





EcoEye RFID



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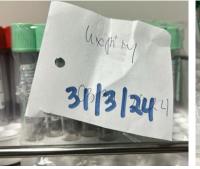
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Situation on the Ground









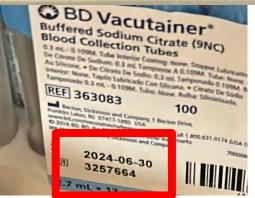






Magnitude of the Problem





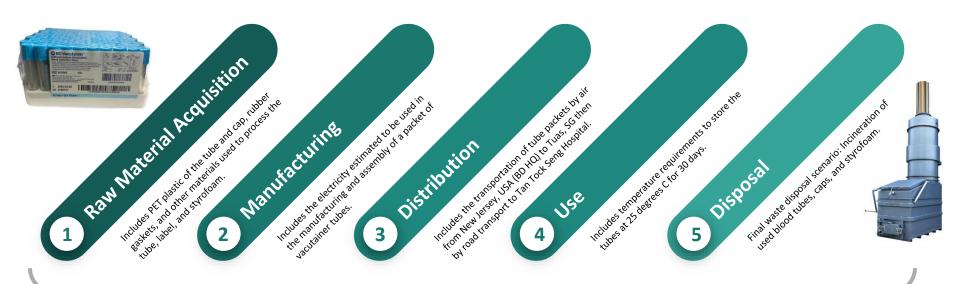
>4000 expired tubes in June 2024

Obtained from 44 wards (out of 65) 2 clinics (out of 25)





Carbon Footprint



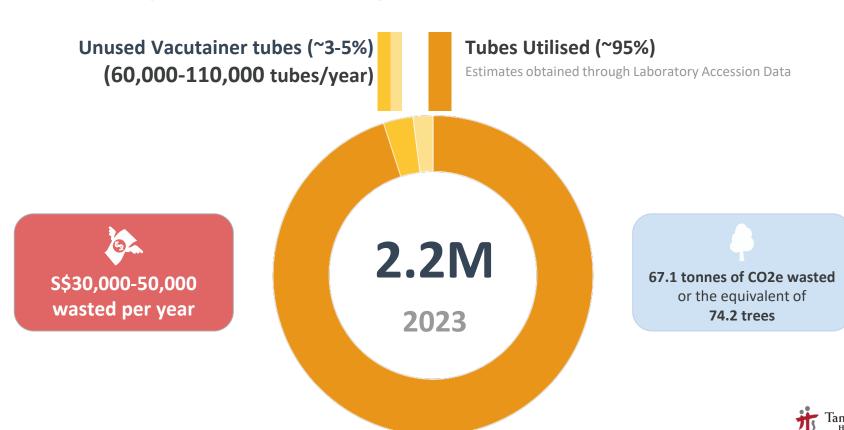
60.69 kg CO₂e / pack of 100 Vacutainer tubes

Equivalent driving from Singapore to KL (430 km) for every pack



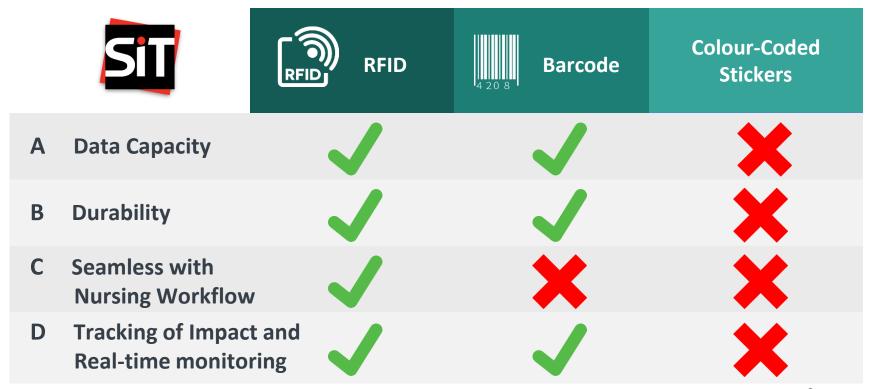
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Direct Impact to the Hospital





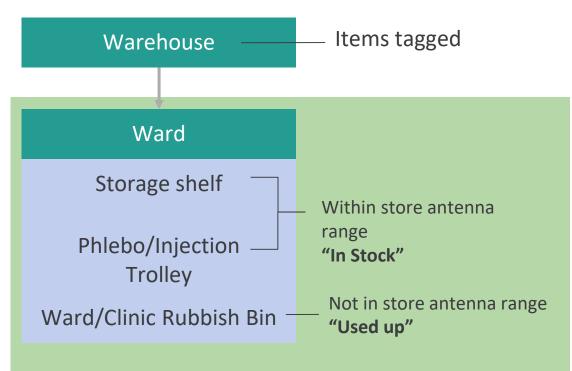
First, we need to track tube stock... but how?

