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## GS1 Healthcare celebrates its 20<sup>th</sup> global conference

20 global conferences - 7 years - 4 continents – 3,000+ participants...

Yet another milestone for GS1 Healthcare: we have celebrated our 20<sup>th</sup> Global Healthcare Conference. From 4<sup>th</sup> to 6<sup>th</sup> October 2011 in Amsterdam, over 270 delegates, from 30 countries and from all 'sides' of the Healthcare supply chain have leveraged the global conference again to "learn – share – network" on how global GS1 Standards help to manage a complex supply chain.

*Continued on page 8*

## Special feature: GS1 Standards adoption making headway

In an effort to make the Healthcare supply chain more secure and efficient, GS1 Healthcare user groups, global and local, have been advancing the sector-wide adoption of GS1 Standards for the last seven years. Much progress has been made to date and in this special feature, we are sharing just a few examples.

*Continued on page 2*



## SPECIAL FEATURE: GS1 STANDARDS ADOPTION MAKING HEADWAY

### Seven billion reasons to care



"Global standards will benefit patients and consumers around the globe," said Ajit Shetty, Corporate Vice President Enterprise Supply Chain, Johnson & Johnson and member of the GS1 Management Board, when opening the 20<sup>th</sup> Global GS1 Healthcare Conference in Amsterdam, "Bar code scanning

has revolutionised the Consumer Goods supply chain, and we believe the adoption of GS1 Standards in the Healthcare sector can provide many benefits too, including increased patient safety, improved supply chain efficiency and strengthening supply chain integrity. Johnson & Johnson subscribes to the actionable visibility model based on GS1 Standards. We also see increasing regulatory support for standards, as well as increasing hospital customer demand for GS1."

### Gartner: GS1 Standards gain traction in Healthcare



"GS1 has the potential to enable significant improvements in visibility across the value chain", according to a Gartner Research Note, "A significant early marker for GS1 Standards [in the US] was attained through early commitment from key stakeholder groups, including integrated delivery networks (IDNs), group purchasing organizations (GPOs), distributors, ERP/supply

chain application vendors and manufacturers. Full-scale adoption is not complete, but progress is being made."

Gartner projects general adoption in a five to ten year timeframe. "We applaud the efforts so far, and hope that Healthcare supply chain leaders can drive adoption closer to five years rather than ten. Early adoption may become a competitive advantage in managing data across the value chain."

Gartner recommends the following:

- Leaders across the Healthcare supply chain should actively support GS1 Healthcare.
- Healthcare delivery organizations (HDOs) in the U.S. should follow leaders such as Mayo Clinic and Mercy. Inform supply chain partners of your intent, and set goals for adoption.
- Actively plan for GS1 Standards by collaborating with your IT executives. Make sure your ERP and/or supply chain management (SCM) vendors can support GS1 Standards.
- Keep an eye on the transformational aspects and regulatory requirements. GS1 is not the only step required to achieve patient safety or logistical benefits, but the consistency and reliability of data are critical components to progress.

### Global: Leading suppliers make progress possible

"Our decentralised organisation lead to customer-driven local adoption of coding standards," said Tom Werthwine, Global Process Owner, Johnson & Johnson Health Care Systems, "The voice of the customer and the participation in the development of GS1 Standards and in pilot projects helped us to convince management to adopt GS1 Standards. For example, we have successfully piloted GS1 DataMatrix at the Academic Hospital of Brugge (Belgium) and are now in production. We have also participated in a pilot at the Galway Clinic (Ireland) to use RFID and bar coding to track endovascular devices."

"There are clear benefits to implementing GS1 Standards in Healthcare," added Monica Kryzer, Supply Chain Manager, 3M Skin & Wound Care Division, "You need to understand the baseline when implementing the standard. For example, we are selling our medical products in nearly 200 countries and are migrating our ten thousand account numbers into GLNs (Global Location Numbers). Joining GS1 Healthcare and participating in working groups helps to understand the issues and provides early insights in future requirements."

