GS1 Healthcare

Global Healthcare user group meets in Toronto

Over 180 delegates from 25 countries participated in the GS1 Healthcare Conference from 17 to 19 June in the Le Méridien King Edward Hotel in Toronto, Canada. Distinguished speakers from Canada and around the world shared their insight into standardisation of AIDC, traceability and data synchronisation in the Healthcare supply chain, including Dr. Roland Rotter, Director, Medical Devices Bureau, Health Canada and Incoming Chair GHTF, Dr. Ann Cavoukian, Information and Privacy Commissioner, Ontario, and Paul Cressey, Health Information Strategy Action Ministerial Committee in New Zealand. The conference also served to support the global standards development work through various work team sessions. The work team participants made significant progress, due to the fruitful exchange of knowledge and experience.

Unique Device Identification: not if, but when

The Global Harmonization Task Force (GHTF) serves as an information exchange forum and helps to avoid unnecessary new regulatory requirements that could potentially delay new technologies reaching the patient bedside. *"The GHTF has accomplished much. It is time to document those accomplishments and to build on this foundation and truly move forward the realisation of global harmonisation"*, notes Dr. Roland Rotter, Director, Medical Devices Bureau, Health Canada and Incoming Chair GHTF, *"A standardised system of unique device identifiers (UDI) needs to be developed. The world may be converging to GS1. A UDI database should also be created containing, for each product, a minimum data set, including the UDI and the information used to create it, as well as information for safe use (e.g. indications, latex content)"*. A number of issues need to be considered, including: linkage to the Global Medical Device Nomenclature (GMDN), serialisation, emergency preparedness issues, combination products/kits, reprocessed devices and triggers for a new identification number.

DATES FOR YOUR DIARY:

GS1 Healthcare Conferences
• 28-30 October 2008, Tokyo, Japan
• 17-19 March 2009, Vienna, Austria

GOVERNMENT AND REGULATORY ACTIVITIES

Unique Device Identification: not if, but when

(Continued from page 1). *"The industry also aims for a global regulatory model to iron out divergent requirements"*, said Klaus. Stitz, MEDEC (Canadian Medical Device Industry Association), *"We welcome UDI and want to ensure comprehensive information in an identical format on global products"*.

"In 2007, the FDA received about 66,000 medical device adverse event reports, of which 15% lacked model or catalogue number and 50% lacked Lot number or other identifier", said Jay Crowley, FDA, *"UDI can improve such reporting. UDI can also improve medical device recalls. For example, in just one month (March 2007), there were 142 Class II recalls or 35 million individual units. Establishing a UDI System will consist of 3 distinct steps: first, developing the UDI, with unique identifiers for supply chain management (e.g. GS1) created and maintained by the manufacturer and concatenating device and production (serial or Lot number) identifier; second, the UDI needs to be applied at all levels of packaging down to the patient use level or unit of use (technology neutral); third, FDA will manage a UDI database"*.

RFID and privacy in Healthcare

"Fair information practices need to be incorporated into the design and operation of all RFID information systems, as well as the policies that govern their operation," notes Dr. Ann Cavoukian, Information and Privacy Commissioner, Ontario,

"We need to move from a zero-sum mentality to a positive-sum paradigm. RFID technologies have proven to be ideal for identifying and locating items because they increase the reading accuracy and visibility of tagged items far beyond bar codes and other labels. RFID technology can also involve tagging items that may be linked to identifiable individuals, personal information

and to individuals. The Personal Health Information Protection Act (PHIPA) is the only health sector privacy legislation in Canada based on consent; implied consent within healthcare providers' circle of care; otherwise, express consent".

Health Information Strategy in New Zealand

"New Zealand has one of the highest uptakes of Electronic Medical Record systems (EMR) in the world: 92%, compared to, for example, 28% in the USA", said Paul Cressey, Health Information Strategy Action Ministerial Committee in New Zealand, *"Nevertheless, there are significant challenges in the eMedicine context: for example, only 27% of GP referral letters had accurate medicines, only 52% of the surgical wards medication history was accurate. Also medication errors pose an important threat."* The Safe Medication Project in New Zealand aims to reduce the number of medication errors and thus reduce the number of patients impacted and the cost associated with remedial treatment. Eight hospital projects have been defined and are supported by the Ministry, including: standardised hospital medicine systems, eMedication records and ePrescribing, unit dose packaging and the introduction of bedside verification with the administration of medicines.

