LEARNING UDI COMMUNITY WORK GROUP TOPIC PROPOSAL

TOPIC: Bar Code @ POC (BC@POC) - Bar Code at the Point of Care

PROPOSED WORK GROUP TOPIC: (e.g., what problem or issue will this proposed group address?)

In the past two HTG Summit meetings and in the course of deploying UDI in Operating Rooms and Cath Labs, we have heard from clinicians and suppliers alike that the barcodes (or 2D matrix) provided on the packaging is "difficult" to locate. This team would work with providers and suppliers to determine if we can align on a standard or set of standards on barcode/2D matrix placement and logistics for multiple bar codes where it cannot be avoided.

WHY THIS TOPIC IS IMPORTANT: (brief descriptions, e.g., what impact is it/will it having/have on adoption of UDI, patient safety, costs or barriers to compliance or adoption, etc.)

Caregivers are busy and in the middle of a case, if we expect them to capture what is used by scanning the product packaging, they can't be "hunting" for the right barcode. We see everything from multiple barcodes to stacked barcodes on front, back, and sides of products. Caregivers aren't knowledgeable about what kind of barcode to look for or how to scan it so it works. What we have heard from them is that if there is ONE barcode or 2D Matrix they can look for and in a similar location, that is easy to scan, they will be more compliant.

Suppliers have indicated that they need guidance around how to standardize and welcome this endeavor. If we can streamline it and improve this part, adoption of scanning the barcode/2D Matrix on the product drives all the other benefits of UDI (e.g. accurate cost per case, downstream patient outcomes data, revenue capture, etc.).

The intent of this work group is to create a formal mechanism that brings the provider and supplier communities together to have open dialogue and outline recommendations for the placement and identification of the UDI on the device/package. The work of this group will not only consider the use case covering how to hand multiple labels on a device package, but also the case when there are no labels on the device package.

AFFECTED/REQUIRED STAKEHOLDERS: (who are the critical participants that are affected/need to be included in this proposed work group, e.g., manufacturers, providers, technology companies, clinicians, etc. – *please be specific as needed, e.g., types of manufacturers, roles, functions, etc.)*

Manufacturers, Providers, Clinicians doing the scanning

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

There is some guidance provided on the HTG website in terms of preference, but it has not gone beyond that. We can use some of that in early meetings to build upon. There have been suggestions posed by manufacturers and others in various forums, but again, the request is see if we can find a standard that would work for all (or at least majority of cases).

EXPECTED OUTCOMES/DELIVERABLES OF THE WORK GROUP: (guidance, case studies)

Guidance to Suppliers – Preferred format (2D matrix, linear concatenated, etc.), placement guidance for one or multiple barcodes, identification of GS1 or primary format used.

PROPOSED TIMEFRAME TO DELIVERABLES:

6 months maximum – may be earlier

INDIVIDUALS PROPOSING TOPIC:

Karen Dean, Program Director, Kaiser Permanente, on behalf of HTG Group and suppliers requesting this topic as follow up to 2016 HTG Summit
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