Leeds Teaching Hospitals NHS Trust is one of the largest Trusts in England with seven hospitals across five sites and a turnover of £1.17 billion. That equates to 2,000 beds, 17,000 employees and means they treat over 1.1 million patients a year, with 263,000 attendances annually at their Accident and Emergency department. They’re the largest provider of specialist services in the country and they’re the only UK centre for hand transplants.

**Problem**

LTHT knew that a lot of doctors’ time was being wasted locating patients around the Trust. Their Patient Administration System (PAS) was a manual process that was often left up to the Ward Clerk to do. Sometimes there would be no one available to do this and even when the location was correct on the PAS, the patient might not be in the bed location as they may have been taken for treatment and assessment. Another concern from a patient and carer/relative perspective was that when a patient goes into theatre, the only way to know when they’ve gone in and when they may return is to call the theatre.

As a Scan4Safety Trust, LTHT were also required by the Department of Health and Social Care to allocate and place a GLN in every room in the Trust. There were a total of the 22,303 separate locations which needed to be labelled and there were no use case examples for GLN labels at that point.

Fundamentally, their Deputy Chief Medical Officer was aware that their doctors were spending large parts of their shifts looking for patients so they needed a better system for locating them.
What was the impact of using GS1 standards?

Using some of the money invested in the Trust through the Scan4Safety programme, the Trust Informatics team developed a mobile app to work alongside their Electronic Health Record, PPM+ to link their existing eMeds and eObs systems. This used the patient GS1 Global Service Relation Number (GSRN), available on the wristbands produced from their PAS, and the Global Location Number (GLN) for locations which is held on their property management software, MICAD.

The App was able to scan the patient’s GSRN to open up the Electronic Patient Record of that patient, decreasing the number of errors where previously the numbers had to be entered into the system. Added to the verbal patient identification checks that take place prior to scanning the patients, it means their positive patient ID is twice as strong. Once they’ve identified the patient, a second barcode reading screen is opened where they can update their location based on any GLN or GLN and extension.

From these changes, LTHT have already seen a decrease in the number of telephone calls between the ward and departments such as Nuclear Medicine and Breast Imaging. They can now check themselves where the patient is and know that the information is accurate. This means they’re able to give better information to relatives if they call, rather than having to put them on hold or call them back. It saves their staff time and is better for the peace of mind of the patient’s family. LTHT are also in the process of getting an electronic white board for Theatres, so they can see when patients are ready for surgery.

At the outset of Scan4Safety, the Deputy Chief Medical Office expressed a wish to be able to track the location of patients across the organisation. The use of Global Location Number and Global Location Number Extensions has made this vision a reality; it provides increased safety and reassurance for our patients. No longer will patients be transferred at weekends and it be Monday morning before we can find them and the black hole of operating theatres can be unlocked without the need for constant phone calls to the theatre suite.”

Mark Songhurst,
Work Stream Lead Global Location Numbering