# The Giant Steps to improve patient and medication safety in public hospitals – what, how and when



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### Hospital Authority, Hong Kong



- A statutory body established on 1 December 1990
- Manages all public hospitals in HK, and accountable to the Government through Secretary for Food and Health Burea u



• 58,473 staff in Head Office, 41 public hospitals (in 7 clusters), 48 specialist clinics and 74 general clinics



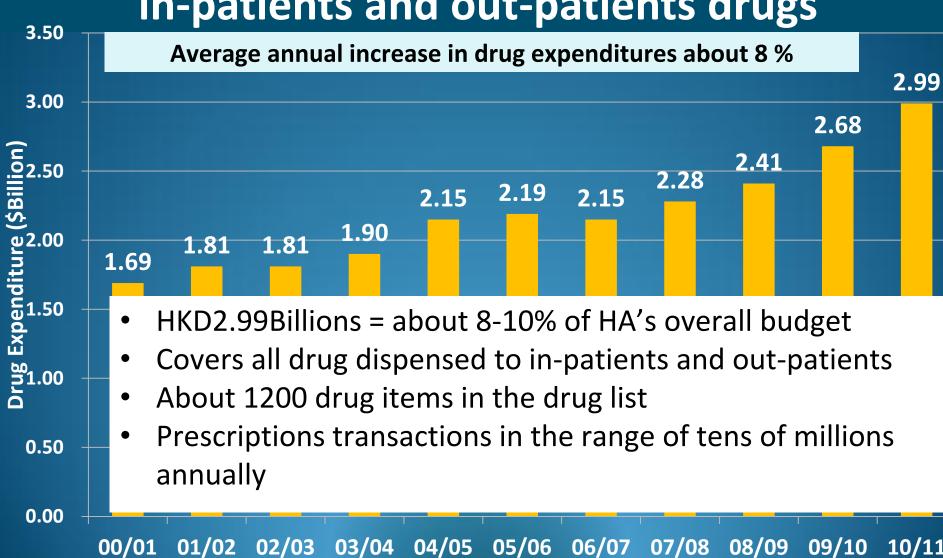
• 26,900 hospital beds in all public hospitals (3.8 hospital beds per 1,000 population)



2011 - 12 Government Funding: ~ \$36.8 billion (Estimate)



# Drug Expenditure in HA for both in-patients and out-patients drugs



**Financial Year** 

# What is the end to end process in drug distribution/medication use?

From manufacturers / distributors

Into pharmacy stores

and remarking of SSCC.

Tracking inventory movements linking SSCC

product, lot/batch number, and delivery

**Out from pharmacy stores** 

Into dispensing areas

To point of care / patient areas

#### Description of the Major Supply Chain Processes

Industry →→→

Acceptance of primary materials

units and creation of their lot numbers

Logistics provider  $\rightarrow \rightarrow \rightarrow$ 

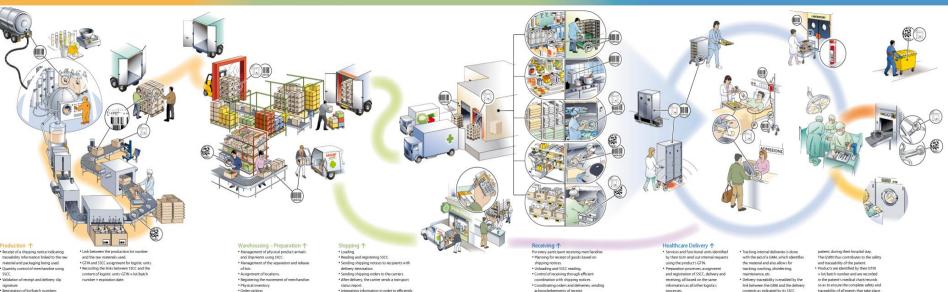
#### Healthcare facility $\rightarrow \rightarrow \rightarrow$

are all production processes using

the full range of GS1 identifiers: GTIN

them, are identified using a GSRN,

his information facilitates itemize



### **Quality, Safety and Efficiency** in drug distribution/medication use

From manufacturers / distributors

suppliers

Into pharmacy stores

hospitals

Out from pharmacy stores

Into dispensing areas

Stores

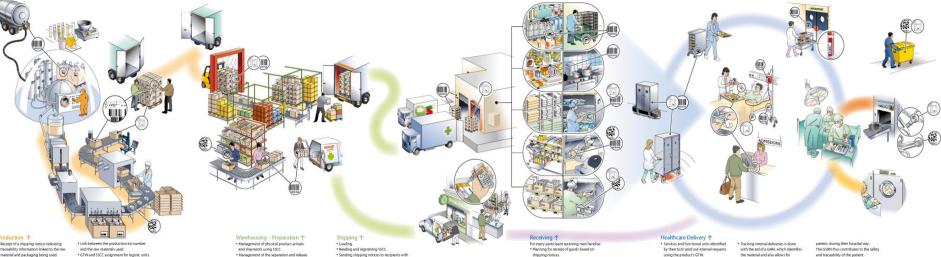
To point of care / patient areas

> 500 wards

Description of the Major Supply Chain Processes

ntent of logistic units: GTIN + lot/batch

Healthcare facility  $\rightarrow \rightarrow \rightarrow$ 



ial and packaging being used.

