GS1 Healthcare

GS1 Healthcare Newsletter

DATES FOR YOUR DIARY:

Global GS1 Healthcare Conferences
- 28-30 October 2008, Tokyo, Japan
- 31 October, Conference optional visits to Healthcare facilities in Tokyo or Kyoto
- 17-19 March 2009, Vienna, Austria
- June 2009, Washington D.C., USA (TBA)

Special feature: global standards development

GS1 Healthcare work teams, GSMP work groups, CRs, … each have their role in the development process towards global standards for the Healthcare supply chain. A high-level overview will be provided of who does what, when and how (and the links where you can find all the details), as well as an update of where we are with the three main work streams; AIDC Application Standards, Global Data Synchronisation & Product Classification and Traceability in Healthcare.

Amerinet and Premier lead adoption of GS1 Standards

Amerinet and Premier, two leading Healthcare Group Purchasing Organisations (GPO) in the U.S., recently took a leadership role in the adoption of global standards in the U.S., Healthcare supply chain. Both GPOs have endorsed GS1 Standards to enhance patient safety and reduce costs in the Healthcare supply chain.

GHX to become GDSN-certified data pool to accelerate use of GS1 Standards in Healthcare

GHX has announced plans to become part of GS1's Global Data Synchronisation Network (GDSN) as a GDSN-certified data pool for the Healthcare industry. *"GHX is pleased to help accelerate GS1 standards adoption by not only becoming a data pool, but also through our membership and participation in global and local GS1 working groups,"* said Bruce Johnson, GHX Chief Executive Officer.

SPECIAL FEATURE: GLOBAL STANDARDS DEVELOPMENT

Development process for GS1 Standards for Healthcare

The Global Standards Management Process (GSMP) is GS1's worldwide collaborative forum where GS1 Standards, including GS1 Identification Keys, GS1 BarCodes, GS1 eCom, and GS1 GDSN are built and maintained. The GSMP brings together users from all industries and from everywhere in the world to identify needs for standards, gather business requirements, document best practices, obtain consensus on solutions and then develop and implement the resulting supply chain standards. It is an open and transparent process made possible by the participation of users who wish to improve the efficiency of supply chains. Anyone can submit a "change request" (CR) to modify an existing standard or to create a new one. GSMP Work Groups are working on developing or resolving solutions for complex CR's and are disbanded upon completion of the work. For more information, visit:
www.gs1.org/services/gsmp/overview/index.html

GS1 Healthcare acts as the global Healthcare user group covering the full spectrum of GS1 Standards as developed and maintained in GSMP. As such, GS1 Healthcare voting members approve the Standards Development Roadmap for the Healthcare sector and set project priorities. GS1 Healthcare Work Teams gather healthcare specific business requirements and propose change requests to the GS1 Healthcare Leadership Team (LT). The standards are then processed and ratified in GSMP. GS1 Healthcare currently has 3 work streams:
- AIDC Application Standards
- Global Healthcare Data Synchronisation and Product Classification
- Traceability in Healthcare

For more information, visit:
www.gs1.org/sectors/healthcare/about/workteams.html

Bar code and RFID Standards for Healthcare products

The AIDC Application Standards Work Team has set out to develop the global standards for automatic identification and data capture of Healthcare products at all packaging levels and throughout their movements through the supply chain, from finished goods at manufacture to the patient.

The team's work is based on business requirements for data, serialisation and carrier provided by sub-work teams. The work team is currently finalising the draft of an Application Standard, which is planned to go into GSMP in October 2008. This will include grids, visualising which product should carry which product data, and decision trees, visualising which carrier and symbology should be used for any given product, that have already been completed. One Change Request (CR) on clarification of the usage of Indicator Digits has already been submitted into GSMP.

Synchronising data in the Healthcare supply chain

The Global Healthcare Data Synchronisation and Product Classification Work Teams are working on a data synchronisation standard, including a classification solution, which will allow the Healthcare industry to use the GS1 Global Data Synchronisation Network (GDSN).