Enabling immunisation traceability in Canada

In its 2006 "Canadian Immunization Guide", the National Advisory Committee on Immunization indicated that bar codes should be used to record information about administered vaccines (trade name, data given, dose, etc). Manufacturers are encouraged to bar code their products and immunisation registries should have mechanisms that will allow bar coded information about the products to be read into the database.

Monika Naus, Director of Immunisation programmes in British Columbia referred to current problems in the reporting of vaccine administration: for example in British Columbia, up to 15% of the records had incomplete agent information. Lot numbers were missing from 20% of vaccine associated adverse event reports.

"Physicians recognise the potential of information technology, but will not compromise on what they want. Bar codes clearly have value: the error rate of keyboard entries is 1 in 100 characters, for bar codes this is 1 in 10 million characters. We need to conduct a bar code study in a fully automated family practice, publicise the results to all physicians and facilitate communications with EMR vendors", said Dr. Jay Mercer, Canadian Medical Association.

The Canadian Vaccine Industry Committee (VIC) supports initiatives that will help improve the safety of patients. *"We recommend developing a flexible roadmap to implement bar codes on vaccine products in Canada, based on a comprehensive cost-benefit analysis and a shared investment strategy. Several implementation options have already been selected. The adoption of global standards will be key in this process"*, notes Louis Lamarche, Merck Frosst and member of the VIC.

Cenabast (Chile) adopts GS1 Standards for its logistics management

"Cenabast will adopt GS1 Standards as part of the new initiative to improve the management and quality of our supply chain", said Mario Jerez, Director, Cenabast (the Supply Center for the Ministry of Health in Chile), *"Adopting bar coding standards will allow us to improve and integrate processes with our suppliers, distributors and customers. This system also offers improvement in security, cost savings and*

efficiencies. This constitutes an important step as it provides a reliable source for product information, a base for traceability of medicines and greatly improved response time".

From August 2008, Cenebast will require the use of a GS1 bar code on each drug. This integration of standards seeks to generate improvements in all processes and functions of the logistical and commercial institutions.

California delays implementation of e-Pedigree Law

Recognising the vast effort it will take for industry to *"implement electronic technologies to track the distribution of dangerous drugs within the state,"* the California State Board of Pharmacy recently announced a delay in the implementation of its pedigree law to January 1, 2011. In its written announcement, the Board stated that "innovations and applications would benefit greatly from additional time to mature."

GS1 Healthcare user groups provide input to (inter)governmental bodies

In response to a request from the FDA (Food and Drug Administration), to the Healthcare community, concerning the use of unique identifiers and track and trace for prescription drugs, GS1 Healthcare and GS1 Healthcare US collaborated to provide detailed and thorough comments. Specifically, they jointly recommended that the FDA adopts and works with the GS1 System and work with GS1 Healthcare and GS1 Healthcare US. On the topic of track and trace for prescription drugs, an explanation was provided of the data carriers that are available in the GS1 System that can be used to help secure the nation's prescription drug supply chain.

Review the comments at:
Unique identifiers (FDA-2008-N-0120):
www.regulations.gov/fdmspublic/component/main?main=DocumentDetail&o=09000064805f397c

Technology (FDA-2008-N-0121):
www.regulations.gov/fdmspublic/component/main?main=DocumentDetail&o=09000064805f396a

In response to the European Commission's public consultation on the recast of the Medical Devices Directive, GS1 Healthcare provided general comments on the benefits of the GS1 System of Standard and specific comments to three sections; Evaluation Procedures: Essential Requirements, Market Surveillance and the Global Harmonization Task Force for Medical Devices (GHTF). GS1 advocates the inclusion of a new essential requirement for identification *"in order… to fight against counterfeiting… and to assure safe product distribution"*, proposing that adoption and implementation of the GS1 System of Standards could *"…reinforce market surveillance"* and agreed with the comment in the public consultation document that *"it would be appropriate to evaluate the GHTF guidance documents and carry over as much as possible into the European framework."*

