (lower) : efficient distribution (efficient ordering)
- o Hospital:
 - Purchase dpt.: efficient ordering
 - Pharma dpt.: inventory control, better management by controlling products flow
 - Ward: patient safety

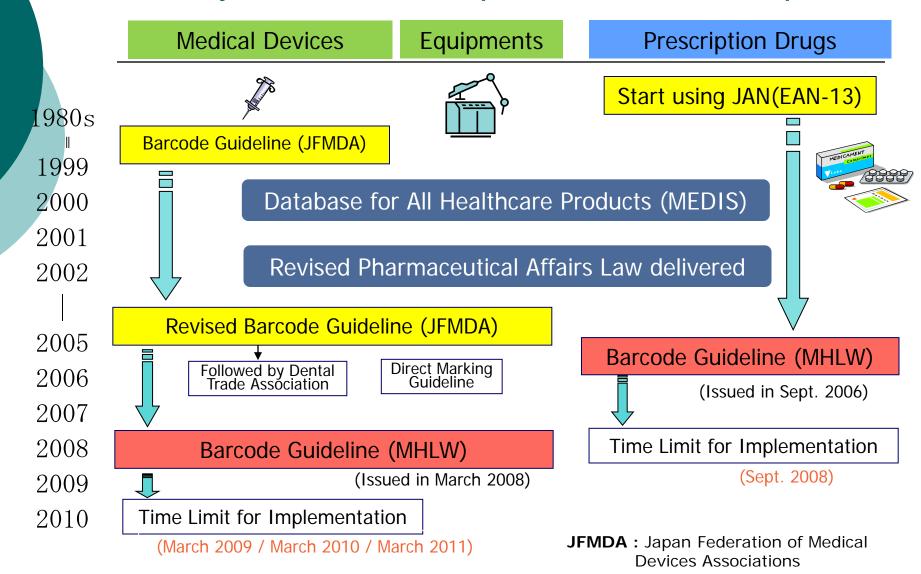
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- Multiple aspects of healthcare supply chain
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- Barcode utilization in a hospital for patient safety and 3 excellent examples
- o Problems to be solved

Common Basic Element for attaining Objectives at each segment --- Unique ID

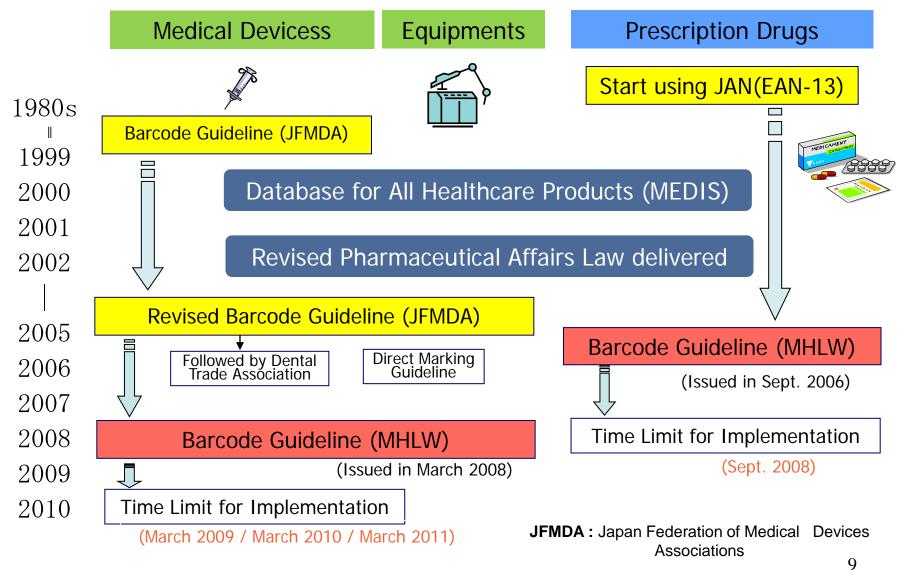
- Unique ID is a common basic element functioning as product identifier at manufacturer, wholesaler and hospital, though it may be used for different objectives at each segment.
- Unique ID like EAN code is widely used in the adjacent industry such as cosmetics, grocery, etc., and has brought great benefit.

