

17 - 18 March 2022 | QEII Centre, London

# **Asset** management

#bettercarecostsless





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#### **Asset management in action**

#### **Rachael Ellis**

Scan4Safety programme director, Hull University Teaching Hospitals NHS Trust

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# Assets: Maps = Money

Rachael Ellis, Scan4Safety Programme Director

18th March 2022





#### Numbers worth noting

- 72,000 assets on the equipment list
- 16,500 sterile trays
- 48 Theatres across HUTH
- 126 Transport Trolleys for sterile trays
- We process 2500+ trays a week at peak times
- To date, we have installed 351 RFID readers and antennas (and this will triple)
- Covering 623,499 square feet





## On a map it looks like this...

## Hull Map

#### Castle Hill Hospital

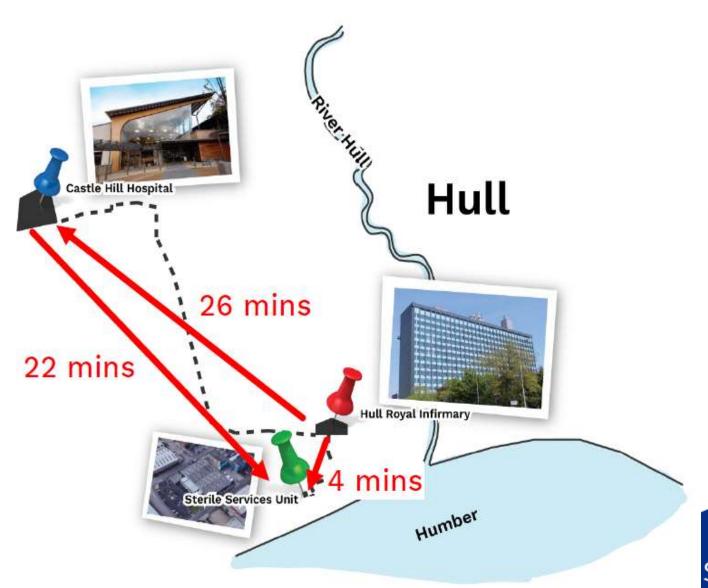
 26 minutes drive from Hull Royal Infirmary

#### Sterile Services Unit

- 4 minutes drive from Hull Royal Infirmary
- 22 minutes drive from Castle Hill Hospital

#### **Hull Royal Infirmary**

- 26 minutes drive from Castle Hill Hospital
- 4 minutes drive from Sterile Services Unit