In response to the Public Consultation No. 08/2008 published in the Official Gazette of the European Union by Brazil's National Health Surveillance Agency (ANVISA), GS1 Healthcare and GS1 Brazil collaborated to provide detailed comments to their *"minimum requisites for defining the mechanisms for the* *traceability and authenticity of medications"*. The response advocated the adoption of open, global and proven standards to achieve effective and efficient traceability solutions around the world, proposing that this approach would be inline with, and support, the Minimum Requisites.

ASSOCIATIONS AND STANDARDS ORGANISATIONS

GS1 and HL7: one global standard interacting with another global standard

GS1 and HL7 are collaborating to ensure interoperability between global standards. At the latest HL7 Working Group Meeting, two HL7 projects have been identified to integrate GS1 Identification Keys; these projects are planned for finalisation by the end of 2008. A specialist discussion is being planned to go into more detail regarding the GS1 System of Standards and to determine other areas for alignment. Dr. Charles Jaffe, CEO HL7 and Christian Hay, GS1 Global Office, hosted a roundtable discussion at the GS1 Healthcare Conference in Toronto.

Steve Hess, Dr. Charles Jaffe, Christian Hay & Marc Koehn

An example of GTIN-enabled HL7 V3 messaging was shared by Marc Koehn, Canada Health Infoway, supporting the Immunisation Management portion of their Public Health Surveillance Programme: *"HL7's messaging specifications are limited to data exchange, but must enable the usage of identifiers. These must be flexible in the types of identifiers, but at the same time all participating systems must understand the applicable identifiers for them to be meaningful – less variety is surely better".*

www.hl7.org/

CareNET: advancing global standards on a country-wide basis in Canada

"CareNET has aligned with GS1 Canada to increase awareness of how global standards enhance patient safety and supply chain efficiency", notes Liana Scott, Board of Directors CareNET, *"Standards adoption seems simple, but it is not. It requires* absolute buy-in and participation. Collaboration amongst Healthcare decision makers is essential and worthwhile". CareNET represents more than half of the Healthcare providers in Canada, and promotes and supports the use of e-Commerce throughout the Healthcare supply chain.

ISMP Canada: pharmaceutical bar coding to improve patient safety

"In Canada, more than 60% of medication errors, causing harm to the patient, occur at dispensing or administration", said David U and Sylvia Hyland, Institute for Safe Medication Practices (ISMP) Canada,

Sylvia Hylands and David U (ISMP Canada) and Paul Cressey (New Zealand)

"As depicted by the Institute of Medicine (IOM), the main impact of computerised physician order entry systems are ordering and transcription errors. To reduce the frequency of the latter errors, machine identification techniques hold substantial promise. Further automation and computerisation are a critical part of error reduction strategies. While about 20-25% of USA hospitals have embarked on bedside scanning, only a handful of Canadian hospitals have started such a project". ISMP is working on a guideline to improve the situation in Canada and to provide guidance.

www.ismp.org/

HSCSC joins forces with GS1 Healthcare US

The Healthcare Supply Chain Standards Coalition (HSCSC), a collaborative of 30 organisations representing all segments of the Healthcare supply chain, has joined forces with GS1 Healthcare US. *"It makes sense for us to consolidate our work,"* said Joe Dudas, Standards Coalition Chairman and

Director of Accounting and Supply Chain Informatics at the Mayo Clinic in making the announcement. *"Our goals to improve patient safety and increase efficiency in the healthcare supply chain, through the use of standards, are the same."* The Standards Coalition and GS1 Healthcare US have merged their working groups and Standards Coalition members will become members of GS1 Healthcare US. GS1 Healthcare US work groups include: Product Identification (GTIN), Location Identification (GLN), Global Data Synchronisation Network (GDSN) Implementation, Traceability Adoption and Application & Implementation.