History of Barcode Implementation in Japan



MHLW: Ministry of Health, Labour and Welfare

History of Barcode Implementation in Japan



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Present Status of Japan

- Allocation of Unique ID -- almost done
- Placing Unique ID -- almost done
 - Use of RFID to be tried
- Manufacturer ~ Wholesaler -improved by using Unique ID
- Wholesaler ~ Hospital -- half improved
- Supply Chain inside Hospital
 - Pharma/Material dpt. -- fairly disseminated
 - Use for patient safety at ward -- very limited

Rate of Barcoding on Drugs at Sales Unit Level

[Annual Survey by MHLW in Sep. 2009]

	GTIN(JA N)	Registerati on to MEDIS-DC Database	Product Code	Expiry Date	Lot No.
Specific Biological Product ①	100%	92.9%	97.1%	97.2%	97.2%
Biological Product (Excluding ①)	100%	93.9%	99.1%	92.6%	92.6%
Injection	100%	89.2%	98.9%	14.1%	14.1%
Oral Medicine	99.9%	82.6%	89.6%	4.2%	4.2%
External Medicine	99.9%	79.8%	89.5%	2.6%	2.6%

Rate of Barcoding on Medical Devices

[Annual Survey by MHLW in Sep. 2009]

	GTIN	Registerati on to MEDIS-DC Database	Barcode Individual Package	Barcode Inner Box
Medical Devices	94. 1%	57.4%	65. 1%	80.8%
In Vitro Diagnostics	97.8%	58.6%	76. 1%	84.6%
Consumable Supply	88.7%	37. 7%		59. 5%

Contents of my talk

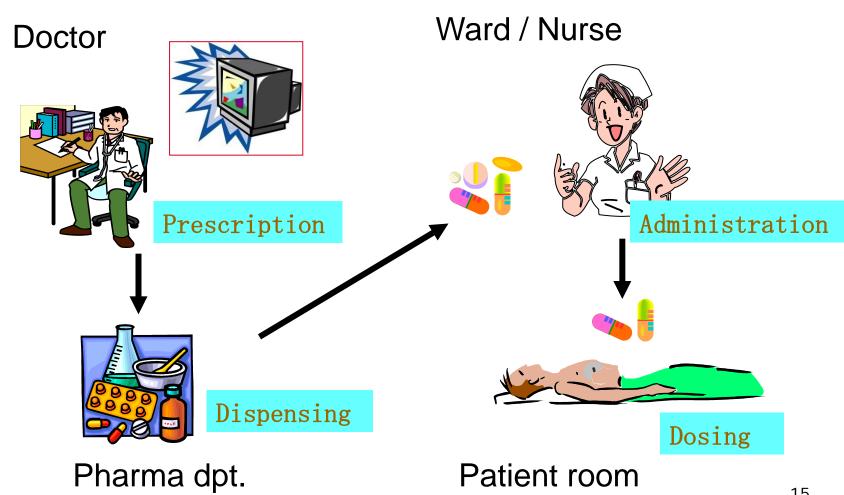
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Use of barcode in hospitals