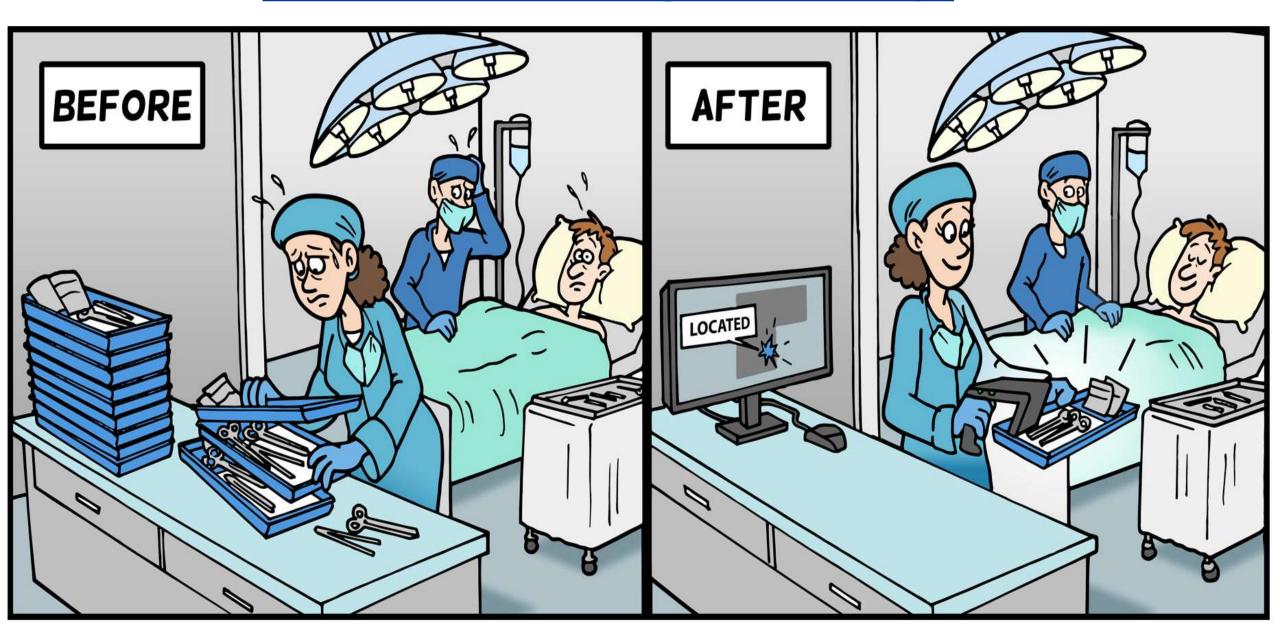




# In reality it felt like this...

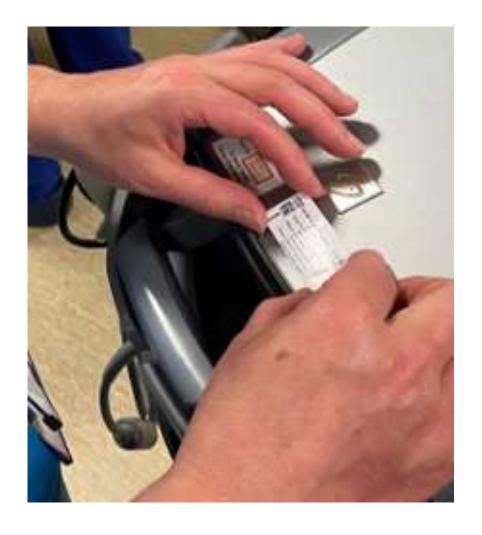


#### At HUTH - We have changed the landscape



### HUTH have discovered the benefit of chips and wands!









## Maps really do equal time and money...



**Money Saved** 



Resource time saved



Patient Care = Improved







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#### **Asset management in action**

#### **Richard Price**

Senior category manager, University Hospitals Plymouth NHS Trust

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# Tracking Hospital Assets using GS1 Standards & RFID











# Why is RFID and GS1 important?

- Large trauma and teaching hospital serving the South West Peninsula
- Main building 12 floors with lots of corridors and rooms
- Other buildings and off-site locations
- Circa 100,000 Medical, SDU and IT assets
- Maintaining a schedule for asset service and repair
- Turnaround time to bring equipment back into use
- Replacing Medical equipment costs £100,000+ each year
- Clinical staff spend a lot of time looking for assets
- Issuing/Borrowing of assets that are not returned





# Implementation

Already using GS1 GIAI standard for Medical and SDU assets, but implemented in isolation