www.hscsc.org/

The Strategic Marketplace Initiative (SMI), a founding member of the Standards Coalition and an organisation of senior executives from 35 integrated delivery networks (IDN) and 36 Healthcare suppliers and service companies, announced support for the industry alignment with GS1 Healthcare US. *"The industry's alignment with GS1 Healthcare US helps position the Healthcare supply chain as never before for the actual adoption of common global data standards,"* said Carl Manley, SMIs Chairman of the Board and Vice President of Supply Chain at Sentara Health. *"It's time for action and through industry adoption of the Global Location Number (GLN) and Global Trade Item Number (GTIN), progress can be made to achieve a safer, more efficient supply chain."*

View the full news releases at:
www.gs1us.org/healthcare
www.smisupplychain.com/news_infomation/press_releases.html

GS1 and ICCBBA host joint international meeting

GS1 and ICCBBA (managing the ISBT-128 standard) hosted a joint international meeting on bar coding of blood derivatives on 20 June in conjunction with the GS1 Healthcare Conference in Toronto. The objective was to bring stakeholders together to identify their needs and concerns from the perspective of identifying and tracking plasma derivative products and to identify communication and education needs to promote consistency and best practices around the world. Several stakeholders, including the FDA, presented their perspective. Round table discussions, with all participating stakeholders, resulted in some interesting conclusions:

- A standard should be implemented and regulated within 5 years. The community needs to agree on a standard in year 1 with pilots in year 2 & 3 to demonstrate the benefits. Sector-wide implementation should be feasible within 5 years.
- The aim should be to have all products with one label (at each level of packaging) and bar coded, but applying the 80/20 rule (exceptional cases can be tackled in a next phase).

All participants welcomed the cooperation between ICCBBA and GS1 and said that it benefits the whole industry.

NEWS FROM AROUND THE WORLD

RFID at Tokyo Medical University

The Tokyo Medical University Japan was one of the first to introduce a Point-of-Act System (POAS) in 2002. This system allows capturing, in real time, consumption data up to the bedside: when, where, who, to whom, why, what and how. The system was set up based on personal digital assistants (PDAs) and bar codes, but RFID based technologies are now in development. Prof. Akiyama (MIT Sloan School of Management and Tokyo Medical University) presented this project and the significant results at the HIMSS Asia-Pacific Conference on 21 May 2008 in Hong Kong and at the GS1 Healthcare Conference in Toronto: *"We concluded that this system has a remarkable investment effect, over US$4 million per year, since it is a hospital management system including logistics management. In addition, the quality of care has been* *dramatically improved while error rates have been reduced – nearly to zero in some case."* For example, a study about the effects of making injection action entries indicated that there is a possibility of misadministration of about 40% if the change of order is not communicated in real-time. The POAS clearly had a significant positive impact on this process. Cost savings are being realised; for example, inventory was cut to a tenth; a cost reduction of ¥225.5 million was achieved for pharmaceuticals and ¥241.62 million for medical supplies. A feasibility study is currently ongoing with RFID-tagged medical supplies and a tracking and tracing system whereby the Hospital Information System and the Supply Chain Management System are linked to EPCIS (EPC Information Services).

GS1 Standards in Bad Krozingen, Germany

The Bad Krozingen Heart Centre, a leading German cardiovascular Healthcare provider, started a GS1 bar code project in mid-2007. The objective of this study was to improve the cost-unit accounting process. This data is used for benchmarking purposes and is supplied to InEK (German Institute for the Hospital Remuneration System). Before the start of the project, this was a very manual intensive process: labels were cut out of the packaging and stuck on the report to the accounting department. This was time consuming, but also resulted in a high error rate due to the loss of labels or wrong mapping. The implementation of GS1 bar codes in this process has resulted in a significant time saving. It also enabled real-time reporting of used products and automatically transferring data into EMR.