"AstraZeneca believes that the adoption of global GS1 Standards will help the pharmaceutical sector to efficiently manage new legislation and customer demands," said Christoph Krähenbühl, Technology Lead Pack Coding and Product Security, AstraZeneca, "Ensuring a global and interoperable solution with GS1 Standards is clearly the answer. These standards have a true global reach and most manufacturers and suppliers are already incorporating GS1 Standards into their products and processes. Many of the requirements we see coming through from governments (but other stakeholders, too) refer to the GS1 Standards. On the other hand, we should also consider challenges every pharmaceutical manufacturer is facing, such as; has the guidance on GTIN allocation rules for Healthcare been fully understood, by industry, authorities and other stakeholders? Are we, as manufacturers, geared up to handling coding – not just code application but the critical data management requirements?"

[Download presentations](#)



## USA: "Your IT implementation strategy is incomplete without GS1 Standards"

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"In the heavily scrutinised Healthcare environment, hospital information technology professionals are forced to juggle a growing list of IT priorities while also performing their day-to-day functions to keep hospital information systems running smoothly," said Joe Pleasant, Chief Information Officer, Premier Inc. (USA), "To add to the complexity, IT staff must work through provisions mandated by Healthcare reform, while also contributing to their hospital's efforts to develop a sound, integrated IT strategy that accommodates the electronic health record and reduces costs. While you sort your priority list to help your hospital meet the demands of the current Healthcare landscape, be sure to consider the information coming from Healthcare's foundation – the Healthcare supply chain – and understand how that data can impact and enhance the overall information picture at your hospital".

"Our industry's lack of consistency in identifying important location and product information adds tremendous cost to an already beleaguered Healthcare system, with obvious negative impact to the quality of patient care", concluded Pleasant, "When used as part of a sound IT integration strategy, GS1 Standards enable hospitals to focus on how to use information rather than on how to get information".

*Group Purchasing Organisations in the US, including Amerinet, Novation and Premier, have been supporting GS1 Standards development and adoption for several years. HSCA (previously HIGPA), the Healthcare Supply Chain Association representing 16 GPOs, has endorsed the GLN and GTIN sunrise dates.*

[Read more](#)

## USA: Department of Defense welcomes momentum towards data standardisation

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"The [US] Department of Defense (DoD) welcomes the advent of consistent, synchronised data to facilitate interactions and improve visibility to product movement in the supply chain," said John Charalabidis, Deputy Program Manager for the ongoing DoD/Veterans Affairs Data Synchronisation Program. With over US\$50 million saved through internal synchronisation activities to date and growing, the DoD looks forward to the availability of additional standardised information for the Healthcare supply chain.



According to a DoD statement recently published on its website, more than 80% of DoD purchases of medical devices and pharmaceuticals are manufactured by suppliers that currently use or are moving to GS1 supply chain data standards to identify their products. In support of its trading partners and consistent with broader industry practices, the DoD is taking several measures to support the use of standards-based solutions in the military Healthcare supply chain, including updates to data fields in medical logistics systems and medical contracting systems, incorporating standard identifier support in the most current prime vendor contract agreements for participating distributors in the prime vendor (Gen IV) programme, and establishing a production subscription to a certified GS1 Global Data Synchronization Network (GDSN) data pool to receive standardised product data from participating manufacturers.

[Read More](#)

## GOVERNMENT & REGULATORY NEWS

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### Argentina: ANMAT chooses GS1 for Drug Tracking System

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To fight the distribution of fake and stolen drugs, ANMAT, the National Food, Drug and Technology Administration, will launch a new drug traceability system that will allow pharmacies, health centres and patients to verify the drug in real time.

ANMAT has chosen GS1 Standards to uniquely identify drugs throughout the Healthcare supply chain. According to the 3683/2011 Regulation, suppliers should place a code on their packaging complying with GS1 Standards.

For more information, refer to [www.gs1.org.ar](http://www.gs1.org.ar)

### Australia: Accurate identification is critical

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"NEHTA is leading the uptake of e-health systems in Australia," said Mark Brommeyer, Manager Supply Chain, National E-Health Transition Authority (NEHTA), "We believe the Supply Chain Reform Programme can address the lack of standardised product and location identification, as well as multiple product data catalogues being maintained per hospital, hospital network or state. Poor supply chain costs the health system money.