GTIN assignment and marking for base units and creation of their lot numbers

and remarking of SSCC.

\* Tracking inventory movements, linking S product, lot/batch number, and delivery

· Creation of logistic units, assignme

Sending shipping notices to recipients with

After delivery, the carrier sends a transpor

manage orders and invoices.

using the product's GTIN.

receiving, all based on the same

information as all other logistic . Sterilization, bleaching and rest the material and also allows for

Delivery traceability is enabled by ti

in the patient's medical chart/record so as to ensure the complete safety and raceability of all events that take place Patients, and the services provided t during the patient's stay. This information facilitates itemize

Products are identified by their GTIN



### The big challenge

infrastructure

people

technology

process

structure

system

Safety Quality Efficiency

leadership

resources

### **News Headlines**

#### 影響白血球生長 化療病人仍留醫



原用的蘇物份量

3 million imported tablets were ineffective

Drug's expiry date was faked

#### Ella Lee and Phyllis Tsang

More than 3 million tablets of a painkiller imported by a Hong Kong com-pany carried a fabricated expiry date, the Department of Health revealed

Unipharm Trading from Britain, was found to have carried a fake expiry date one year later than what it

The department said there was no immediate safety, efficacy or

quality concern". "However, people should stop using these two batches of cosalgesic and seek advice from doctors, dentists or pharmacists as appropriate

克化療事物 Cytarabine 加入 250 毫升

內科發懷科赛



近日藥物風波影響不少病人早前須到公院換藥,醫管局為堵塞漏 ,推出7招改善問題。

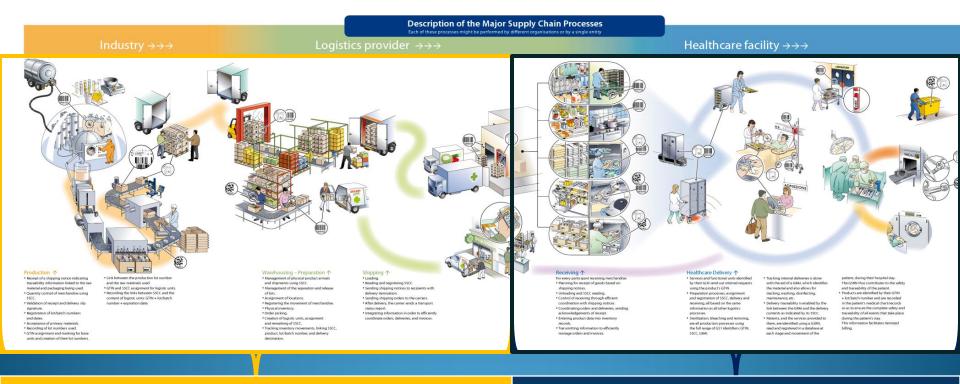
- 在採購高風險藥物項目 時,要求生產商引進微生物學 測試作為先決條件,並在運送藥物時提供 該批藥物的批號檢驗證明書
- 加強由醫管局進行的藥物樣本測試,除會涵蓋更廣泛種類的藥物。 並會按風險程度,進行微生物學測試
- 要求供應商在送貨單上提供更多付運藥物的基本資料,協助醫院更 準確有效驗收貨品
- 與衛生署探討更易取得藥物註冊重要資料的渠道,包括包裝規格。 加強協助核實藥物是否符合註冊規管要求
- 考慮向多於一個供應來源,採購高用量和高風險藥物
- 6 提升醫管局的藥物資訊系統以加強監控,並逐步護向:
  - 引進條碼系統
  - 自動核對訂購和送貨內容是否相符
  - 在不同的發放單位提供自動藥物核對及批號追蹤功能
  - 防止發放過期藥品
- 設立藥物品質保證辦事處,加強質素監管及實施各種改善措施