Bedside scanning at
HCA Capital & Richmond, USA

Hospital Corporation of America (HCA) operates 166 Acute Care Hospitals in the USA and 7 in the UK. The Capital and Richmond Divisions started their bar coding project in 2004. *"Our goal was to improve patient safety by ensuring that the Electronic Medication Administration Record (eMAR) is being*

used to display the patient's current active medication list; and that a bar coded, unit-of-use medication is scanned prior to administration to the patient (BPOC)", said Noel Hodges, Division Director of Pharmacy, HCA Capital & Richmond Divisions, *"Unfortunately, early bedside scanning adopters may be too far ahead of the curve. Currently, only 30-40% of unit dose medications are bar coded. From January to March 2007,* there were 720,197 doses administered, of which 315,594 had to be bar coded at the unit-of-use, representing an additional cost of US$31,559 (US$ 0.10 each dose). Of these, 91% were* scanned at the bedside, resulting in 123,813 warnings: 1.9% did not appear on the patient's eMAR, 1.4% exceeded the prescribed dose, 108 allergy warnings and 33 expired medication warnings".*

HCA Capital & Richmond Divisions also recognised several areas for improvement, including staff bypassing the system, for example, scanning the medication after administration or scanning alternative forms of patient bar codes. *"Staff do not come to work to intentionally make medication errors, we support a no-blame culture and focus on processes. We want to create a culture where patient safety is never ending"*, concluded Noel Hodges.

Serialisation pilot project in Switzerland

In this pilot project 'Swisslog', 57,600 items of 4 pharmaceutical products were serialised, of which about 1,000 items passed through the pilot study supply chain: from manufacturer to pre-wholesaler, to wholesaler to retail pharmacy. A central data repository could be accessed via a secure Internet connection. A crosscheck with the Narcotic Control Board confirmed the excellent quality of data and there were also no disruptions observed. Another finding was that traceability at item level (serialised) would not be possible at every level of the supply chain; a "container function" was requested for traceability by Lot.

The Swisslog project is sponsored by the Refdata Foundation, representing Swiss associations of manufacturers and wholesalers, care delivery organisations, insurers and Swissmedic (federal authorities).

Getting started with track and trace at Merck & Co.

"Increasing patient safety, enabling compliance, reducing business risks and influencing future efforts against counterfeiting are the foundation of Merck's product integrity strategy", said Steve Hess, Merck & Co. A serialisation pilot with RFID in the USA and with 2-D bar codes in Mexico produced interesting results: *"Serialisation with RFID is not a turn key solution; the lack of standards results in mixed practices with limited interoperability of RFID readers and different data formats. Robustness of the systems is still a concern and needs to be improved to sustain product supply. Integrity of inference requires well designed systems. We've also experienced that a well designed system makes similar packaging line performance possible, but when a system goes off-line, everything stops."*

Merck wallet label with EPC/RFID & 2D bar code

Track and trace at Novartis Pharma

Patient safety, compliance and brand protection are the drivers for track and trace initiatives at Novartis Pharma. *"Implementing a track and trace solution is time consuming, complex and costly"*, noted Matthias Pfletschinger, Novartis Pharma, *"Without globally harmonised standards, track and trace implementation will be sub-optimal. Global standards are needed for data carriers and content for serialisation, as well as pedigree standards. Continued discussion and alignment between regulatory bodies and other stakeholders is required"*. In their commercial pilot (bar code and RFID UHF Gen2), a central database is being used to monitor the supply chain and record different authentication numbers for different packaging levels (individual package, display carton, shipping case and pallet). Packaging lines must work at line speeds of up to 400 packs/minute. This means a complex and sophisticated retrofit of existing packaging lines. For the USA only, Novartis estimates an investment of US$475 to US$85 million (serialisation capability of packaging lines and pedigree capability at distribution centres) to be able to comply with upcoming pedigree regulations. This excludes the operating costs. Investments would be similar for RFID and 2D bar codes, but operating costs would be vastly different.

Global GDSN Healthcare pilot successfully completed

The Healthcare sector is facing inaccurate or bad data at many points in the supply chain. These do not only add cost (inefficiencies, manual work-arounds, ...), but may also impact patient safety (disruptions may result in the unavailability of products). The Global Data Synchronisation Network (GDSN) allows the sharing of reliable master data between the supply and demand functions. The objectives of this pilot study were to demonstrate how the GDSN supports the Healthcare supply chain and product data needs (data flow, data standards, data accuracy and product and location identification) and to demonstrate how the GDSN works across international boundaries (interoperability among data pools in different countries/continents).