Roll-out Trust-wide a new GS1 structure agreed with departmental prefixes

Started by re-labelling medical devices

400+ models' label placement optimised for scans

New process flow / security documents created

Opportunity taken to correct MDAR anomalies





# Implementation

Contract awarded to Paragon ID's RFID Discovery solution

Live web portal & interfacing to asset management systems

122 readers across 2 phases, with approx. 360 antennae

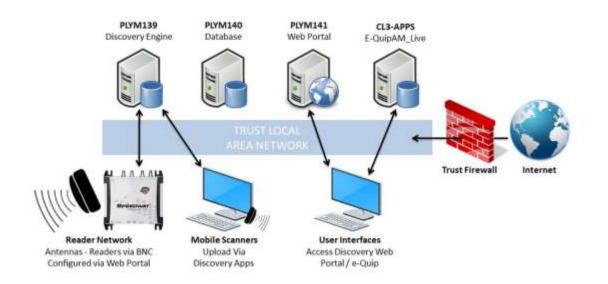
Antennae's optimum locations mapped out

2x mobile trolleys, 10x handheld scanners, 2x RFID printers

Digital location tree updated with corridor GLNs

Network elements installed, tested, interfaced

One of the largest GS1-compliant RFID solutions in the NHS

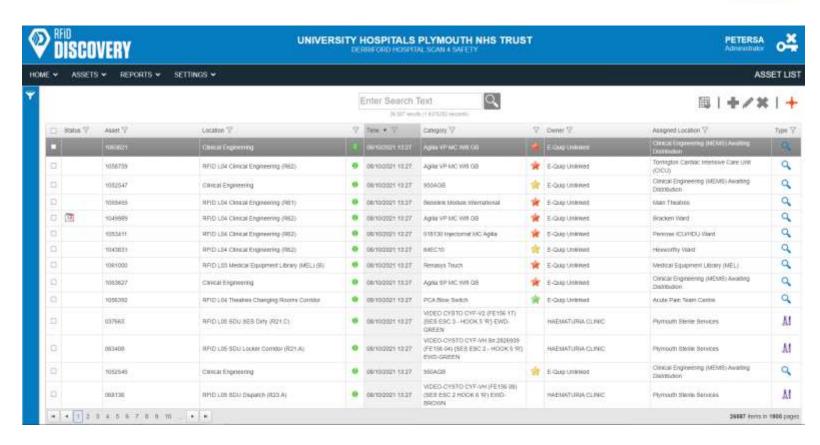






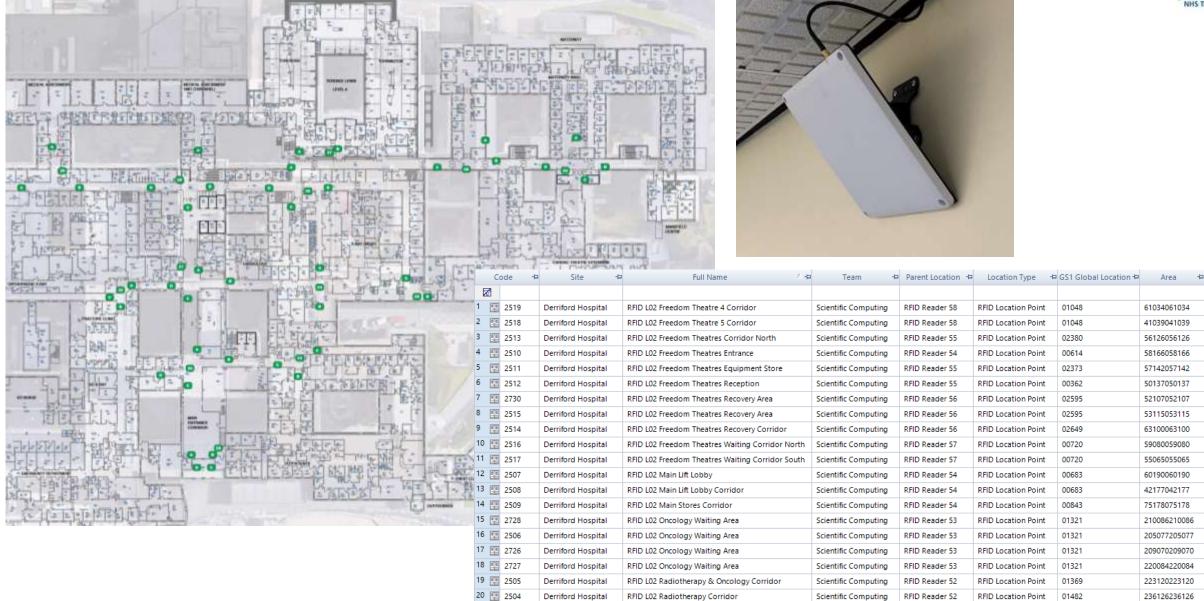
## **Progress**

- Web portal is fully up and running
- Training materials created, clinical staff trials being carried out
- 25,000+ medical devices relabelled; SDU and IT re-labelling underway
- 83/122 total readers installed, networked, and reading assets
- 3,500 assets tracked every day
- Phase 2 of reader / antennae installations near to completion



All progressed during COVID







# **Operational Benefits**



#### **Clinical Staff**

See live availability of models in the equipment library

Locate desired or lost devices from neighbouring wards

Reduces time searching for devices



#### **Technical Staff / Trust-wide**

Locate devices due maintenance, upholding device compliance and reliability/safety

Gain awareness of devices in demand, high turnover, frequently lost etc.

Automated tracking of expensive assets / those on loan to the trust











- **3,500** medical devices tracked every day (15% of medical equipment database)
- **£50k** spent on an external company to audit entire hospital, taking a couple of weeks to complete. RFID system allows the Trust to audit the same quantity of medical devices in a single day.
- **£70k** a year ( serviced on ti
- **£620k**\* each equipment le hour
- In addition, ir lost assets ea **£100k** in repl

Releasing time to care and increasing patient safety.....