The GS1 Healthcare Leadership Team approved the work team's proposal to enter a CR into GSMP in order to create a GDSN Healthcare Extension. A GSMP Work Group has now been set up to define additional Healthcare data requirements, including 26 new attributes, and to build a Healthcare Extension for the GDSN. While the global community refines these enhancements to support additional product data needs, users already implementing GDSN (or planning to) can continue as planned. The current GDSN standard provides support for 228 Healthcare specific business needs and reaps the benefits which other sectors are realising through implementation of the GDSN. The call-to-action to participate in this GSMP work team was announced in July 2008:
www.gs1.org/docs/gsmp/call_to_action/CTA_GSMP_Healthcare_GDSN_Extension_WG_07_2008.pdf

A global GDSN Healthcare pilot was successfully completed in May this year. The pilot team is currently finalising a Pilot Evaluation Report (planned for publication in October 2008) which will provide an analysis of the results, lessons learned and recommendations for future implementation.

The GS1 Healthcare Leadership Team also supports the product classification team's proposal to investigate the development of a global classification solution for Healthcare. The work team will determine the desired characteristics for a global classification solution and classification systems that best match requirements.

Traceability from manufacturer to patient

The Traceability in Healthcare Work Team is defining the global solution for traceability in Healthcare to ensure that the business needs of the industry are fulfilled. This includes ensuring global traceability in an efficient, secure and reliable way, addressing restrictive legal requirements as well as authentication from manufacturer to patient and achieving cross-industry interoperability.

A Change Request (CR) to "generalise" the current Global Traceability Standard (GTS) was submitted into GSMP. The GTS aims to be the generic, foundational standard for traceability in ANY industry sector. However, being based on the Fast Moving Consumer Goods (FMCG) sector, the current GTS is not generic enough. Another CR was submitted for a specific Global Traceability Standard for Healthcare. The GSMP Traceability Workgroup kicked off with a teleconference on 23 September 2008 and plans to hold conference calls every 2nd and 4th Tuesday of the month. The call-to-action to participate in this GSMP workgroup was announced in August 2008:
www.gs1.org/docs/gsmp/call_to_action/CTA_Traceability_Work_Group_08_2008.pdf

Additionally, the work team has now started Phase 2 of their work plan; developing implementation guidelines for Healthcare.

NEWS FROM AROUND THE WORLD

### Amerinet and Premier lead adoption of GS1 Standards

Amerinet and Premier, two leading Healthcare Group Purchasing Organisations (GPOs) in the U.S., recently took a leadership role in the adoption of global standards in the U.S. Healthcare supply chain.

Premier was the first GPO to endorse GS1 Standards to enhance patient safety and reduce costs in the Healthcare supply chain. GS1 Standards adoption will be supported by Premier through changes to new contract agreements with medical device manufacturers to include adoption commitments, as well as training and educational sessions for providers and suppliers. Full adoption of the GS1 Standards within contracting and operations at Premier will be implemented over the next five years. To help ensure smooth adoption by Premier alliance members, contracted suppliers and affiliates, a special task force will be created to facilitate the on-boarding process and successful registration.

"The collaboration toward standards adoption between Premier and its supplier community will help ensure correct products are delivered to correct locations," said Joe Pleasant, Premier chief information officer and senior vice president. "The outcome will be increased patient safety, a decrease in supply chain costs and faster order-to-cash cycles, leading to significant value for patients and our alliance members. We believe that the requirement for our supplier community to use these standards in Premier contracts will help accelerate the FDA's implementation of a uniform system throughout the industry."

"Amerinet believes that helping providers remove the inefficiencies related to data management through the adoption of the GS1 Standards must become an industry imperative. Amerinet has been, and continues to be, a leader in helping to bring the U.S. Healthcare industry into compliance with this proven business practice, which has been successfully used for decades in the retail, grocery and electronics industry," said Mary Beth Lang, Amerinet's senior vice president, business
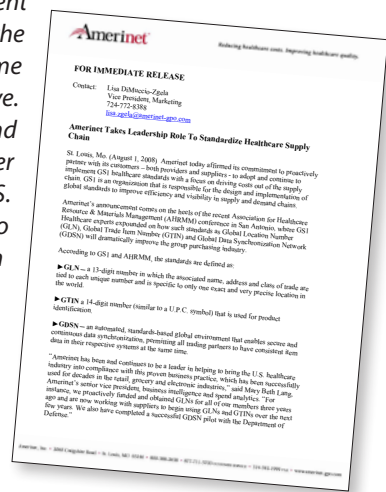
intelligence and spend analytics. *"For instance, we proactively funded and obtained GLNs for all of our members three years ago and are now working with suppliers to begin using GLNs and GTINs over the next few years. We have also completed a successful GDSN pilot with the Department of Defense."*

Implementing GS1 Standards will prove a defining moment for the future of the Healthcare industry.