"The main problem today, related to master data, is the lack of consistent data standards which are causing inefficiency in the supply chain. Without standards it is almost impossible to streamline electronic processes", said Volker Zeinar, B.Braun, *"Sometimes, particularly in electronic processes, we think we talk about the same, but we don't. Ordering wrong articles or wrong quantities, or deliveries to wrong addresses, causes problems and costs to the supplier as well as customers. In some cases, even patient safety could be affected. Therefore, a common agreement to use the GS1 Primary Keys; GTIN and GLN, is an important pre-requisite to overcome misunderstandings with all the negative consequences. On the other hand, we have to deal with different naming conventions for the same information, depending on the business partner or country. This could also be very confusing. Another issue is resourcing the process of catalogue information maintenance for upload to external databases, which is very often a manually driven process. We want to avoid uploading data again and again to external data pools, partly in parallel in different countries.*

We trust the methodology of GDSN and are convinced that this model has the potential to become a success story in Healthcare."

"Premier has learnt, from this pilot, that the technology works in various settings and that we are in a good position to connect to and receive data from the GDSN", said Lance Richey, Premier, Inc. *"We have also learnt that the content of the data received varies depending on the supplier. We will work with our suppliers and the industry to improve and standardise the attributes flowing through the GDSN.*

A high level review of just two of the processes within Premier netted a saving of US$250,000 in labour in the first year". Participating suppliers were Baxter, B.Braun and BD (Australia). Participants from the demand side were Amerinet, Ascension, Mayo, Premier and Sister of Mercy (USA). The pilot team consisted of representatives from 1SYNC™, US Department of Defense, GS1 Australia, GS1net, GS1 US and Ontuet.

GLN Registry Minnesota Pilot – Phase 2 Completed

The Pilot is the first GLN Pilot in the USA to include all members of the Healthcare supply chain; manufacturers, distributors, group purchasing organisations (GPOs) and hospital systems. The pilot was jointly developed and coordinated by three of the largest hospital systems in the Minneapolis, Minnesota area. The newly released "Phase 2 Report Minnesota Pilot Report - Process Map for Healthcare Using Global Location Numbers (GLNs) and the GLN Registry for Healthcare" provides a snapshot of how the entire supply chain can work more effectively and covers subjects from contracts through to rebates between all supply chain partners. Participants in Phase 2 included 3M, Allina, BD, Cardinal Health, Fairview, GS1 US, Mayo Health System, Owens & Minor, Premier and VHA/Novation. The 'how-to' steps, recommended practices

and real world examples, see the Phase 1 Report, which was published in March 2007: GLN Registry for Healthcare Recommendations for Providers, Manufacturers and Distributors Based on Lessons learned from the Minnesota Pilot.

To view the Pilot Reports visit www.gs1us.org/healthcare

First mini Data Matrix in France

Landanger, a French surgical instruments manufacturer, is able to print a mini 2D Data Matrix bar code on most of its products, even needles, using a new technology.

GS1 UK and CfH sign 110 hospitals to 'scan and save'

Across England, 110 NHS hospitals have now signed up for to its *'scan and save'* initiative for automatically tracking and tracing sterile surgical instruments. GS1 has been working with the Department of Health and Connecting for Health on this initiative since February 2007, when it published the report 'Coding for Success: simple technology for safer patient care' advocating the use of smart wireless wristbands and barcode labelling technologies (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066082) *"We are more than happy with the way the programme is going as it's already exceeded our expectations. Currently we have 110 hospitals signed up to the programme",* said Neil Lawrence, Connecting for Health's Auto-ID project manager, *"The original target was to get 150 by the end of 2008, we are more than on course for this and it's more likely to be around 175."*

Health Ministers have been promoting its use to NHS Trusts as a useful asset to boost patient safety. Speaking at the recent Patient Safety Congress in London, health minister Ann Keen, said: *"We want to support the use of technology where this can lead to service improvement and are actively encouraging the uptake of bar coding in Healthcare. We believe that this can help staff do what they want to do – deliver the right treatment, to the right patient, at the right time. We know it works – patient safety is improved and, therefore, we have recommended the use of GS1 bar codes."*