資料來源:醫管局

進行訴

擔心仍 的金額

# Steps taken since 2009 to revamp the Drug Distribution /medication use



#### **External**

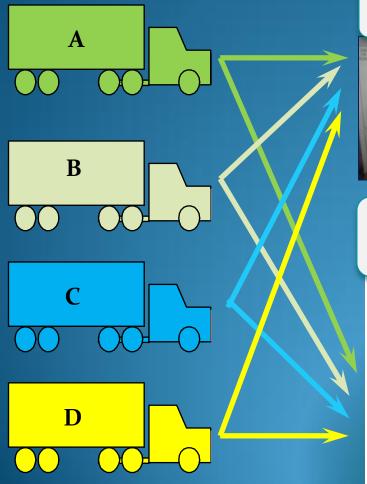
**Supply Chain Modernisation** 

#### Internal

IPMOE \*/ DDAS\*\*

### SCM process – the practice today

### External: From Suppliers (>150)



#### Internal:

At Pharmacy stores (>100) in 7 clusters

### Delivery details on hard copy



No electronic nor bar-coded information



- 1. Manual <u>checking</u> of standard information
  - manufacturer
  - country of origin
  - quantity
  - lot no., expiry date, etc.
- 2. Manual <u>entry</u> of standard information into Pharmacy system
- 3. Stocking onto the shelves in the Pharmacy stores

# Drug distribution from pharmacy stores (today's practice)







- Pharmacy working stores
   (for drug dispensing to out & in-patients & issue to wards)
- Manual entry of
  - lot no. & expiry date
- No functionality to enable auto track and trace lot no. & expiry information





# Supply Chain Modernization - the information flow in ERP

**Purchase Order to vendor (via EDI)** 

**Advance Shipping Notice (via EDI)** 

Serialise Shipping Container Codes (SSCC)

Physical goods receipt (scanning bar codes)

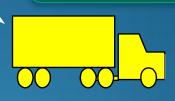
Invoice (via EDI)

# SCM tomorrow – the improved workflow process with Mobile Supply Chain Application (MSCA)

**External: From Suppliers** 

Advanced Shipping Notice (ASN)

Entire shipment with bar code label (outer pack) SSCC





#### **Internal: At Pharmacy stores**

- 1. Prior validation of manufacturer, country of origin, quantity, etc.
- 2. Online provision of lot no, expiry date
- When goods arrive (at staging process)

Before goods arrive

- 3. Scan outer pack bar code label to verify Purchase Order (PO)
- 4. PO details displayed in scanner for inspection
- 5. Confirm receipt & instant update into system
- Stock into stores
- 6. Pack-unpack containers to separate items
- 7. Scan GTIN with lot no. expiry date and confirm qty
- 8. Stock to pre-defined location in stores
- Drug distribution
- 9. Enable lot-control with track-and-trace functionality













# What is MSCA? (Mobile Supply Chain Application)

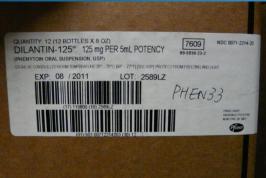
- Making use of mobile devices to support the Supply Chain Process from Goods receipt to Goods issue as much as possible
- Use wireless connection, scanners, bar codes, data transmission
- Minimize manual data entry
- Improve accuracy & efficiency of data capture
- Not RFID but bar codes



### Various bar coded packing units in pharmacy







- Bar & Code (Bar Code)



#### **GS1 PREFIX**

To identify territory of the GS1 organization issuing the number. In Hong Kong, the GS1 Prefix assigned to GS1 HK is 489

#### GS1 COMPANY NUMBER

To identify the member company; assigned by the local GS1 organization

#### ITEM REFERENCE

To identify the unique product and service; assigned by the member company

#### **CHECK DIGIT**

Calculated by modulo-10 formula to serve as an accuracy check on the entire number by scanning devices.



### GTIN & Barcoding requirement

Packaging Hierarchy	Example	Identification Key	Example	Bar code	Bar Code Type
Primary Packaging	A pill in blister cell  Out to	No	NA	No	NA
Ordering base unit	2 blisters in 1 box	GTIN✓	GTIN A: 489-1668-00002-2	Optional	GS1-128, GS1 Data Bar, GS1 Data Matrix, EAN/UPC.
Multi Pack	7 boxed bound to create one package	No	NA	No	NA
Case	8 multi pack in a corrugated cardboard cartons	Optional	GTIN B: 489-1668-00001-5 (1 unit of GTIN B = 56 units of GTIN A)	<b>√</b>	GS1-128, GS1 Data Matrix
Logistic Unit	Pallet of 8 cases	sscc√	SSCC: 1-489-1668- 000000001-2	<b>✓</b>	GS1-128