The National Product Catalogue (NPC) is a GDSN (Global Data Synchronisation Network) - compliant data pool containing Healthcare procurement data and clinical data. "We currently have data for over 210,000 items coming from over 360 suppliers," added Brommeyer, "Health organisations are already reaping the benefits today. For example, some hospitals were spending an hour per day on the phone to fix the linkage of prosthesis rebate codes to get reimbursed. We will continue to support health organisations to fully leverage NPC for eProcurement, business process improvements and standardised tender processes."

## Europe: EDQM eTACT system

"We believe in a holistic approach to fight drug counterfeiting," said Dr. François-Xavier Lery, European Directorate for the Quality of Medicines and Healthcare (EDQM), Council of Europe, "The proposed EDQM traceability system is an important part of that strategy; eTACT will provide a voluntary service for manufacturers to upload their unique medicine identifiers (UMIs) and for pharmacies or other stakeholders to query those UMI's. EDQM mission is to contribute to the basic human right of access to good quality medicines and healthcare, and to promote and protect human and animal health."

For more information, contact Dr. Lery at [eTACT@edqm.eu](mailto:eTACT@edqm.eu)

## France: Strong progress in drug traceability

"Lot traceability and the use of GS1 DataMatrix on drug packaging are mandatory in France since 1<sup>st</sup> January 2011," said Xavier Cornil, Deputy Director Inspection & Corporations, AFSAPPS (the French agency for medical products security). "We have seen an important surge in the application of GS1 DataMatrix on drugs. A GS1 survey indicates that 75% of drugs in the wholesaler's warehouses are already marked with GS1 DataMatrix, and 54% of drugs in the pharmacies. The same survey also indicated a good quality of the GS1 DataMatrix marking; 94% of the bar codes were readable and correct. Most of the errors were related to punctuation marks or missing information."

"There is progress, but we need to continue the work and finalize the implementation of GS1 DataMatrix marking and the necessary tools to enable traceability," concluded Cornil.

[Read more](#)



## Turkey: Turkish Pharmaceuticals Track & Trace system (ITS) went live

"In October 2007, we kicked off the track & trace project in Turkey," said Dr. Pelin Aksungur, General Directorate of Pharmaceuticals and Pharmacy, "In less than 2 years, we piloted the track & trace system and went live a few months later. The ITS portal was launched in January 2011 and refers to the web-based infrastructure that allows tracking and tracing all units of pharmaceutical products in Turkey. We require every single box of drugs to carry a Global Trade Item Number (GTIN) and a serial number encoded in a GS1 DataMatrix bar code. Participating in the system are: 245 manufacturers, 642 wholesalers, 25,518 pharmacies and 1,520 hospitals. So far, over 1.5 billion drugs have been sold and tracked in ITS."

"For medical devices, we require every single product to have an identification number which is to be registered in TITUBB, the Turkish drug and medical device national databank," added Dr. Bilgehan Karadayi, Head of Medical Device Department, Ministry of Health, "Over 1.8 million medical devices have already been registered, of which 90% have an original unique device identifier (UDI). This system is used by the Social Security Agency for reimbursement purposes. The online stock management system used by the public hospitals is integrated with TITUBB, as well as the online insurance and health service provision system. We will also use TITUBB as the electronic product catalogue for public tenders."

[Read more](#)

## UK: Bar codes will save NHS millions



"There has never been a better chance to make the changes needed to transform the procurement and supply chain in the NHS, or the millions of pounds (£) that bar coding can release," said Tim Kempster, Procurement Information Lead, UK Department of Health, "The Department of Health supports existing data standards, including GS1, NHS eClass and GMDN."

"Good purchasing decisions are based on good information," added Kempster, "NHS procurement doesn't operate in an environment that is rich in quality supply chain information or

necessarily recognises its value. GS1 Standards will fit into the NHS Operating Framework. We'll raise awareness and make clear the opportunity and necessity of committing to standard coding through a procurement and information strategy."

"At the Leeds Teaching Hospitals, we have worked with eProcurement since 2002 and have leveraged GS1 Standards," added Graham Medwell, Leeds Teaching Hospitals, "We have been able to realise substantial savings in order and inventory management."