Bar coding of blood derivatives at Baxter

The rationale of Baxter BioScience's bar coding strategy is to use GS1 DataMatrix and GS1 Identification Keys for blood derivatives and biologic products. *"As for the data carrier, Data Matrix has the necessary data capacity and is robust. It also only requires limited space and is compliant in our global channel of blood derivatives and biologic products",* said Philippe Majois, Baxter BioScience, *"The Data Matrix carries the GTIN, Lot*

number and expiry data. There is also flexibility to add specific data on biologic products required for certain geographies or markets, including Lot based potency (anti-haemophilic factor, potency AI CR in progress), date of manufacture (blood derived product) and a unique serial number (pending regulations; AI (10) Lot based number or AI (21) serial based number)".

Asia-Pac Healthcare IT community meets in Hong Kong

The HIMSS Asia-Pac meeting was held in Hong Kong (20-23 May 2008) and was attended by 1,500 Healthcare IT professionals from the Asia-Pacific region. GS1 Standards in Healthcare were also covered in several educational sessions presented by representatives from the Shanghai FDA, Hong Kong Hospital Authority (HKHA), the New Zealand Medication Safety Project and the Tokyo Medical University. Yan Liang, Director of Division of Policy & Regulation and Division of International Cooperations, Shanghai FDA, spoke about the Shanghai regulation issued on 7 November 2006 requiring the implementation of a traceability system for implantable medical devices, whereby implants need a unique identification based on GS1 Standards. Raymond Wong, Chief Manager (Business Support Services), HKHA, covered HKHA's strategy on supply chain management and patient safety. Chai Chuah, Chief Executive, Hutt Valley District Health Board, New Zealand, presented "Improving Medication Safety: A Future for Bedside Verification".

Anna Lin (GS1 Hong Kong), Raymond Wong (HKHA), Yan Lian (Shanghai FDA)

GS1 Hong Kong also invited all speakers to the GS1 Hong Kong Healthcare Night to meet with the Hong Kong Healthcare community. Ms Sandra Lee, JP, Permanent Secretary for Food & Health, HKSAR Government, delivered a speech on her vision of the Healthcare reform in Hong Kong.

The "Hospital of the future" in Colombia

LOGyCA has launched LOGySALUD, the "hospital of the future", in the city of Bogotá, Colombia, with the following applications: EPC/RFID; patient identification for initial diagnosis and hospitalisation, smart car for pharmaceuticals, supply control of pharmaceuticals and hospital services (patient evolution), stockpiling of pharmaceuticals, asset identification and ID control for staff and visitors. All related information will flow through electronic formats that reduce the possibility for human error.

The objective is to show the possibilities and benefits of applying new technologies to the different stages of the Healthcare supply chain, which will be available for research and demonstration.

Healthcare providers & GPOs join global Healthcare user group

A number of Healthcare providers and GPOs have become voting members of GS1 Healthcare, including the Hong Kong Hospital Authority, 17 French university hospitals - UNIHA, Vinzenz Gruppe and Wiener Krankenanstalten Verbund (Vienna, Austria), Erasmus MC and UMC Groningen (the Netherlands), Stiftung kath. KH Marienhospital and Comparatio University Hospital Group (Germany), Premier and University of Kentucky Healthcare (USA). Nevertheless, we encourage more participation in GS1 Healthcare, either at a global or local level, to drive GS1 Healthcare standardisation activities across the world.

GS1 Healthcare Leadership Team elected for 2008

The elected Leadership Team for 2008 was announced at the GS1 Healthcare Conference in Toronto.
Co-Chairs are:
Mark Hoyle, AIDC Manager, COE Packaging, Covidien
Tim Marsh, Senior Manager, Pfizer Global Package Technology.