# Steps taken since 2009 to revamp the Drug Distribution /medication use

Description of the Major Supply Chain Processes

Industry  $\rightarrow \rightarrow \rightarrow$ 

Logistics provider ightarrow 
ightarrow 
ightarrow

- Entire SCM process is voluntary
- No credit, no penalty
- Depends on the vendors readiness
   & willingness & ability
- 13 vendors batch
- 2 clusters to pilot Dec 2011
- Users' acceptance of new processes

**External** 

**Supply Chain Modernisation** 

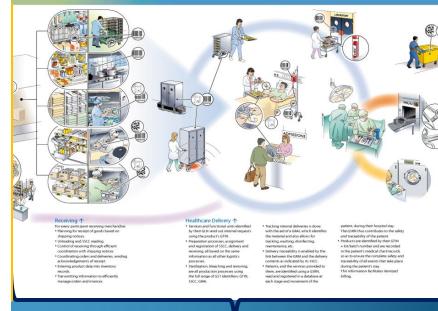
# Steps taken since 2009 to revamp the Drug Distribution /medication use

Description of the Major Supply Chain Processes

Industry  $\rightarrow \rightarrow$ 

oaistics provider  $\rightarrow \rightarrow \rightarrow$ 

#### Healthcare facility $\rightarrow \rightarrow \rightarrow$



#### Internal

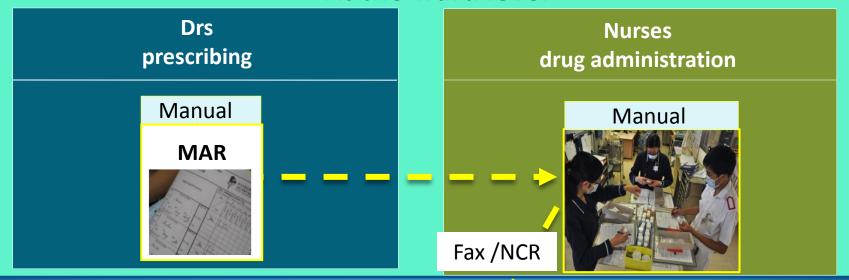
IPMOE \*/ DDAS\*\*

# Close the Loop Concept in the Medication Use Process



### The existing **Drug Distribution & Administration System**

#### At the ward level



#### At the pharmacy

Pharmacy vetting, dispensing & inventory control

#### Manual







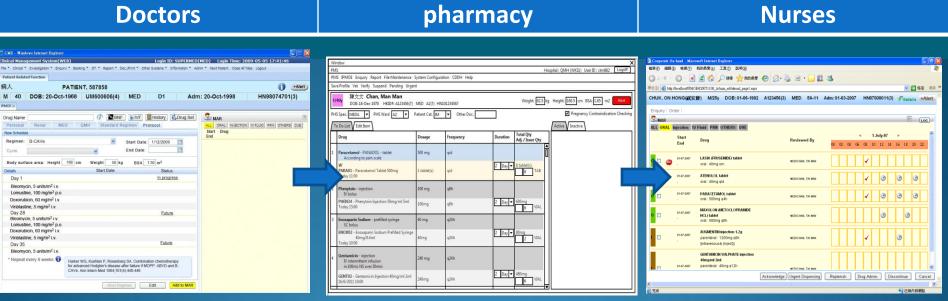




Ward top up



### IPMOE project scope



- Electronic prescribing by clinicians
- Vetting & dispensing with workflow reengineering at Pharmacies
- Drug administration by nurses using BCMA
  - + many safety & clinical intelligence checking features e.g. Prohibit routes that may cause harm or death (e.g. Vincristine must not be given intrathecally)

# Revamp the dispensing process through extensive use of Automation Technologies

- to support accurate & efficient unit dose dispensing



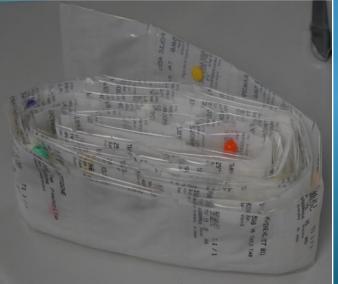
## Future DDAS model the proposal











#### **Drug Packages:**

- 1. Pack automatically according to IPMOE order requirement
- 2. Pack into exact dose quantities
- 3. Bar-coded with drug identity, batch no., expiry date & each dose quantity
- 4. Each roll for each drug round for the patient per cubicle (T, T2, T3, etc)
- 5. Pack in Mono or Multidrug pouch

# Future DDAS at the ward level - oral solid dose forms

- Oral solid dose forms (82% of all dosage forms) available in (T1, T2, T3, T4) drug trays by drug rounds in drug trolleys for each cubicle
- With double lock drawer for DD
- No need to assemble from ward stock, DD cabinets
- Easy to push around, with computer & bar code scanner