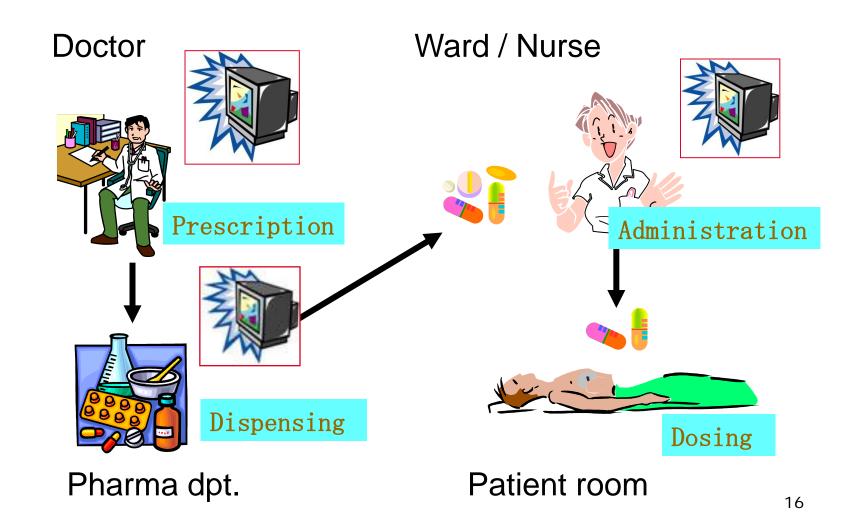
- ✓ Patient safety is the most important application.
- ✓ How does barcode contribute "patient safety" ?

HIS for Patient Safety -- Drugs

Warning system has been introduced for prescription stage, but not introduced for dispensing and administration stage.



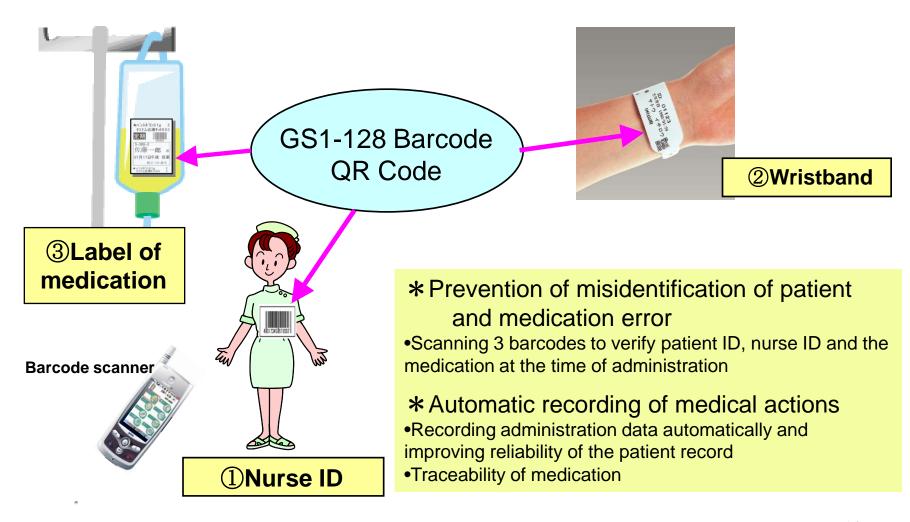
Warning system should be introduced at the point of action, pharmacy and ward



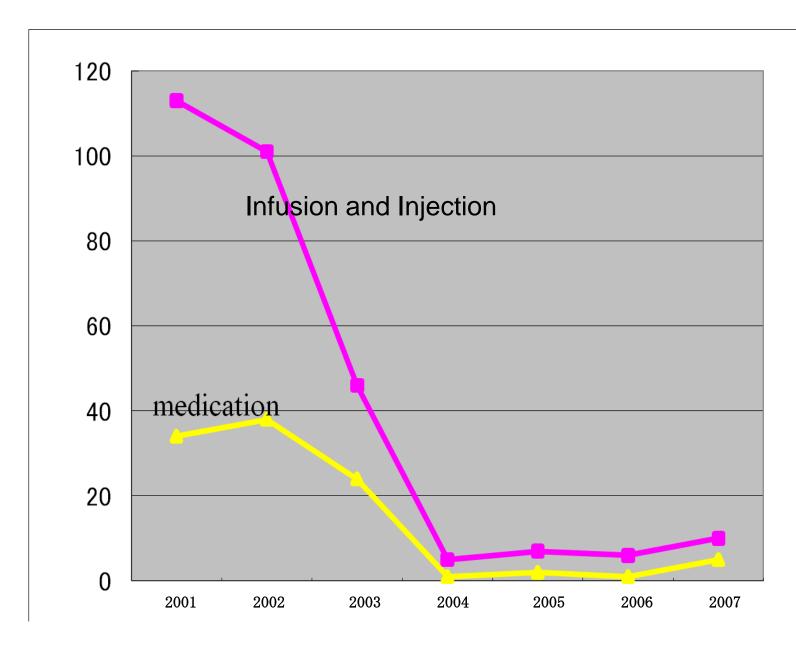
Data entry is required in three points to verify the action