"Implementing GS1 Standards will prove a defining moment for the future of the Healthcare industry and serve as a linchpin toward Intermountain's goals of providing patients the highest quality of care at the lowest possible cost," said Brent Johnson, vice president of supply chain, CPO at Intermountain Healthcare in Salt Lake City, an Amerinet customer.

Amerinet is a leading U.S. GPO serving more than 2,100 hospitals and 20,000 non-acute care facilities. For more information, visit: www.amerinet-gpo1.com

Premier is a leading U.S. GPO owned by not-for-profit hospitals and serving more than 2,000 U.S. hospitals and 53,000+ other healthcare sites. For more information, visit www.premierinc.com

The press releases are available at: www.gs1us.org/healthcare

Implementation of California pedigree law delayed until January 2015

Earlier this year, the California State Board of Pharmacy had announced a delay in the implementation of the California pedigree law to January 1, 2011, recognising the vast effort it will take for industry to *"implement electronic technologies to track the distribution of dangerous drugs within the State."* Throughout the summer, the California legislature has been revisiting the law, whereby the deadline for implementation will not start before January 2015. Manufacturers will have to start with 50% of their products (by unit volume, SKU or product family) by January 2015, and 100% by January

2016. A wholesaler or repackager will be prohibited from selling, trading or transferring a prescription drug without a pedigree after 1 July 2016. A pharmacy will be prohibited from doing the same on 1 July 2017.

Another new element is Federal pre-emption of State rules. FDA is mandated by the U.S. Congress to issue standards for numerical identifiers and authentication tools for drugs by April 2010. A pending bill could cause the FDA to write regulations that would pre-empt State Pedigree laws. Further details can be found at: www.pharmacy.ca.gov/about/e_pedigree.shtml

Coding for Success in the U.K.

The GS1 Standards are now close to being mandated by the NHS Information Standards Board (ISB), for compulsory use throughout the service. *"Our vision is to enable the deployment of bar coding or RFID systems across all hospitals, pharmacies, clinics and Healthcare centres,"* says Neil Lawrence, *"and although it may be a major investment for some, it represents a long term saving as well as a means of making the NHS experience cleaner, safer and more effective"* says Neil Lawrence, NHS Connecting for Health Auto-ID project manager.

Our vision is to enable the deployment of bar coding or RFID systems across all hospitals, pharmacies, clinics and healthcare centres.

In 2007, Dr Helen Lovell at the Healthcare Quality Directorate in the UK Department of Health wrote *"Coding for Success"*, the blueprint for the national programme of the same name. Alongside her recommendation to adopt automatic identification and data capture (AIDC) using GS1 coding systems to improve patient safety, she proposed its adoption in the supply chain as well.

"Coding is so simple to put in," says Lawrence, *"and there's not very much cost. All a hospital needs is; the GS1 codes, a printer, scanners and a database – and GS1 provides one that's workable and free on its web site".*

Early lessons learned from BRIDGE Pharma Traceability Pilot

BRIDGE (Building Radio Frequency IDentification for the Global Environment) is a European Union funded 3-year Integrated Project addressing ways to resolve the barriers to the implementation of RFID in Europe, based upon GS1 EPCglobal standards. The project consists of a series of business and technical developments and horizontal activities, of which one work package *"Pharma Traceability Pilot"* aims to pilot a complete supply chain traceability system, supported by bar code and RFID technologies, in a real life operational environment for pharmaceutical products.

From October 2007 until May 2008, 19 product ranges from Actavis, Athlone Laboratories and Sandoz have been bar coded, tagged and traced from the manufacturer to the wholesaler (UniChem) to the hospital pharmacy of Barts and The London NHS Trust (UK). Both data carriers, GS1 DataMatrix and EPCglobal RFID, contained product identifier and serial number (SGTIN), expiry date and batch number. EPCIS, GS1 EPCglobal's network enabling data sharing across users, is used as the platform to provide information access and visibility for all parties. A huge amount of data was collected for further analysis (Pilot Evaluation Report expected later this year), but pilot participants already shared some of the early lessons learned from this pilot. Good planning and resourcing, based on senior level commitment and prioritisation, is needed to ensure a smooth implementation. Users must be trained and be able to use the easy-to-use and robust systems. Packaging design is also critical: space issues must be accommodated, package colours must offer contrast for good reading, and shape and form can create poor quality printing. A mix of data carriers was used: bar codes (both linear and 2-D) at all levels of packaging and RFID tags at higher levels of packaging. Both GS1 DataMatrix and EPCglobal RFID generally provided good quality reads.

