



Learning UDI Community Work Group Summary Statement

WORK GROUP TOPIC: UDI Benefits to Healthcare Supply Chain Processes

UDI implementation for hospital supply chain requires strong support from CEOs and clinicians. Hospital investment necessary to make system and operational changes allowing UDI to be a great tool to benefit both patient outcomes and the bottom line are considerable. **While unique product identification is a standard cost management tool for manufacturers and retailers, healthcare executives juggle many priorities and they need a clear map showing how UDI will reduce expense in hospitals both immediately and in the long term.** This work group will develop five important work flow processes as they currently work without UDI and then contrast these to future work flows where UDI is incorporated in hospital information systems and operations. Savings opportunities will be discussed for each step where they are found. The work group will author an article to be published in a journal respected by hospital CEOs and CFOs. In addition, the work product will be presented in AHRMM educational materials on line and in the upcoming annual meeting in August, 2017. The product may be used in other pertinent meetings as approved by the Steering Committee.

WHY THIS TOPIC IS IMPORTANT:

Clear discussion of hospital supply work flows and their transformation using UDI will make the benefits of this new tool visible to stakeholders who can engage with IT, Supply Chain Executives and clinicians to outline implementation plans pertinent to the specific circumstances of each individual hospital. UDI adoption in hospitals is a cross functional process involving people from many departments. This characteristic challenges a long held assumption that supply chain can work independently from other hospital departments. Discussions of work flow processes will highlight the integrated nature of smoothly operating hospital supply chains to help CEOs and CFOs envision breakdown of traditional “boundaries” formerly necessary but in the future with UDI no more than added expense. **Major changes of this kind are made most successfully when all stakeholders come to a common understanding of what currently exists and what will actually result from an implementation effort involving many people working in a hospital.**

AFFECTED/REQUIRED STAKEHOLDERS:

Work group members must include supply chain executives (or can access staff in their departments) who understand product work flow. They may come from any size hospital, but they should understand how processes are done manually and also how systems using UDI can replace many manual processes including information hand-offs between systems. Some hospitals support supply chain system experts. Several of these people need to be in the group. Some technology experts outside of hospitals have a very clear understanding of current and future processes made possible by UDI and should be included. Specialty product suppliers, clinicians in high volume procedure areas, as well as distributors all have a major stake and should be represented. FDA is focused on UDI adoption in hospitals and someone from their team needs to be a member. **That being said, the most important attribute for all work group members is that they are mission-driven, open-minded, enthusiastic participants who will commit time to the conference calls and development of a valuable work product.**



BRIEFLY DESCRIBE, IF APPLICABLE, ANY WORK THAT HAS BEEN DONE ON THIS ISSUE PREVIOUSLY:

When congress passed legislation in 2007 calling for the FDA to develop “unique device identifiers”, many professionals began to speak and publish articles describing a future state that would allow healthcare providers (healthcare organizations and clinicians) and their suppliers to improve patient safety by tracking products used in their care. While not vast, the literature is considerable and can be provided upon request. Literature and presentations speaking directly to the way UDI can be used in hospital systems and operations is limited, however several hospital organizations have invested specifically in this process and they include Sisters of Mercy, Intermountain Healthcare, Geisinger Health System and Kaiser Permanente. **A number of individuals responsible for these studies are members of the LUC and have participated in designing the work effort of the work group proposed in this document. We are hopeful that some of these individuals will volunteer to work with the group in the development of the documents and work flows.**

EXPECTED OUTCOMES/DELIVERABLES OF THE WORK GROUP:

Deliverables include:

- 1). A 4000-word article ready for publication in a national journal read by hospital CEOs/CFOs.
- 2). Series of “slides” ready for AHRMM use in educational programs
- 3). Presentation at AHRMM Annual Meeting, August 2017.

PROPOSED TIMEFRAME TO DELIVERABLES:

The series of hour long bi-weekly conference calls will begin in January, 2017 and wrap up by March 30, 2017.

INDIVIDUALS PROPOSING TOPIC:

Michael Schiller, AHRMM