- Trust-wide and external revalidation showed circa **£22m** assets on the Asset Management system have not been seen on the RFID system for 3+ years\*\*.
- By ensuring scalability in our infrastructure, benefits can expand to other departments and assets, not just medical devices.
- The Trust has entered the 'best global healthcare award' nomination for the implementation of RFID asset management

<sup>\*</sup>Patient stay costs est. £400 per 24 hours = £17 per hour per patient. On average there are 100 discharges a day  $(£17 \text{ per hour } \times 100 \text{ patients } \times 365 \text{ days})$ 

<sup>\*\*</sup> a full-time role has been agreed to investigate





#### **Clinical Staff**



'This is definitely a really useful tool – we use it to track wheelchairs as many get abandoned around the site and are then not available for use at entrances'.

#### **Technical Staff / Trust-wide**



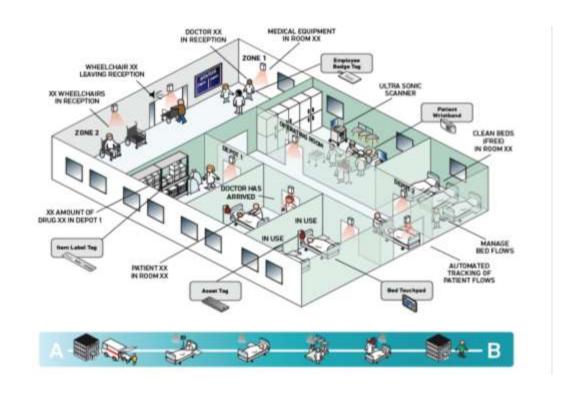
'The system has been hugely beneficial for us by tracking devices as they come and go, enabling us to see whether they are actively in use. Even more crucially we can now see at a glance what is in stock, saving clinical staff a wasted trip to the MEL.'

## Our Future Roadmap



- Infrastructure in place for more services/uses: e.g. Estates, Stores, Patients, Staff
- RFID Readers included in expansion/refurbishment costs
- Views to expand to external buildings, then external sites
- Live maps on web portal to aid visual guidance
- Potential to enable other projects e.g. visitor guidance apps, automated patient check-ins, etc.







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#### **Asset management in action**

#### **Aubrey Sitch**

Scan4Safety programme manager

#### **Martha James**

Scan4Safety project manager, Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust

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# BTHFT's Journey to RFID

**Aubrey Sitch & Martha James - Scan4Safety Programme** 













## **BTHFT**



- BTHFT An acute trust serving a population of 0.5m (specialist services to 1.1m across West Yorkshire)
- Active Annually: 6,000 babies delivered; 300,000 operations performed; 140,000 A&E attendances and 500,000 outpatient appointments.
- Mature One of the few Trusts in the UK to deliver care, teaching and research.
- Ambitious First GE Command Centre in Europe to manage patient flow; Digital aspiration for HIMSS level 6
- Collaborative WYAAT; Shared EPR with CHFT; Airedale & BDCT Place based partnership.



## **The Problems**



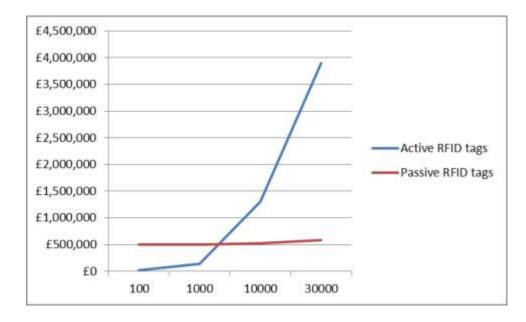
- Clinicians Where's my ???
- Clinical Engineering Servicing equipment in COVID
- Capital Asset Register Previously a <u>historic</u> document
- Infection Control Tracing use of equipment
- Asset Utilisation Tracking utilisation data
- Stock Control Could we prevent unnecessary orders
- Departmental use IT, Estates, Pharmacy
- End of Year Financial pressures.