For more information, visit: www.bridge-project.eu

GHX to become GDSN-certified data pool to accelerate use of GS1 Standards in Healthcare

GHX has announced plans to become part of GS1's Global Data Synchronisation Network (GDSN) as a GDSN-certified data pool for the Healthcare

industry. At the core of all GHX services is an Internet-based trading exchange, which is open to, and owned by, representatives from members of the Healthcare supply chain including; providers, suppliers, distributors and group purchasing organisations (GPOs). Globally, GHX is connected to over 5,000 hospitals in North America and nine European countries. This includes hospitals representing more than 80% percent of the licensed beds in the U.S. and 350 suppliers that sell more than 85% of the products purchased regularly by hospitals.

"The Healthcare industry has recognised that adopting GS1 Standards for product and organisational identification and synchronising data through the GDSN can address many of the most challenging problems facing the healthcare supply chain," Bruce Johnson, GHX Chief Executive Officer. *"GHX is pleased to help accelerate GS1 Standards adoption by not only becoming a data pool, but also through our membership and participation in global and local GS1 working groups."* Many of GHX's 20 equity owners are already engaged in GS1 Healthcare and encouraged GHX to become part of the GDSN to leverage what the Healthcare industry has already built to facilitate more accurate electronic commerce and communication.
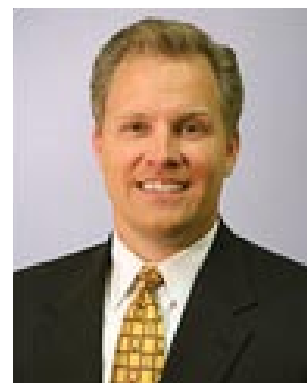
> *GHX is pleased to help accelerate GS1 Standards adoption.*

"Use of GS1 Standards can clearly benefit Healthcare, but we need to be able to adopt standards without significant implementation costs," says Bill Francis, vice president of GPO Operations, Healthtrust Purchasing Group. *"By building upon the existing GHX network and strong industry participation, GHX can help minimise many of those costs and maximise the value of the investments its owners and members have already made in e-business and data integrity."*

"Product identification coding that is digitally stored and synchronised from the manufacturer right through to the patient allows the supply chain to benefit from absolute data accuracy", said Steve Capel, Director of eBusines EMEA, Covidien (one of the equity owners of GHX). *"GHX as a GDSN-certified data pool will ensure that hospital procurement and*

eHealth systems can use the identification data to streamline the purchasing process. This, in turn, allows the product to be uniquely identified at the point of use. It also creates a positive impact on supply chain efficiency and patient safety."

GHX will build out its current infrastructure to meet specific GS1 GDSN requirements, with certification as a data pool expected in 2009.

Equity owners of GHX are Abbott Exchange, Inc., AmerisourceBergen Corp., Baxter Healthcare Corp., BBraun Medical Inc., Becton, Dickinson & Co., Boston Scientific Corp., Cardinal Health, Inc., Covidien, C.R. Bard, Inc., Fisher Scientific International, Inc., GE Healthcare, HCA, Johnson & Johnson Health Care Systems Inc., McKesson Corp., Medtronic USA, Inc., Owens & Minor, Premier, Inc., Siemens, University HealthSystem Consortium and VHA Inc.

For more information, visit: www.ghx.com

20 years of bar coding experience at Smiths Medical

smiths medical
bringing technology to life

Smiths Medical, a division of Smiths Group, manufactures a broad range of medical devices and equipment. Packaging and Labelling manager (UK) Alan Hounsell estimates that 85% of its range of airway management products, carry GS1 identifiers bar coded on their packaging. *"It's taken the company five years to get this far but"*, says Hounsell, *"We didn't start from zero."* Smiths Medical began adopting bar codes more than 20 years ago for product being shipped from the UK to Australia and Japan, being a strongly requested requirement at that time. *"We knew we had processes in place to print them that worked. We just had to add the data and make space."* The change in the last five years has been to extend bar codes from shelf and transit cartons to individual packs. *"We had to redesign the packaging,"* he says, *"because the length of the bar code is increasing."*
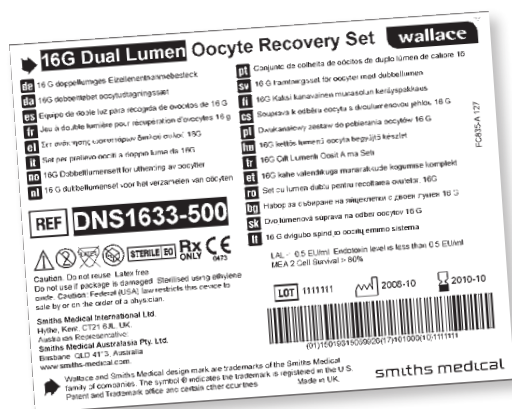
Adding the lot number and expiry date increased it to 50 to 60mm. Smiths Medical is beginning to experiment with 5mm GS1 DataMatrix bar codes. *"For some small items, the bar code can be bigger than the product."*