## Global: UDI rules are coming – are you ready?

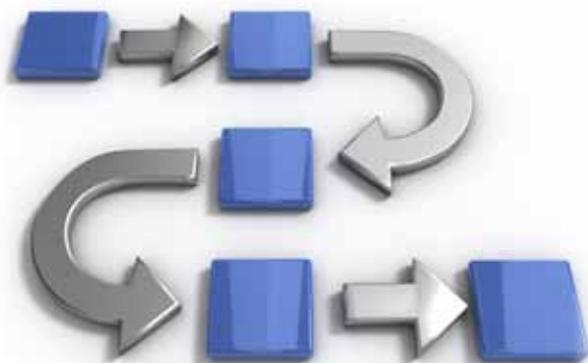
"A globally harmonised approach to UDI (Unique Device Identification) can allow device manufacturers to apply and use a single UDI across a wide array of regulators," said Jay Crowley, Senior Patient Safety Advisor, US Food and Drug Administration, "It provides a foundation for a global, secure supply chain and facilitates global visibility and track and trace."

"The road to UDI is long and winding, but unavoidable," added Laurent Sellès, Deputy Head of the Cosmetics and Medical Devices Unit, Directorate-General Health and Consumers, European Commission, "In the European Union, we are currently drafting the UDI recommendation. The directive will be reviewed in the second quarter of 2012 and the detailed traceability requirements will later be adopted in the new regulation."

"Once the [US FDA] proposed rule is published, a 90 day comment period will begin and public meetings may be held," added Crowley, "Comments will then be reviewed and analysed. The responses to those comments will be included in the development of the final rule."

GS1 has also very recently released the UDI white paper executive summary in advance of the UDI regulation, to clarify questions the industry has raised and to provide implementation guidance. The paper will be updated with more specific and relevant information once the regulations become available.

Read more on the [GS1 healthcare website](#)  
GHTF UDI Guidance



## Global: GS1 DataMatrix Implementation – Position Paper released

To meet the growing demands of increased data needs and facilitate increased patient safety, the GS1 Healthcare community has set a goal of 2015 for implementation of GS1 DataMatrix printing and scanning on Regulated Healthcare Trade Items where the current needs are not being met by other GS1 Data Carriers. Some of these needs are being met, and will continue to be met, through the use of 'traditional' linear bar codes, such as GS1-128 or GS1 DataBar. However, for applications where they are not, GS1 Healthcare has adopted the use of GS1 DataMatrix as the data carrier (bar code symbol) solution.

Where GS1 DataMatrix can enhance or solve data capture issues, we need to begin or expand implementations and ensure that the infrastructure is in place as we move to the use of 2D symbols (like GS1 DataMatrix) through the investment in 2D capable scanners.



Recognizing all of these needs, as well as the potential challenges of implementation, GS1 Healthcare and its global members strongly support the implementation of 2D capable scanners and the adoption of GS1 DataMatrix

## GHTF to become International Medical Device Regulators' Forum (IMDRF)

In March 2011, the regulatory authorities of the Global Harmonization Task Force (GHTF) took the decision to disband the GHTF, after almost 20 years of activity, to be replaced by a "regulator-led harmonisation and collaboration group". The work of the GHTF has over the years allowed the global medical technology industry to achieve great successes. However, regulatory authorities felt that it was time to change the way the GHTF was operating so as to accelerate international medical device regulatory harmonisation.

The International Medical Device Regulators' Forum (IMDRF) will in time replace the GHTF. The Forum's Management Committee, composed of regulatory officials, will provide guidance on strategies, policies, directions, membership and activities. Furthermore, the Management Committee will oversee ad hoc working groups which may draw on expertise from various stakeholder groups such as industry, academia, healthcare professionals, and consumer and patient groups. The IMDRF will meet bi-annually with the inaugural meeting taking place in Singapore from 28 February to 1 March 2012 under the leadership of Australia.

For more information, refer to <http://www.ghtf.org/>

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## NEWS FROM AROUND THE WORLD



### Belgium & the Netherlands: The missing link in patient safety

"Due to the urgency of patient safety and the quality of care, we can't afford delay," said Dr. Els van der Wilden-van Lier, Member of the Board of Governors of ZGT Almelo-Hengelo Hospital (the Netherlands), "Bar codes are state of the art in the entire supply chain, but there is not yet a uniform standard between the supply chain partners. The Dutch hospital associations, NFU and NVZ, have decided to implement GS1 Standards on primary and secondary packages. "At our hospital, we have started a traceability project for medical devices in the operating room," added van der Wilden-van Lier, "we intend to learn what processes are involved and what systems have to be adjusted. The value of ICT in Healthcare will increase

significantly, but ICT-systems need to be able to communicate and match."