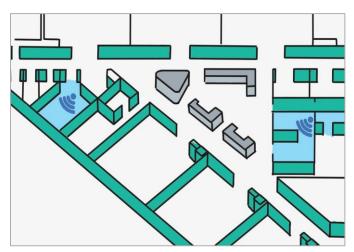






Seamless Solution



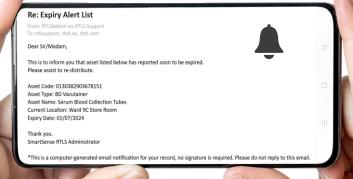


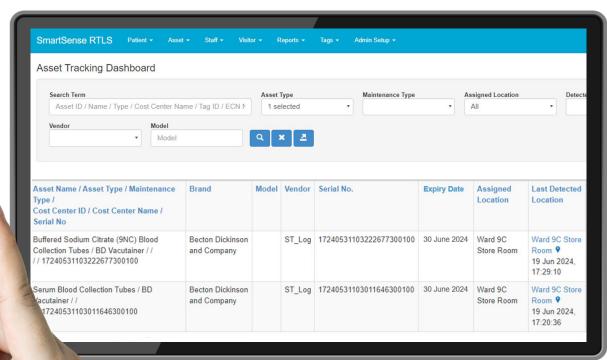


Integration with existing TTSH asset dashboard



Nearing **expiration dates**, email alerts will be sent to nursing officer.





Nursing officer will redistribute the tubes to **higher usage areas**.





Beyond Tubes, Beyond TTSH

01

02

Conduct Inventory Analysis

stocking consistency, high expiration sensitivity, high criticality, and theft risk.

Pilot Testing

Implement RFID tagging for a small selection of high-priority items (e.g., blood tubes, N95 masks, airway devices). Monitor effectiveness and implementation challenges.



Continuous Improvement 05 Regularly review and refine the RFID system

04

03

to ensure it meets the needs and habits of the nurses and inventory stock.

Training and Integration

Train nursing staff on the new RFID system to ensure smooth operation. Integrate system with existing inventory management system in hospital.

Scale-Up

Expand RFID tagging to other shortlisted items and to other healthcare clusters based on the results of the pilot. Ensure system is scalable and within physical limitations of hardware.





Look for items with high turnover rate, high





Results of our Pilot

Reliable

The pilot encountered minimal errors.

We experienced **100% auto-detection rate** when items are arrived and put into shelf and when item is fully used and components are fully disposed.

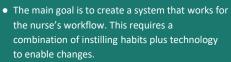


- System auto detects item is no longer in store
- $\bullet\,$ Disassociates the RFID tag and updates inventory.

Streamlined

The solution does not disrupt workflow.

Nursing buy-in is obtained, and with the support of **Nursing Officers**, we can introduce a system that targets habits first, and then implement tech to minimise disruptions.



• "First-In, First-Out" + RFID Tagging

Cost-Effective

The solution can save the hospital money.

The wasted tubes have an annual loss of around \$\$30-50k. The costs for installing the system is around \$\$3-5k per ward/clinic including parts and labour. Potential to **recover significant value.**

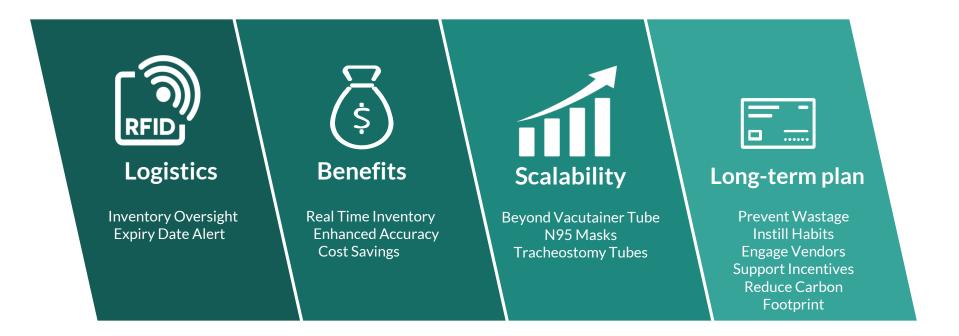


 Labour includes installation (integration with existing hospital servers) and nursing training sessions.





Summary of our Solution







Our Multidisciplinary Team - Q&A







Ms Lim Kah Hung

Tan Tock Seng

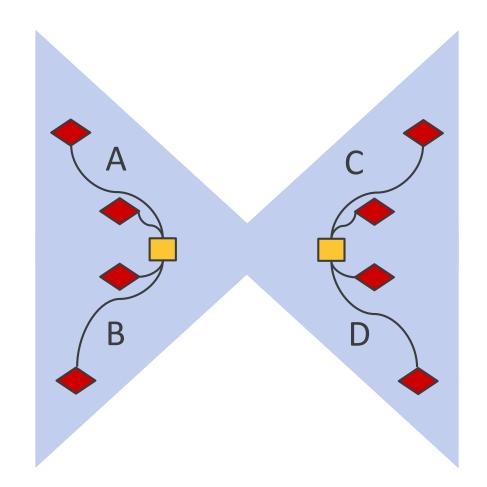
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Supplementary Figures



Schematic











Impact Measurement

RFID RFID	Barcode	Visual Cues
Initial Costs: High	Initial Costs: Moderate	Initial Costs: Low
Tags: \$0.30 to \$1 each Readers: \$5000 each Software: \$10,000	Labels: \$1 each Scanners: \$1000 each Software: \$10,000	Labels: \$1 each Training: \$500-\$2,000
Operational Costs: Moderate Maintenance: \$1,000 annually	Operational Costs: Low Maintenance: \$1,000 annually	Operational Costs: High Manual Labor: Ongoing cost
Reduction in Wastage: 20-40%	Reduction in Wastage: 10-20%	Reduction in Wastage: 5-10%
Efficiency: High	Efficiency: Moderate	Efficiency: Low