ST. VINCENT'S PRIVATE HOSPITAL
Elm Park

Nourishing Safety:

A Global-First Digital Transformation of Parenteral Nutrition at SVPH

100% manufacturer-to-patient traceability and **97% scan compliance in 14 weeks** — a global-first digital transformation of PN at SVPH.

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100%
Manufacturer-to-patient traceability achieved

97%
PN bags scanned (810 bags · 14 weeks)

0
Paper logbooks (manual logs eliminated)

960+ hrs
Clinical time/yr potential saving

BACKGROUND

Parenteral nutrition is a high-volume, high-cost product. In 2024 SVPH utilised:

2,703 PN bags
using paper logbooks for stock management, dispensing and traceability.

14 PN-related Datix incidents
were reported between Jan 2024 and Jun 2025, including five incorrect-bag retrievals and a near-miss allergen exposure.

Clinical Time
Severely impacted as responsibility for stock management, ordering, tendering & contracts fall to the dietetics department.

AIMS

- reduce PN-related medication errors.

Streamline the PN process to achieve:

- full manufacturer to patient traceability
- eliminate paper-based records
- protect dietetic and nursing clinical time

STANDARDS & GOVERNANCE

HSE Scan for Safety
— national alignment.

GS1 GTIN labelling
— global standard.

Hospital KPI
— % PN bags successfully scanned monthly.

Datix incident reporting
— governance baseline.

METHODOLOGY

Implementation:
19th Jan 2026 (poster data recorded up to 30th April).

Design:
Multi-disciplinary QIP — process mapping and root-cause analysis.

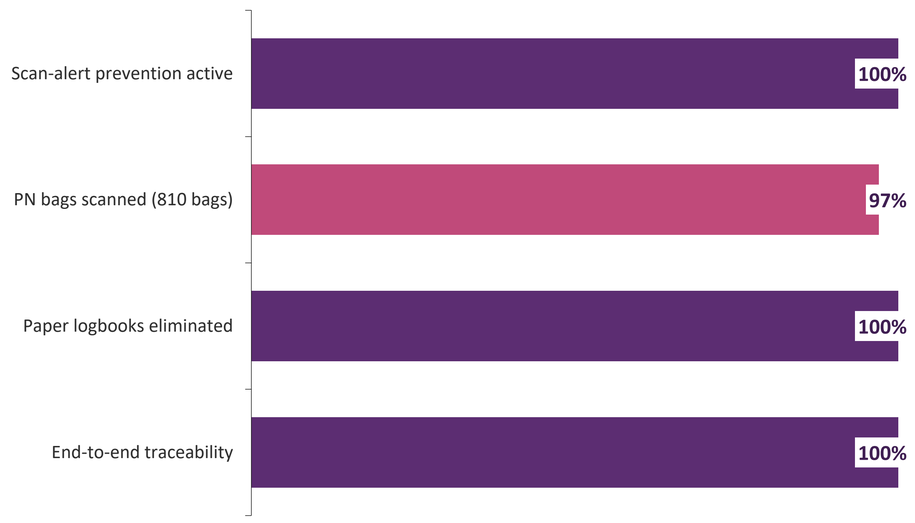
Working group:
Dietetics, Supply Chain, ICT-Projects, Nursing, Pharmacy, B.Braun, GS1.

Interventions:
B.Braun PN labels re-engineered to GS1 GTIN compliance (a global first); Genesis stock-management system reconfigured for PN; PN prescription re-designed for dietetics & nursing. Financial reconciliation by pharmacy & finance departments through Genesis.

Outcome capture:
Datix (incident reporting); monthly KPI % PN successfully scanned; Time-in-Motion (baseline; re-measure at 6 months).

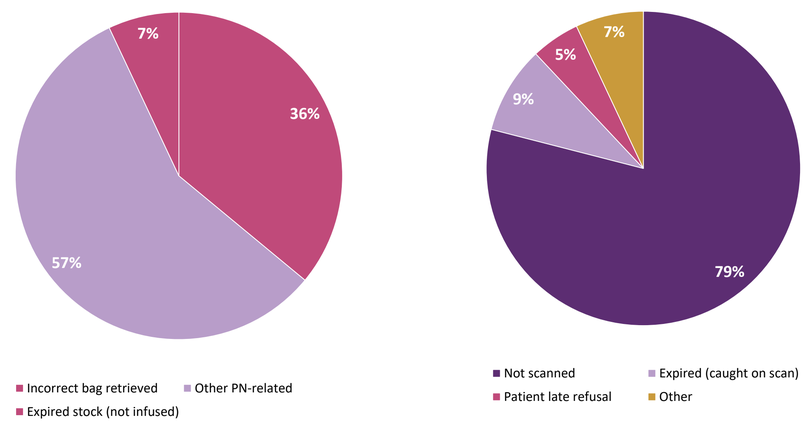
RESULTS

Post-implementation KPIs



100% traceability and paper-log elimination were achieved on go-live; scan compliance reached 97% in the first 14 weeks — the remaining 3% reflects a system usability gap, not a process gap.

INCIDENT PROFILE — PRE vs POST



5 of 14 pre-implementation incidents in 2024 (36%) related to the retrieval of the wrong PN bag — including one near-miss allergen exposure. Scan-at-retrieval alerts, now block this failure mode at the fridge.

KEY ISSUES IDENTIFIED

Clinical impact.
961 clinical hours (824.72 nursing + 136.24 dietetic) spent on manual PN admin annually. This equated to approximately 2% of the total clinical time of the dietetic department per annum.

Traceability gap.
Paper logs with batch numbers were virtually unrecoverable in a recall scenario.

GTIN labels on PN products.
Research identified a core barrier, none of the PN companies in Ireland included GTIN labels. "Leap of Faith" B.Braun introduced GTIN on their PN products. This involved significant changes at their European manufacturing plant.

Genesis configuration.
The existing stock management system (Genesis) was not designed with the required capabilities in mind. As a result, considerable digital detours were necessary to deliver core PN functionality. Our ICT project lead was pivotal in this delivery.

A GLOBAL FIRST

B.Braun re-engineered its PN labels to **GS1 GTIN compliance,** — a global first for end-to- end digital PN traceability.

	Pre	Post
Manufacturer-to-patient traceability	0%	100%
Paper logbooks in use	100%	0%

ACTIONS DELIVERED

Re-engineered PN labels.
B.Braun moved to GS1 GTIN compliance — first deployment globally.

Genesis-led stock management.
Replaced paper logs and manual reconciliation.

Scan4Safety order form.
Nursing scans bag-to-patient; alerts trigger on expired or incorrect bags.

Auto finance reconciliation.
Stock visibility and PMI invoicing automated; no manual chase.

CONCLUSION

SVPH, in collaboration with B.Braun, GS1 and Genesis, has achieved a global first with full PN traceability from manufacturer to patient. Patient safety and clinical governance are strengthened, and the model is now reproducible nationally.

RECOMMENDATIONS

- Repeat Time-in-Motion at 6 months to quantify clinical-time saving.
- Mandatory GTIN compliance to inform all future PN tenders.
- Feed SVPH learning into the Genesis roadmap (international impact).
- Align reporting with the future national HSE Scan for Safety programme.

REFERENCES & ACKNOWLEDGEMENTS

References —
1. HSE Scan for Safety programme. 2. GS1 GTIN healthcare guidance. 3. B.Braun GTIN-compliant PN labelling (internal change record, 2025).

Acknowledgements —
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