NVZA, the Dutch association of hospital pharmacists, and 'Logistieke Kenniskring Ziekenhuisapotheken' (logistics knowledge network of hospital pharmacists) are collaborating to advance unit dose bar coding in hospitals. "We have established a working group last year and hosted a first, successful symposium in October last year," said Drs. Rinske Pauw, Hospital Pharmacist, TweeSteden Hospital, Tilburg (the Netherlands), "In 2004, our hospital in Tilburg was the first one in the Netherlands to implement bar code verification of patients and medicines. We already receive about 50% of SKUs with usable unit dose bar codes, but the remaining 50% (approx. 1.7 million units) need to be relabelled by hand."

"Our hospital has already implemented bedside bar code scanning for blood and antineoplastic drugs," said Thomas De Rijdt, Assistant-Head of Pharmacy of the University Hospital of Louvain (Belgium) and Vice President of the Belgian association of hospital pharmacists, "As of 1st January 2012, we will implement it for all medications, or about 14 million doses per year. We are receiving mostly multi-dose blisters, so we will have to do a lot of re-packaging. We believe suppliers should provide standards-based unit-dose bar coding. Suppliers can do this much more cost-effectively for large batches and in optimal conditions for GMP compliant production and storage."

## Canada: Alberta Health Services benefit from a centralised source of data

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Alberta Health Services (AHS), the organisation responsible for delivering Healthcare programmes and services province-wide, is making significant strides in standardising their supply chain processes by implementing GS1 Standards. The organisation's goal is to ensure every one of its trading partners 'speaks the same electronic language,' ultimately benefitting patient safety by reducing data synchronisation errors.

Over the last year, AHS worked with GS1 Canada to assign over 1,000 Global Location Numbers (GLNs) identifying 'Bill To' and 'Ship To' locations; use Global Trade Item Numbers (GTINs) as their primary global unique product identifier; and access ECCnet Registry, Canada's Healthcare product registry (CHPR) for foodservice and pharmacy product data, and medical-surgical data when it becomes available soon.

According to Jitendra Prasad, Senior Vice President, Contracting, Procurement & Supply Management at AHS, "We feel that GS1 global standards should be a Healthcare sector imperative to facilitate access to clean and validated product data, and enhanced supply chain efficiencies that will support increased patient safety. Organisations like AHS, that are made up of clinical and non-clinical operations, will benefit immensely from a centralised source of product data – ultimately benefiting the delivery of care within the province."

## Europe: Key stakeholders work together on pharma security: EFPIA, GIRP, PGEU

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Three major industry associations have established a common working group to work together and adopt best practices and the highest possible standards for pharma security and the EU's Falsified Medicines Directive:

- EFPIA (the European Federation of Pharmaceutical Industries and Associations)
- GIRP (the European association of pharmaceutical full-line wholesalers)
- PGEU (the Pharmaceutical Group of the European Union)

"Addressing counterfeit medicines through serialisation is a justified precautionary strategy," said Jurate Svarcaite, Pharmaceutical and Professional Affairs Advisor, PGEU, "As a sector, we cannot afford to be seen to be passive on this issue. There is a strong case for a European solution – fragmentation is only going to increase costs, and the problem by its nature does not respect borders."

"We need a European approach, if not a global one," said Prof. Dr. Leo Neels, Director General, pharma.be (Belgian association of pharmaceutical manufacturers), "We need genuine partnerships sharing the same objectives and focus on what is essential: Is this medicine the one that it is meant to be? Are you dispensing the right medicine to the right patient?"

"A pan-European model provides a single point of data entry for manufacturers, facilitates multi-country packs and accounts for parallel traded packs," added Rob Bruchet, Director International Public Affairs, Pfizer and member of the EFPIA Senior Oversight Group for Coding & Serialisation, "A point-of-dispense verification system should be based on common principles, but can accommodate regional needs. We continue to seek support from other key stakeholders and we will work with national level stakeholders to develop and implement national level systems.

"We suggest to have wholesale distributors selectively verify product safety features according to a risk assessment," added Monika Derecque-Pois, Director General, GIRP, "We also support a system based on harmonised coding and serialisation."