- ACTIVE WiFi / BLE tags on devices
  - positive Minimal start-up, live data
  - Negative Unaffordable at scale, additional servicing, they fail
- PASSIVE UHF RFID at 'choke points' or on demand
  - Positive Low revenue, scalable, no servicing, failsafe
  - Negative Is 'last seen location' sufficient?



## **The Solution**



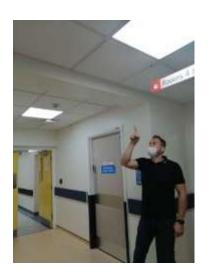
- Lyngsoe Systems https://lyngsoesystems.com/
  - Track 38,000 assets across 2 hospitals using 260 RFID readers above security doors 'choke-points'.
  - Integration with Equip and CARS
- The business case
  - Capital investment covered by NHSE funding c£500k
  - 15 CE techs searching for devices 1hr per day = £63k per year
  - Clinical staff delayed looking for equipment = c£5m per year
  - Unnecessary purchases of under-utilised equipment = £?m



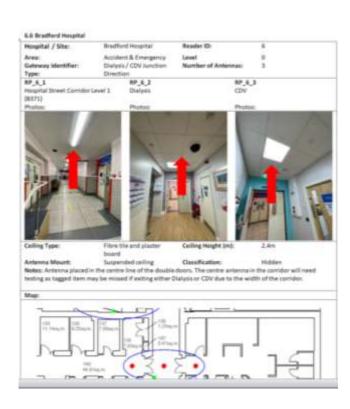


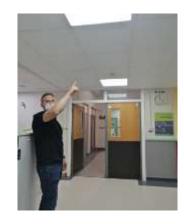
# **Implementation**

- Site Surveys
  - Where should they go?
  - What we considered