- Barcodes can solve the difficulty of data input
 - Patient: Barcode on the wrist band
 - Pharmacists or Nurses: Barcode on the name tag
 - Drugs & Medical devices : Barcode on the product
- It is demonstrated that the incidences at the stage of practice could be drastically reduced by this method.

Three points verification at point of care



Number of incident / accident report



Discrete Excellent Examples

- Akita University Hospital
- Kyoto Second Red Cross Hospital
- National Center for Child Health and Development
- NTT Medical Center Tokyo

National Center for Child Health and Development



Bed-side Terminal at National Center for Child Health and Development



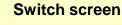
- 12-inch Touch Panel Display
- All of 500 Beds are equipped
- Barcode Scanner
- TV remote controller
- Extensibility(4 USB connecters)



National Center for Child Health and Development



03 003 02 03 136 8





History

Care sheet

Nurse ID

99000002

Name

アメニティ(看護

Search result

Patient ID 0960013521

Sex 男性

Date of birth

1988/03/01

Patient name 成育 太郎

Age

14歳 0ヵ月 17日

Order number

0106071602

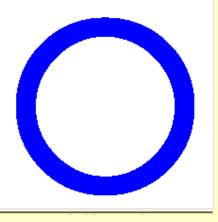
Date of taking medicine

2002/03/18

Detail for order

臨時処方 2002/03/11(月) 17:30

	name	Amount	Unit
1	セフゾンCap(50mg)	3	Cap
2	分3 (朝昼夕)食後	7	日分
3	入院 指導する為至急		
4	7FW-NS		
5			
6			
7			
8			
9			
10			
11			
Nz	ational Center for Child Health		
1 10			
and Development			