"Where will we be in 10 years? I think that the majority of EU member states will have an authentication system in place and that the authentication will take place at the pharmacy level. And the threat of counterfeit penetration of the legal supply chain will have been substantially eradicated," concluded Svarcaite.

## The Netherlands: Fast path to publishing only the needed master data

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"G-Standaard contains all medicines licensed to be sold in the Netherlands, as well as medical devices. In total, it contains 95,000 articles," said Bart Diederens, Director General Z-Index (the Netherlands), "G-Standaard uses one standard, GS1, for the identification of products in the pharmaceutical supply chain and is connected to the Global Data Synchronisation Network (GDSN) providing one single point of entry for the Dutch Healthcare market."



## The Netherlands: Improve quality and save costs in the Operation Room (OR) – dream or reality?

“We didn’t have visibility of our mostly high-value goods available in the OR department and were depending on the knowledge of the OR assistants,” said Justin Bitter, Head of Logistics OR, University Hospital St. Radboud, Nijmegen (the Netherlands), “We had high inventory costs and lost approximately €400,000 per year.”

“We couldn’t continue like this and decided to implement an inventory tracking system based on GS1 Standards,” added Jan Vink, Programme Manager Process Optimisation,

University Hospital St. Radboud, Nijmegen, “We have implemented a traceability system based on GS1 bar codes, using these for identification and restocking. So far, 22,998 items have been uniquely identified. Twenty one departments were involved in the project.”

“We estimate that the 100 Dutch hospitals could save up to €170 million due to the efficiency gains with such an inventory tracking system,” concluded Bitter, “Stock can be decreased by 20% to 30%, waste can be reduced by 80% and stock handling costs by 25%. We also see important patient safety benefits; surgeries wouldn’t have to be cancelled anymore due to lack of material and we would get a clear insight in item and patient registration.”

## GS1 HEALTHCARE UPDATE

### GS1 Healthcare celebrates its 20<sup>th</sup> edition of its global conference

*Continued from page 1*

GS1 Healthcare stakeholders has been meeting two to three times per year in different regions worldwide, bringing together a unique ‘mixture’ of participants: suppliers, providers, regulators, associations, solution providers and anyone else interested in how GS1 Standards enable supply chain improvements.

The conference has evolved from mainly standards development working sessions to an event fostering innovation and implementation of GS1 Standards. What hasn’t changed is what makes this event unique: neutrality rules! The event is not promoting specific solutions or specific viewpoints of one or the other side of the supply side. It encourages sharing best practices and inspirational ideas as well as an open discussion among all stakeholders. Cross-fertilisation is also nurtured, in particular between pharma and medical devices – although many differences exist, similar challenges and opportunities exist when it comes to transforming the respective supply chains.

Recipe for success? GS1 is, and remains, successful thanks to hundreds of volunteers devoting some of their time to developing standards and supporting their adoption and implementation. Everyone comes in with their own needs and interests, but at the end of the day, everyone works towards one goal: one global language of business. We are very grateful for everyone’s time, dedication and support – you make a difference!

For more information about our global conferences, refer to our [GS1 healthcare website](#)



### Global GS1 Healthcare Conference to go down under

The 21<sup>st</sup> Global GS1 Healthcare Conference will be held in Sydney, Australia, in March 2012, bringing together all related Healthcare supply chain stakeholders to advance the development and adoption of global GS1 Standards.



The conference will cover the latest trends and developments in using the GS1 Standards to improve patient safety and supply chain efficiency, and will be an opportunity for Healthcare supply chain stakeholders to learn from colleagues and peers how to use the GS1 Standards to benefit their business. Site visits to Healthcare facilities that are implementing the GS1 Standards, will also be on the agenda.

Key international and local speakers will address the conference, which will be opened by Maria Palazzolo, CEO, GS1 Australia, Peter Fleming, CEO, National eHealth Transition Authority (NEHTA) (Australia) Paul Voordeckers, President Industry Engagement, GS1 and Ulrike Kreysa, Vice-President, Healthcare, GS1 Global Office.