Leadership Team members, representing stakeholders from across the worldwide Healthcare supply chain, are:

|	
Abbott	Mike Wallace
Alcon Pharma	Grant Hodgkins
B.Braun	Volker Zeinar
CHU Aulnay	Frédérique Fremont
CVS	Ramesh Murthy
GSK	James Hickland
J&J	Tom Werthwine
McKesson	Ron Bone
Medtronic	Jackie Elkin
Novartis	Scott Cameron
Premier	Joe Pleasant
Smiths Medical	Jim Willmott

GS1 new Liaison 'A' Member to ISO/TC 215

GS1 has been accepted as a new Liaison 'A' member to the ISO Technical Committee (TC) 215 Health Informatics. Dr. Kwak, Chairman of this TC and the other participating members welcome the GS1 expertise and input to this Health Informatics Standards work.

New GS1 Healthcare Publications

Position Statement about the construction of Healthcare databases to capture the different data structures of GTINs (Global Trade Item Number – GS1 Identification Key for trade item); these should be constructed in such a way that they accept 14-digit GTINs.

(www.gs1.org/docs/healthcare/GS1_ Healthcare_Position_Statement_ GTIN14_Digit_Database_final_print. pdf)
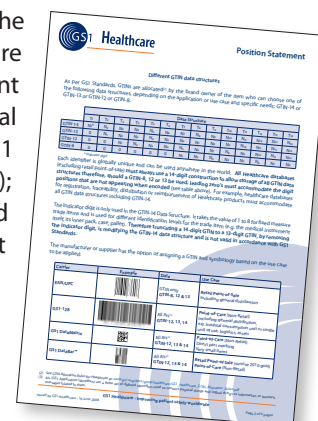
GS1 DataMatrix - an introduction and technical overview of the most advanced GS1 Application Identifiers compliant symbology has been published. *"While automatic identification is a mature technology, it is nevertheless true that the overall system effectiveness of the system assumes a perfect match with the user needs. Yet user needs evolve and in response to new user needs, GS1 has incorporated GS1 DataMatrix as a standard data carrier alongside the existing GS1 endorsed linear bar codes"*.

(www.gs1.org/docs/barcodes/GS1_DataMatrix_Introduction_and_ technical_overview.pdf)

The Healthcare GTIN Allocation Rules booklet is now available in French/Français and Spanish/Español.

(www.gs1.org/gtinrules/ -> change language)

GS1 Healthcare at other international events

- 16-18 July 2008: Informa Medical Device Summer School - Fitzwilliam College, University of Cambridge, UK
  (www.iir-events.com/IIR-conf/LifeSciences/EventView.aspx?EventID=1644)
- 20-23 July 2008: AHRMM08 Conference
  (GS1 Healthcare US will be exhibiting at this Conference and hosting four "Learning Lab" sessions)
- 23-24 July 2008: GS1 Healthcare US Workgroup Forum – San Antonio, TX, USA
  (www.ahrmm.org) (www.gs1us.healthcare)
- 10 September 2008: GS1 UK Patient Safety Forum - Leicester City Football Club, UK
  (www.gs1uk.org/events&webinars/)
- 23-24 September 2008: Labelling and Packaging for Medical Devices and *In Vitro* Diagnostics Conference,
  Hotel Bloom!, Brussels, Belgium (22 September - "Practical solutions to prepare for automatic identification" pre-conference Symposium [co-hosted by GS1 Healthcare])
  (www.iir-events.com/IIR-conf/LifeSciences/EventView.aspx?EventID=1722)
- 8-9 October 2008: GS1 Germany Healthcare Konferenz (Sprache/Language - Deutsch/German) – Berlin, Germany
- 14 October 2008: Symposium "Unique Device Identification for Safer Patient Care" – at Eucomed MedTech Forum,
  Brussels, Belgium
  (www.medtechforum.eu)
- 21-22 October 2008: Pharma Secure Chain Conference – London, UK
  (www.iqpc.com/ShowEvent.aspx?id=113036)
- 4-6 November 2008: World of Health IT – Copenhagen, Denmark
  (www.wohit.org)

UPCOMING GS1 HEALTHCARE CONFERENCES

- **28 to 30 October 2008: Tokyo, Japan
  Happo-en, Shiroganedai**
  (31 October - optional day for additional events)
- **17 to 19 March 2009: Vienna, Austria
  Vizenz Group Hospital**