### **Future DDAS by pharmacy for Injections**













- Extend to paediatric & adult ICU wards, epidural, intrathecal & biological products
- To be further extended to reconstitution of more stable I.V. drugs
- Each drug pack carries bar codes patient name, drug name & strength, expiry date -> ready
   to administer forms

# Bar Coded Medication Administration (BCMA) by nurses

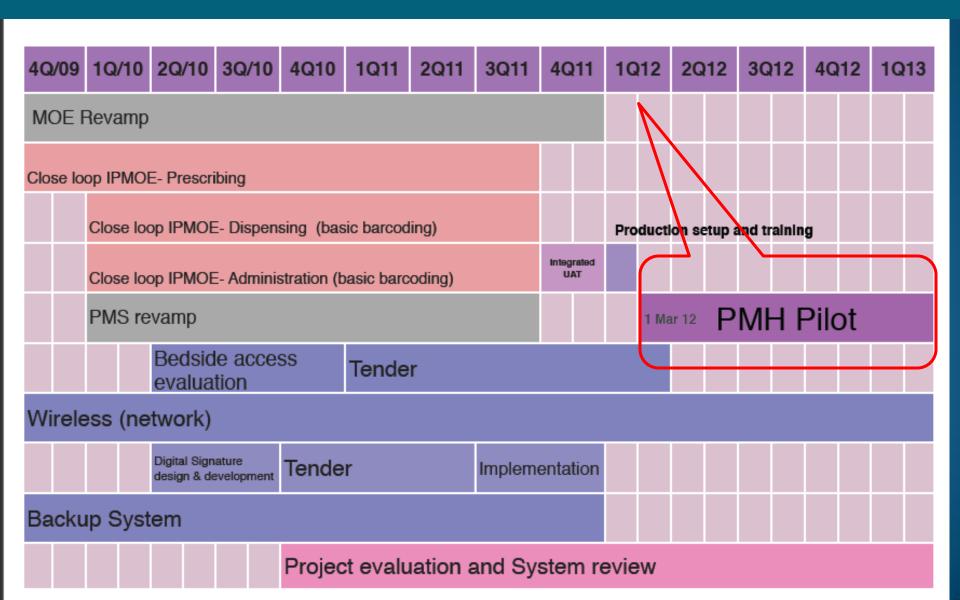
- scan bar code to verify
  - Patient identity & drug identity
- to ensure
  - Right Patient
  - Right Drug
  - Right Route
  - Right Dose
  - Right Time



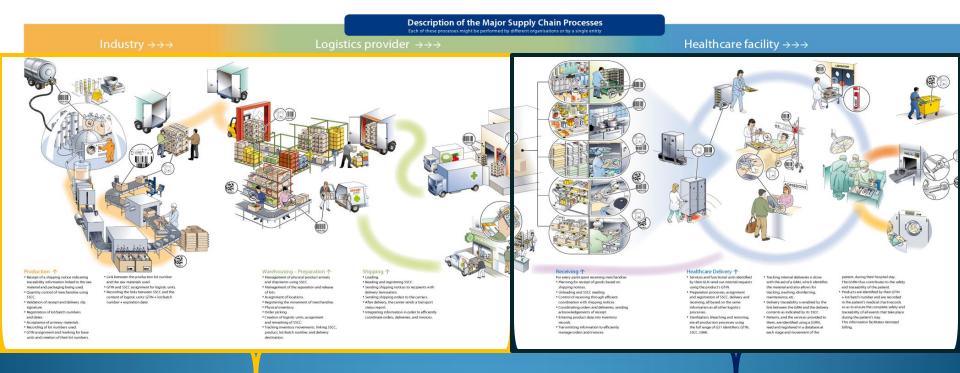




### IPMOE implementation Timeline



# **GIANT** Steps to improve patient and medication safety



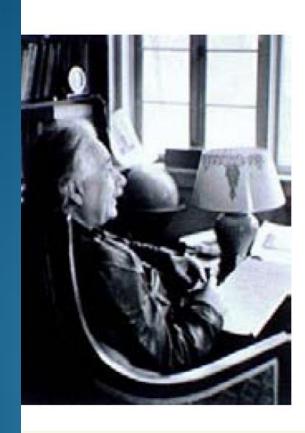
#### **External**

#### **Supply Chain Modernisation**

#### Internal

IPMOE \*/ DDAS\*\*

### The Journey is long & tough



"Insanity:
Continuing to do the same thing and expecting different results."

- Albert Einstein