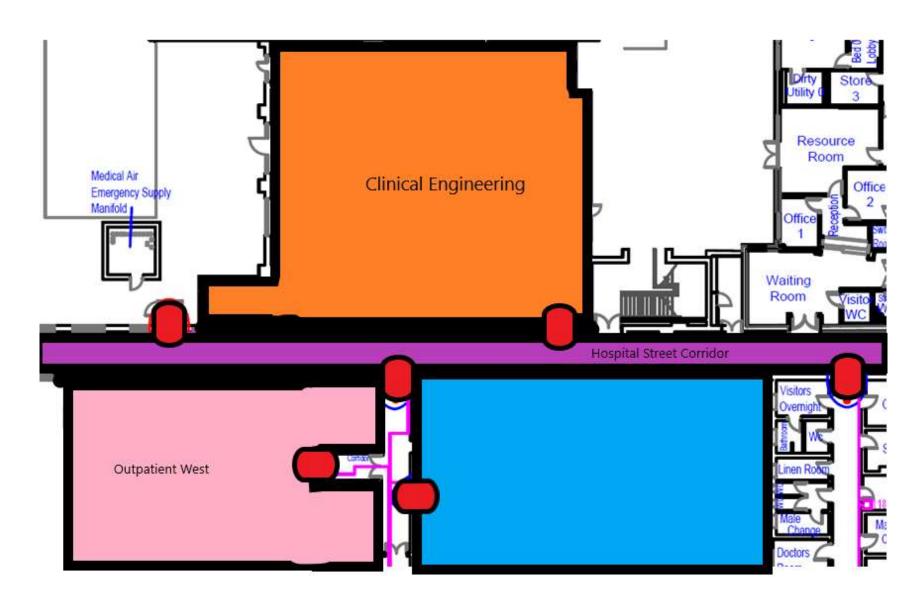














Bradford Teaching Hospitals

NHS Foundation Trust

- Installing Phase 1
  - 10 in BTHFT and 13 in ANHST

- Testing
  - Does it actually work?
- Timeline

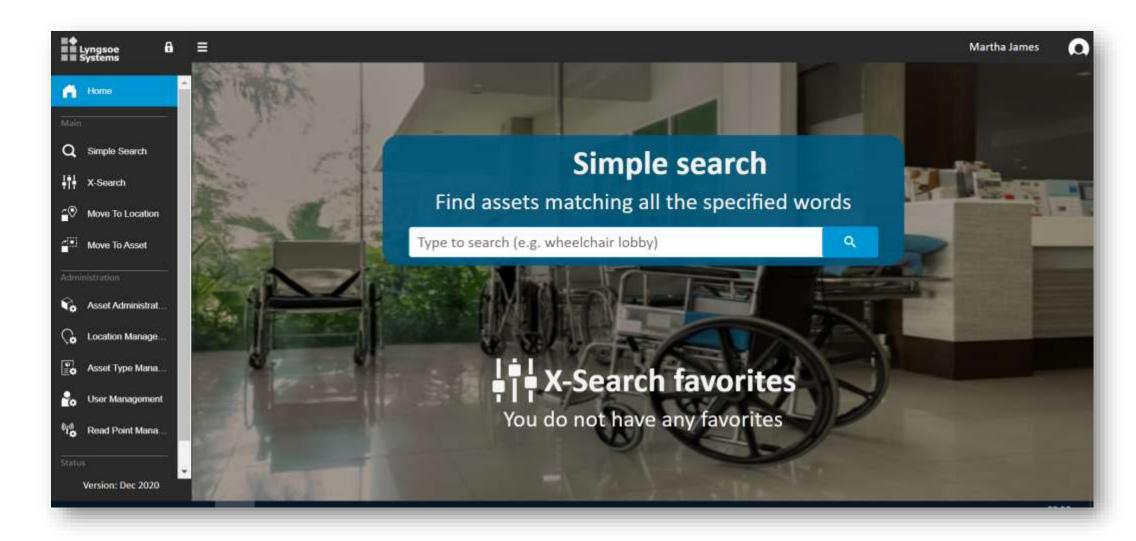


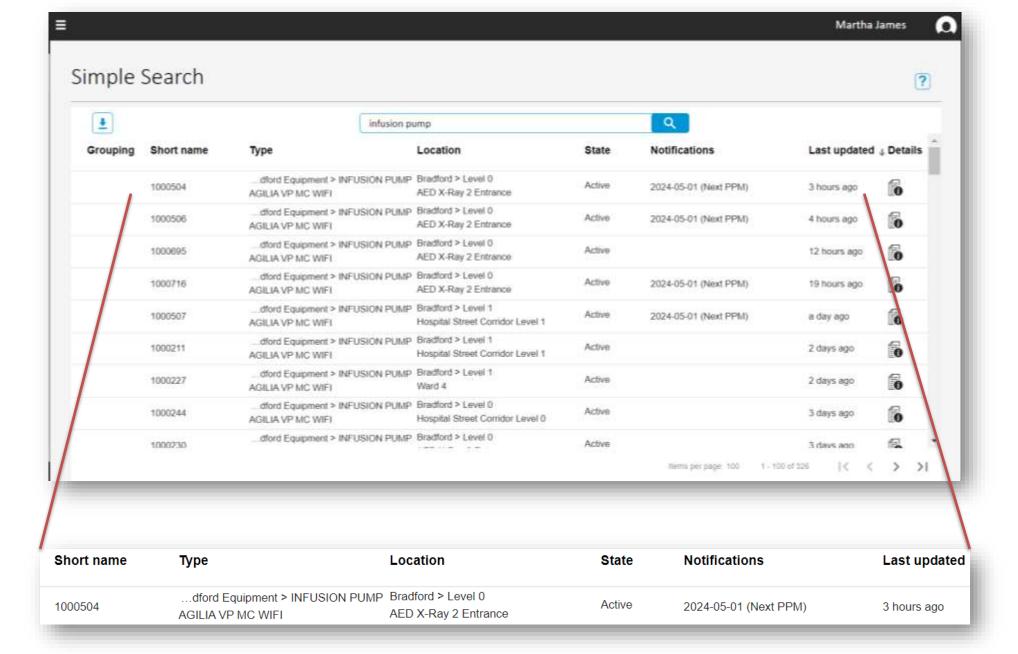






#### **Our software - X-Tracking**







# **Upcoming challenges**

- Communicating how passive RFID works
  - Will staff have a preconceived notion of what RFID is
- Communicating where the geo fences are to staff
  - Knowing where the geo fences are will enable the staff to use the system to the full advantage
- Labelling enough equipment for a working system
  - Will there be enough for the system to be useful?





- Determine the problem you are solving
  - Who are the end users?
  - What is the end solution you are wanting?
  - Is the benefit quantifiable?
- Determine the most appropriate solution
  - Potential scope
  - Ownership of buildings, ease of install
  - Time/Cost constraints system ownership