"Adding codes is only the first step," says Hounsell, *"The big challenge is to get the users actually using the information already being provided."*

"Although we see continuing moves towards globalised bar code standards, some local deviations still exist which cause problems in production and the global supply chain", said Jim Willmott, Group Labelling Manager, Smiths Medical, *"the development of non-standard bar code and Auto-ID solutions should be avoided wherever possible as there are increasing regulatory requirements and increasing language requirements (now more than 23 in the EU) which further complicate production and supply chain management"*.

The big challenge is to get the users actually using the information already being provided.

Smiths Medical has also recently introduced CADD-Sentry Pro™ Medication software. When used with the CADD-Prizm® PCS II ambulatory infusion pump, the point of care software incorporates additional safety features, including bar code verification to ensure the patient receives the right medication and another verification feature that ensures a second nurse reviews the pump programme before starting an infusion. www.smiths-medical.com

Anti-Counterfeiting Strategy at Sanofi-Aventis

"The use of harmonised and standardised bar coding and identification systems for secondary packs of pharmaceuticals is one of the 3 key principles of Sanofi-Aventis' Technological Anti-Counterfeiting Strategy", said Jean-Marc Bobée, Director Anti-counterfeiting Strategy, Sanofi-Aventis, *"next to the use of overt and covert features to authenticate products and packaging tamper evidence for all products (seal, perforated cartons, glue) to guarantee the integrity of the original manufacturer's pack throughout the entire supply chain"*.

EFPIA advocates a standardised coding and identification of pharmaceuticals in Europe consistent with existing international standards (GS1 DataMatrix and GTIN).

Traceability today is achieved at batch level, at best. A number of pharmacies automatically capture the linear bar code, including product code (not in all countries). Batch number and expiry date are printed in human readable format on the secondary and primary packaging. Traceability tomorrow should be achieved at unit of sales level (i.e. at box level). Product code, batch number and expiry date will need to be included in the bar code in order to be read automatically and improve patient safety. Serialisation (one randomised number per box) would help to prevent counterfeits and to fight reimbursement fraud.

"Unlike the U.S. where most medicines are not dispensed by the pharmacist in their original pack, in Europe, all medicines reach the patient in their original pack (except for re-imported repackaged product). That is why EFPIA recommends a control of the serial number of each product at the dispensing point (pharmacy or hospital) through a web-based tool providing access to a global manufacturer's database", said Jean-Marc Bobée, who is also Chair of the EFPIA project on coding and identification of pharmaceutical products in Europe, *"To achieve this, EFPIA advocates a standardised coding and identification of pharmaceuticals in Europe consistent with existing international standards (GS1 DataMatrix and GTIN). Different coding systems are inefficient to protect European borders and increase manufacturing complexity, production costs and supply chain differentiation across the European market".*

GS1 HEALTHCARE UPDATE

Advocating adoption of GS1 Standards in Healthcare in Maghreb countries

GS1 Algeria, GS1 Libya and GS1 Tunisia have joined forces to promote the adoption of GS1 Standards in the Healthcare supply chain in the region. National and regional work groups will be established to facilitate this process. Focus areas will be traceability, EDI and eProcurement, an area of expertise for GS1 Tunisia through Tuni Santé, a platform in Tunisia for all Healthcare supply chain participants.