Date of taking medicine



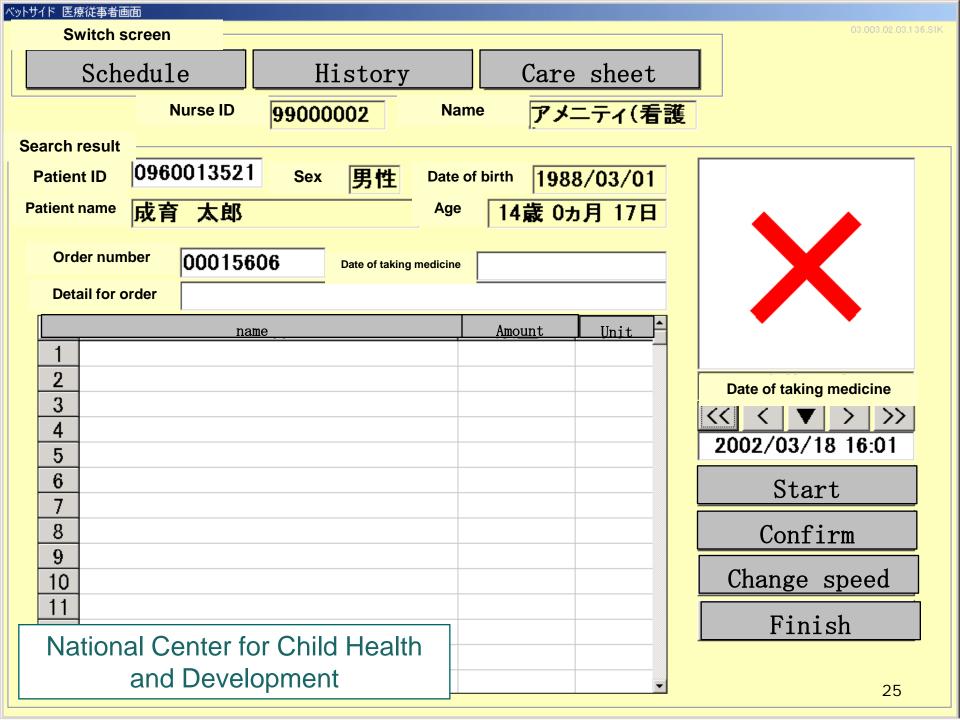
2002/03/18 16:00

Start

Confirm

Change speed

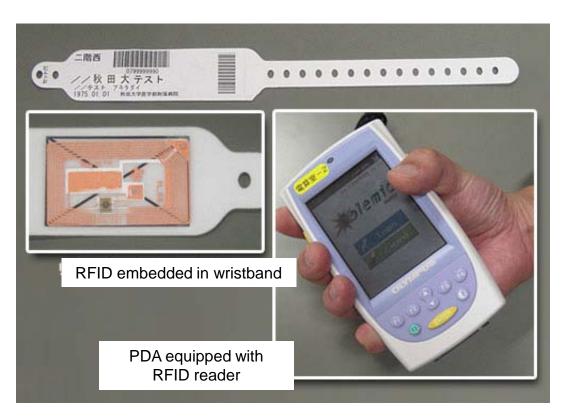
Finish



Akita University Hospital



Safety Management System using Patient Wrist Band with RFID at Akita University Hospital



RFID

- 13.56MHz
- Passive RFID tag

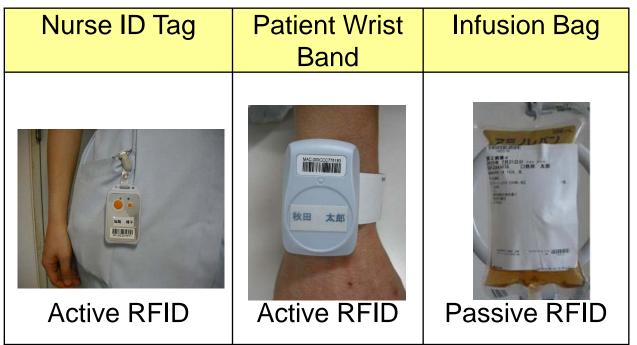
Wrist Band

- Patient ID (Text and Barcode) on the surface
- Water proof coating on the reverse side

P D A

- Drop impact resistance : 1.0 m
- Alcohol resistant body (Cleaned by rubbing alcohol)

RFID attached on Nurse ID tag, Patient Wrist Band and Infusion Bag





Infusion Pole equipped with RFID Antennas



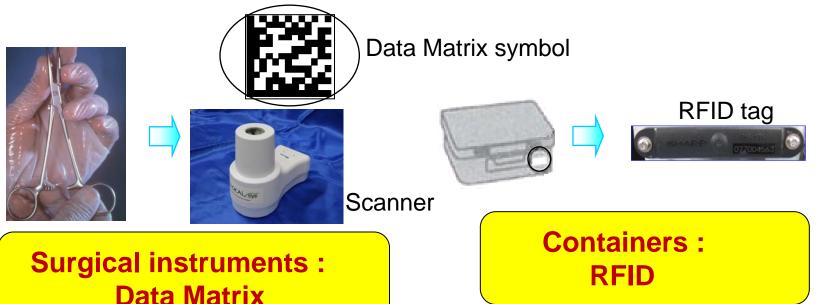
NTT Kanto Medical Center, Tokyo



Application of Data Matrix & RFID in the Sterile Supply Dept.