The conference will be held from Tuesday, 20<sup>th</sup> March to Thursday, 22<sup>nd</sup> March 2012 at Doltone House, Darling Island Wharf, Sydney. It will be preceded on Monday, 19<sup>th</sup> March by training sessions for buyers and suppliers wishing to hear about best practice recommendations, learnings and guidelines, as well as practical implementation steps to help them commence data synchronisation.

For more information, refer to the [conference website](#).

## China: GS1 China hosts Healthcare events



Over 100 Healthcare supply chain stakeholders joined the GS1 China seminar on 20<sup>th</sup> September in Xi'an themed; 'Building bridges between suppliers and hospitals through GS1 Standards.'

"Besides the FMCG sector, the Healthcare sector is another strategic sector for GS1," stressed Luo Qiuke, Deputy Director General, GS1 China, "Healthcare work groups, facilitated by GS1 China, have made great progress over the last three years. For example, the implementation of traceability systems for implantable medical devices, in several hospitals, and the wide usage of POS systems in drug stores. I encourage everyone to work hand-in-hand to advance GS1 Standards in China."

The meeting continued on the 21<sup>st</sup> of September with a work group session with representatives from over 20 regional branches. "GS1 China has built strong working relationships with the Ministry of Health, the SFDA, the Ministry of Commerce and leading industry associations," said Zexia Huang, Work Group Leader, GS1 China. The work group concluded that the main focus is now to increase awareness of GS1 Standards and promote adoption of standards from the point of production to the point of care.

Zexia Huang also presented at the National Medical Consumable Material Management Symposium, held in conjunction with the Plenary Meeting of China Clinical Engineering & E-Health, with over 800 delegates. The China Medical Equipment Association and many participants expressed their strong willingness to work together with GS1 China in the near future.

## France: GS1 France hosts successful conference at Pasteur Institute

Over 250 delegates participated in the GS1 Healthcare France Conference held at the Pasteur Institute in Paris on 22<sup>nd</sup> September. Various governmental bodies and industry associations were represented, and as a result of the conference, are now much closer involved in the work of the French GS1 Healthcare user group.

The conference focused on supply chain security and master data management in the French Healthcare sector. Experts discussed the French traceability regulation for medicines and the upcoming Unique Device Identification (UDI) regulation for medical devices, as well as the next steps at a European and global level and their implications for French stakeholders. Experts also discussed the structure of an information system linking manufacturers, logistics providers and hospitals that should be able to meet regulatory, logistics and health requirements and ensure financial, clinical and logistics traceability.

Pascal Mariotti (CH Alpes Isère GCS Alpes Santé) and Vincent Pomponne (Pierre Fabre), co-chair of the French Healthcare Board, confirmed their commitment to help advance the implementation of GS1 Standards in the French Healthcare sector: "Standards are relevant if they are agreed and shared by all the actors in the supply chain".

## Update from the Healthcare Traceability Workgroup

Over the last two years, GS1 Healthcare members have been documenting business requirements for the pharmaceutical Traceability use cases, including Chain of Custody (CoC) and Chain of Ownership (CoO) (e.g., Pedigree). The work group has developed a survey and invited the global Healthcare community to provide feedback by mid-December on the traceability models that have been developed.

However, although these models have been developed based predominantly on the business requirements for CoC/CoO they can enable other traceability sub-processes that require event data (The 4 W's: Who, What, When, Where) such as Product Identifier Authentication or Product Recall. And, therefore, have applications across the supply chain and across borders.

If you are interested please refer to the [traceability website](#)  
In case of questions, please contact [pedigree@gs1.org](mailto:pedigree@gs1.org)

## Update from the JIC Patient & Caregiver ID Work Group



In September, the Joint Initiative Council (JIC), the joint initiative on global health informatics standardisation, and GS1 had published a mid-term report on automatic identification and data capture (AIDC) and labelling of patients and caregivers. The report describes the business requirements, use cases and the proposed solutions as developed by the expert group. Through this report, the expert group invited other stakeholders to provide input on a series of questions in regard to the proposed solutions. The responses help fine tune the solution which

will then have to be formulated in appropriate terms for the GS1 General Specifications.

As a next step, the proposed solution will be finalised and then presented as an ISO Technical Specification and submitted through the fast track procedure to ISO TC 215.

For more information, contact Christian Hay at [christian.hay@gs1.org](mailto:christian.hay@gs1.org)



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