From 9 to 11 July 2008, GS1 Algeria hosted a seminar on GS1 Global Standards in Healthcare, with participants from Algeria, Morocco, Libya and Tunisia. GS1 Tunisia and GS1 Algeria have also hosted a symposium on GS1 Standards in Healthcare at the "Med Santé" Conference in Sfax, Tunisia. Algeria currently doesn't require importers of Healthcare products to have bar codes on the products entering the country, while products being exported do require a bar code. The lack of national legislation didn't stop SAIDAL, the largest Algerian pharmaceutical manufacturer and one of the largest in Africa, to

adopt and implement GS1 Standards, and to even go a step further by deploying GS1 DataMatrix. SAIDAL has recently initiated a traceability project enabled by GS1 DataMatrix. This 2-dimensional bar code is becoming increasingly more recognised by stakeholders worldwide as a data carrier, which meets many Healthcare-specific requirements, in particular the capability to carry a large amount of information in a small space.

A Healthcare Training is planned in Tunisia on 1 & 2 December 2008 to inform everybody about the latest status in standards development and on regulatory developments worldwide.

GS1 Healthcare Spain and FENIN to collaborate on GS1 standards implementation

GS1 Healthcare Spain and FENIN (The Spanish Federation of Medical Devices Companies) have joined forces and signed a collaboration agreement. Over the next 2 years, GS1 Spain and FENIN will continue to further promote the GS1 Standards for their application and implementation within medical device companies. While the primary focus of the agreement is on the implementation of AIDC Standards, GS1 Spain and FENIN will also be working on other topics, including data synchronisation, classification, e-commerce, conferences and events of common interest, training, active participation in work teams and projects, …

GS1 Healthcare US develops Healthcare provider tool kit

"Today, only 1 to 2% of U.S. hospitals have adopted the standards that are available," according to Jean Sargent, director of supply chain at University of Kentucky Health Care, Lexington. *"We're 30 years behind the grocery industry. It's time to get this done."*

Dennis Black, Becton Dickinson's director of e-business, says his company and others are ready to go, but need a final push from hospitals. *"Although the standards are well developed, there will be some subtle nuances that will differ from using these standards in other industries,"* he notes. *"Also, providers need to influence the pace of adoption. In other industries the customer dictates the pace of adoption when standards are implemented. For example, it is virtually impossible for a manufacturer to make use of GLNs until Healthcare providers have assigned a specific GLN to all of their ship-to locations."*

As a first step in addressing these issues, the GS1 Healthcare US work groups developed an extensive "how-to" guide (the tool kit) listing necessary actions and considerations for the implementation of GTIN, GLN, GDSN and UNSPSC at U.S. Healthcare providers. Among the insights the toolkit will offer is how to sell the adoption of standards to higher management and how to calculate return on investment. Web seminars that guide U.S. Healthcare providers through the tool kit are also being offered.

The Healthcare Provider Tool Kit is available at: www.gs1us.org/Default.aspx?tabid=207

Raising awareness in Malta

A business breakfast was recently successfully organised by GS1 Malta at The Grand Hotel Excelsior to raise awareness on how GS1 Standards create the possibility of preventing human error in local Healthcare.

Attendees included Dr. Joe Cassar, representatives of the Ministry of Health, Mater Dei Hospital, Zammit Clapp Hospital, Association of Private Family Doctors (APFD), Malta Standards Authority, Malta Chamber of Pharmacists, Pharmadox, Metallform and members of the local media.
www.independent.com.mt/news.asp?newsitemid=72820

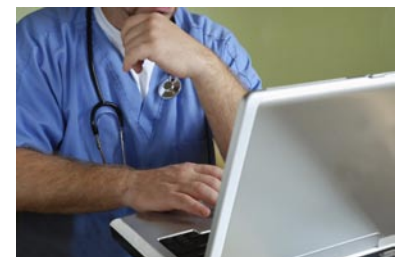## GS1 in Healthcare on Dutch Television

Two Dutch hospitals testified about the advantages of bar code systems on the RTL TV show 'Moderne Zorg' [Advanced Healthcare]: bedside scanning at the University Hospital of Maastricht (Netherlands) and a bar code & traceability system for implants at the Erasmus Medical Center of Rotterdam (Netherlands). The importance of uniform bar code standards (GS1) was also emphasised. The Dutch language video can be viewed at:
www.rtl.nl/components/videorecorder/infotainment/moderne_zorg/miMedia/2008/week38/zo10.Moderne_Zorg_1.xml

GS1 Healthcare and eHealth

eHealth has often been developed (or is being developed) in diverse ways at national levels, and with only loose coordination. This situation has motivated the European Commission to launch (early in 2008) a project to assess the situation and recommend standards to be used in eHealth across the European Union. A coordination group was set up, where most of the standards bodies of relevance for eHealth are represented. The consultation on the draft report is open until 23 October. The final draft report will be presented in Copenhagen (7 November) just after the World of Health IT Conference.