Return \rightarrow Cleaning \rightarrow Assembly \rightarrow Sterilization \rightarrow Supply \cdot Storage

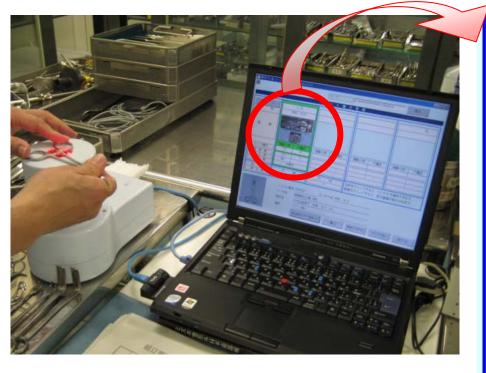
Application of bar-coding and RFID

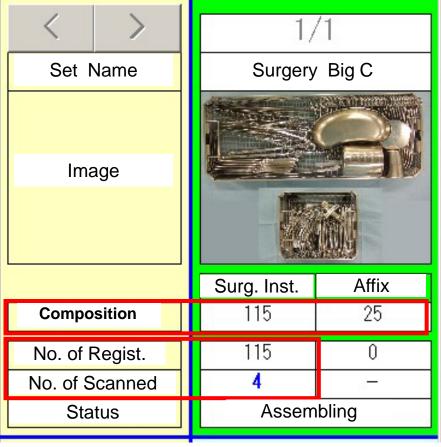




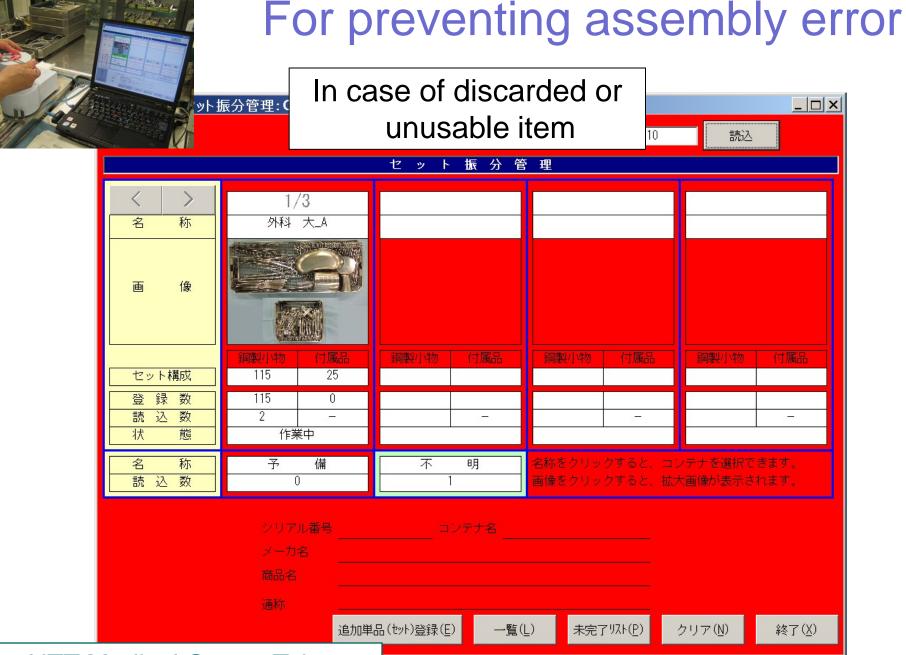
For preventing assembly error

Showing the set to be assembled

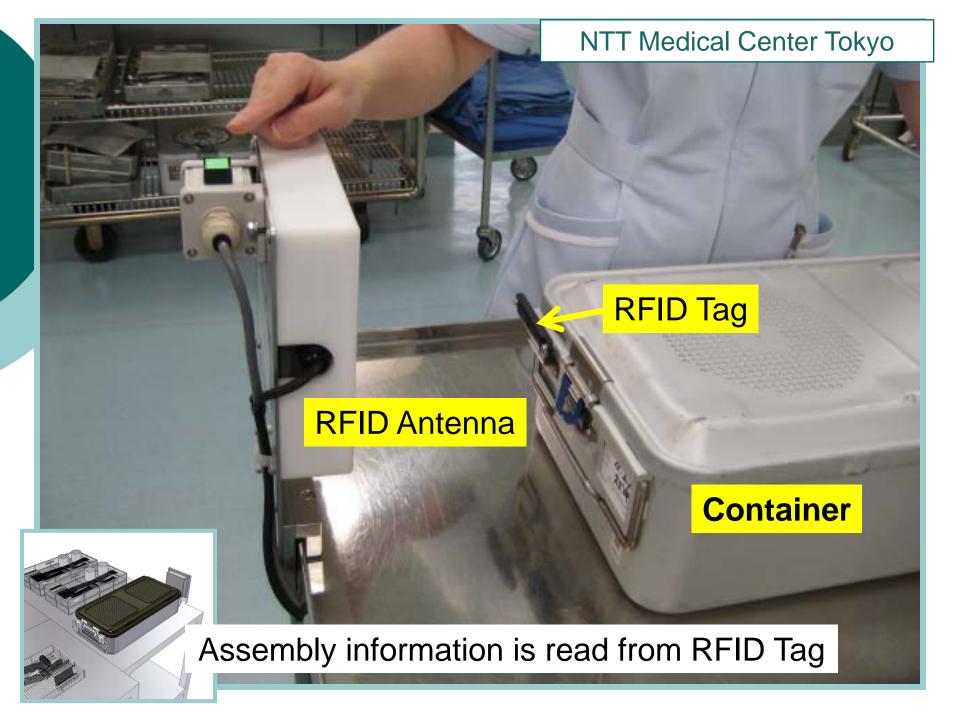




NTT Medical Center Tokyo



NTT Medical Center Tokyo



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Why barcode is not used for patient safety?

- The followings are essential to operate this GS1 system;
 - Recognition of hospital staff that barcode is useful for patient safety
 - Decision on initial investment by top management of hospital
 - Cooperation of nursing department
 - Inclusion of barcode system in a standared hospital information system

How to solve the problem?

- o It is necessary to disseminate the knowledge about using barcode to medical personnel.
- Discussion in the academy and coverage by journalism
- o Education of top management of hospitals
- Reflection to the reimbursement of medical fees
- To make "Distribution System" a standard module of hospital information systems



GS1 Healthcare Japan launched in 2009

- The first general assembly of the GS1 Healthcare Japan took place on May 28, 2009. http://www.dsri.jp/gshealth/
- Around 100 attendees from MoH, METI, healthcare companies, hospitals, associations and solution providers.
- Membership; as of Nov. 1st, 2010

Regular Member (Healthcare Companies) – 46

Individual Member (Doctors, Professors, etc.) – 15

Association Member (Industry Associations) – 16

Supporting Member (Solution Providers) – 23



Professor Sigekoto Kaihara Chairperson of GS1 Healthcare Japan





Recent activities of GS1 Healthcare Japan

Healthcare Survey Mission to Europe and United States

Aug. 26 ~ Sep. 6, 2009 Visiting NHS, FDA, 5 hospitals, 1 GPO and GS1US 15 participants

Participation in GS1 Healthcare Hong Kong Conference Oct. 5 ~ 9, 2009 6 participants

Hospital Visit (Kanto Medical Center NTT EC)
 Dec. 4, 2009
 63 participants

DC Visit (Eisai Distribution Co., Ltd.)
 Jan. 26, 2010
 40 participants

Healthcare Survey Mission to Korea

May 17 ~ 20, 2010 Visiting hospitals, universities, pharmaceutical manufacturer, etc. 18 participants

Participation in GS1 Healthcare Geneva Conference
 June 22 ~ 24, 2010
 8 participants

Healthcare Survey Mission to Europe

Sep. 1 ~ 12, 2010

Visiting hospitals, pharmaceutical manufacturers, distributors, etc. 13 participants



Thank You for Cooperating in the Activities of GS1 Healthcare Japan!

http://www.dsri.jp/gshealth/



GS1Healthcare Hong Kong Conference

(Oct. 7, 2009)

Briefing Session (Dec. 1, 2009)

Survey Mission visiting FDA

(Sep. 2, 2009)

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