Since June 2008, GS1 has a liaison status with the ISO/CEN TC 215, which is the joint technical commission (ISO and CEN) working on Health Informatics. This technical commission comprises of 9 working groups, which develop and maintain a wide series of standards in Healthcare. The technical commission collaborates with many other Standard Development Organisations (SDO) besides GS1, including HL7, DICOM, WHO and IMIA (the International Medical Informatics Association). The 9th WG is devoted to SDO harmonisation as the result of a joint initiative associating HL7 to ISO and CEN Technical Commissions on Health Informatics, which has been launched 2007 to synergise efforts.
For more information, contact christian.hay@gs1.org

GS1 Healthcare and patient identification

One of the areas of collaboration between GS1 and ICCBBA (the SDO for Blood Transfusion) is to develop a common concept for patient identification. A working group has been set up to obtain a common understanding about patient identification; one of the early findings is that what is commonly understood as "patient identification" corresponds in practice to a layer of diverse identification keys. The working group has also analysed the draft technical reports from the ISO/CEN TC 215, and decided to align its definitions and concepts to those used in the technical reports.

The working group expects to open a large consultation about its report, so that user requirements to work on the adoption of common identification keys in the two standards (GS1 and ICCBBA) can be appreciated.

For more information, contact christian.hay@gs1.org

GS1 & Healthcare blogged
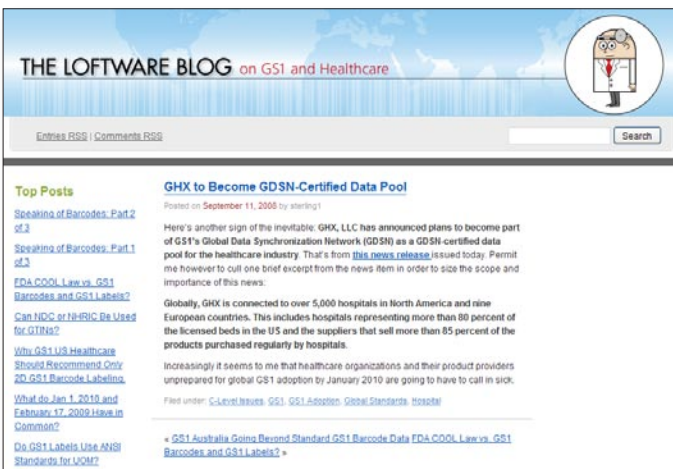
At the AHRMM08 Conference (20-23 July), Loftware launched an "online community designed to advance the global understanding and speedier implementation in the Healthcare industry of an emerging global standard for product identification and labeling". The new site, called 'The Loftware Blog on GS1 and Healthcare', at: http://loftware.wordpress.com is the first of its kind on this topic in the industry.

"Major national and international medical device and products companies face a near term deadline after which they risk their competitive advantage and market share growth due to barriers to emerging global markets, and delays in new product launch initiatives if their product labeling does not comply to the GS1 Standard," said Christopher Little, Vice President of Marketing for Loftware. *"GS1 is good news for medical equipment suppliers and consumers, but it also has to be managed so that there are no hiccups in adoption,"* continued Little. *"GS1 has it covered with guides and resources but there's an enormous need for general GS1 news worldwide. Our blog is dedicated to being a go-to resource on GS1, GS1 labeling, GS1 bar codes, and the general healthcare setting in which GS1 and barcodes are deployed."*

Also PrisymID (formerly MAP80) has recently launched a Life Sciences blog at: www.prisymls.com/blog/

"GS1 barcode standards have been implemented into our core software but until very recently none of our life sciences customers have asked us if our solutions are GS1 compliant", said David Taylor, Product Manager, PrisymID. *"In the UK 70 of our National Health System (NHS) hospitals have adopted the standards and this is impacting their suppliers already. And in Canada a group of healthcare providers known as CareNET which represents 56% of Canadian hospitals have aligned with the GS1 Canada group to work towards implementing these standards in Canada. In the U.S., the Healthcare Supply Chain Standards Coalition have also endorsed GS1. Is there a tidal wave coming?"*

GS1 HEALTHCARE NEWSLETTER IS A PUBLICATION OF: