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Special feature: GS1 Standards in Japan

The Happo-en in Tokyo was the impressive location of the 12th global GS1 Healthcare Conference, our first in the Asia-Pacific region. More than 200 delegates joined



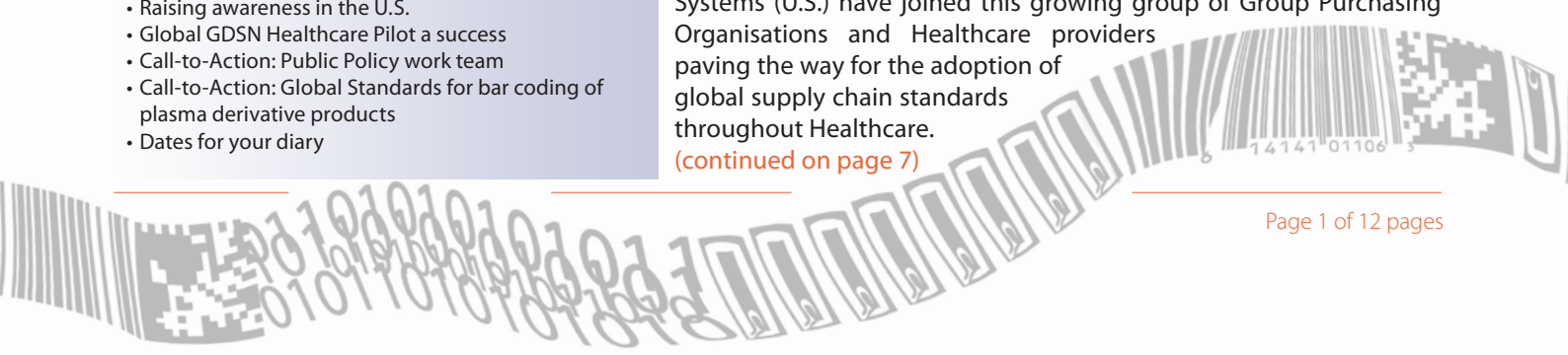
the conference from the 28 to 30 October 2008. Many of the participants also joined post conference visits to Healthcare facilities in Tokyo and Kyoto. The conference was opened by Mr. Kenshi Kinoshita from the Japanese Ministry of Health, Labour and Welfare (MHLW) and Mr. Naoto Takahashi from the Japanese Ministry of Economy, Trade and Industry (METI). Expert representatives from many leading organisations, Japanese and International, shared their insights into standardisation and global harmonisation for automatic identification, traceability and data synchronisation in Healthcare. This has provided us with the opportunity to devote a special feature in this newsletter to "GS1 Standards in Japan", which shows the country's commitment to work towards global standards to improve patient safety and efficiency in the Japanese Healthcare supply chain. (continued on page 2)

GS1 Healthcare Conference
全体会議
会場

Continued support from Healthcare providers for GS1 Standards

Many leading Healthcare providers and Group Purchasing Organisations (GPOs) have already endorsed GS1 Standards as key enablers for secure and efficient management of the supply chain, all the way to the patient.

Recently, NFU (the Dutch Federation of University Medical Centres), Medbuy (Canada), HealthPRO (Canada) and Sisters of Mercy Health Systems (U.S.) have joined this growing group of Group Purchasing Organisations and Healthcare providers paving the way for the adoption of global supply chain standards throughout Healthcare. (continued on page 7)



SPECIAL FEATURE: GS1 STANDARDS IN JAPAN

Promoting IT and AIDC in Healthcare in Japan



To ensure safe medical treatment and improve the efficiency of distribution, the Japanese Ministry of Health, Labour and Welfare (MHLW) issued a notification in September 2006 that GS1 bar codes will be mandatory on prescription drugs as of September 2008. The MHLW also intends to

promote the placing of bar codes on medical devices. *"It is well known that the use of standardised bar coding ensures patient safety as it prevents medical errors, but the use of standardised bar coding also offers advantages in terms of efficiencies and the overall management of medical organisations,"* said Mr. Kenshi Kinoshita, Director of the MHLW's Economic Affairs Division. *"Current issues include careless management of medical materials which could cause unused medical materials to be mistakenly disposed of, or the improper disposal of a stock of pharmaceuticals with an expired shelf life. Promoting the use of standardised bar coding has a beneficial effect on the proper management of pharmaceuticals and medical materials and that it would improve."*

It is well known that the use of standardised bar coding ensures patient safety.

The MHLW harmonised its bar coding for medical devices with GS1 Standards, and issued an updated guideline in March 2008. Mr. Kinoshita presented the roadmap whereby the guideline will be fully enforced by March 2011 and for some products, depending upon the type of medical device, by March 2009 or March 2010.

An IT Infrastructure Survey conducted by the MHLW (as per September 2007) already indicated that 93% of all medical devices in Japan had a GS1 Identification Key (GTIN-13 or GTIN-14), while 79.8% of all medical devices were already bar coded (compared to 70.2% in September 2006). The MHLW also encourages medical device suppliers to register their products in the MEDIS-DC database (www.kikidb.jp).

"We need real-time data capturing systems at the point of consumption in hospitals, for example at the bedside," said Dr. Takashi Taniguchi, Assistant Minister for Technical Affairs, MHLW, *"These systems are currently based on bar*

codes scanned by wireless personal digital assistants (PDAs). RFID technologies are being considered for the future. These systems allow, in the first place, improvement in risk management by preventing medication errors, but also to realise cost savings by decreasing waste and optimising inventory management, to improve data management by accumulating accurate data for clinical research and clinical trials and to optimise supply chain management in the medical industry".



The Japanese Ministry of Economy, Trade and Industry (METI) is promoting the use of GS1 Standards for consumer goods in general, in close collaboration with GS1 Japan, and is also involved with Healthcare to ensure efficient distribution and transportation of medical products. *"It has become more important to increase the security of patients by providing safe products and facilitating traceability. We have been conducting pilots to verify the feasibility of traceability and real-time information sharing in the Healthcare supply chain, including hospitals",* said Mr. Naoto Takahashi, Director Distribution and Logistics Policy Division, METI, *"I do hope that industry people engaged in Healthcare services, together with us, continue to make efforts to realise the common goal of security and relief".*



Managing surgical instruments at Kanto Medical Center NTT EC and Nagoya University Hospital

Kanto Medical Center NTT EC is a 606 bed hospital in Tokyo, Japan with 5,712 surgical cases in 2007. To improve the effective use of the Operating Rooms (ORs) in their hospital, Kanto has re-engineered its sterilisation process; standardising the workflow, avoiding errors, ensuring traceability and increasing efficiency (minimising the number of required instrument sets). *"The introduction of bar codes and RFID has enabled us to track when surgery started and ended, the time needed for the sterilisation process and where surgical instruments are,"* said Dr. Chikayuki Ochiai, Chief Executive of Kanto Medical Center



NTT EC. *"It simplified our processes and helped us to understand usage patterns of the instruments."* Surgical instruments are identified, according to the JAMEI (Japan Association of Medical Equipment Industries) guideline, using GTINs and serial numbers. Both 2-dimensional bar codes and RFID are used throughout the sterilisation process. Automated guided vehicles, tracked by RFID, are used to retrieve containers with the instruments. Each instrument has a 2-D bar code, which helps to prevent errors during kit preparation and assembly. RFID-tagged containers allow the continued tracking of instruments through sterilisation, supply to the surgical department and storage. *"In the near future, we plan to extend the usage of bar codes and RFID to every event for each patient from admission to discharge"*, concluded Dr. Ochiai.

It simplified our processes and helped us to understand usage patterns of the instruments.

Nagoya University Hospital is a 1,035-bed hospital in Nagoya, Japan, with approximately 7,300 surgical cases in 2007. They have also successfully re-engineered the surgical instrument flow to efficiently track used surgical instruments from collection after use, through sterilisation and back to the OR. *"All distributed sterilised surgical instruments can be managed in a consolidated way by the Central Supply Department. The process of cleaning and sterilisation of devices can be monitored in real time"*, concluded Mr. Hiroyuki Kawaguchi, Sakura System Planning.

Wholesalers ensuring supply chain integrity

"Pharmaceutical wholesalers are expected to enhance patient safety, enabling traceability and to achieve efficient medical support. Supply chain integrity is the solution to meet these expectations," said Mr. Kentaro Iwasaki, Director Deputy President and Executive Officer of Alfresa Corporation, a leading Japanese pharmaceutical wholesaler. Alfresa's safety management programme includes information gathering regarding quality, efficacy and safety of drugs, early phase post-marketing vigilance, provision of information and product recalls.

"Information technology is foundational for supply chain integrity, but the challenge is that standards to identify, automatically capture and communicate product information are needed to maximise the potential of IT", said Mr. Iwasaki. *"We need to shift away from the traditional paradigms that standards are an inhibition of free competition or are a threat to protect the territories. Standardisation is the basis for total optimisation!"*

Building a traceability system for endoscopic devices

Healthcare providers are faced with the challenge to manage medical instruments in an efficient way, for example to control medical instruments in order to prevent the loss of instruments. But more importantly, patient safety needs to be ensured, for example monitoring infection history, in particular to identify the infection route in case of secondary infection and controlling instruments used for patients with Creutzfeldt-Jakob disease. Regular follow-ups and maintenance also have to be implemented.

We were able to build a traceability system that shows when, where and by whom, the devices were used.

Olympus has collaborated with Osaka University Hospital, a 1,076 bed hospital in Osaka, Japan handling about 8,000 surgical cases per year, to assess the efficacy of bar codes and RFID to track and trace endoscopic devices. *"We have concentrated our pilot project on a very demanding device: the resectoscope contains approximately 30 parts, in various shapes and sizes, which causes the preparation and maintenance to be complicated"*, said Mr. Naomi Sekino, Manager System Research, Olympus Medical System. *"We were able to build a traceability system that shows when, where and by whom, the devices were used. This system allows Osaka University Hospital to better manage the use of these devices, leading to an improvement of efficiency and patient safety"*. Each device was directly marked by Olympus with a 2-D bar code including the GTIN and a serial number. Tests were performed for durability after cleaning, disinfection and sterilisation and allowed them to improve their direct part marking techniques. The pilot project also tested some devices with RFID tags. Personal digital assistants (PDAs) were used by hospital staff, to automatically capture product data at different stages, which allowed the hospital to maintain a history record per device and monitor its usage.



It is important to speak the same language



The Medical Information Systems Development Center (MEDIS-DC) was founded in 1974 and is supported by the Ministry of Health, Labour & Welfare (MHLW) and the Ministry of Economy, Trade & Industry (METI). MEDIS-DC's role is to standardise terminology and coding of diseases, treatments etc.,

and to manage a database with prescription drugs and medical devices in Japan. Around 50,000 prescription drugs and 540,000 medical devices are registered in the MEDIS-DC database. *"It is important to speak the same language. We are using HOT codes for pharmaceuticals in our database, but each of them corresponds to the Japanese article number (GTIN-13) used for distribution purposes, together with the GS1 bar codes, as mandated by the MHLW,"* said Mr. Ryoji Takekuma, Manager Standardisation, Promotion Department MEDIS-DC.

RFID pilot at Morioka Red Cross Hospital

The Morioka Red Cross Hospital (MRC), a 464 bed hospital in Morioka, Japan, has recently conducted an RFID Pilot using serialised GTINs (SGTIN). In 2003, the MRC was the second hospital in Japan setting up a Point of Act System (POAS), designed to automatically capture all acts (processes) in the hospital and manage drugs and devices. The scope of the project was to investigate the feasibility of using RFID to manage single items of drugs with SGTINs, by collecting and tracing the history of the distribution of each drug. The hospital's server was connected via a secure

connection over the Internet (VPN) to the server of the wholesaler and a data centre in Nagoya (which is 400 miles/600 km away from the MRC). The pilot demonstrated that the processing time to exchange information, captured with the RFID tags, between the involved parties, was less than 2 seconds, which enables real time verification and traceability. *"We have seen hospital information systems evolving from applications in billing, ordering and electronic medical charts, into ubiquitous information systems in the most sensitive and high cost areas (i.e. at the bedside, in the ER, in the OR and in the ICU)"* concluded Prof. Akiyama, visiting professor at the Massachusetts Institute of Technology Sloan School of Management, *"These systems do not only save costs, but also improve patient safety".*



Practical experiences for medical safety measures

The mission of the Office of Safety of the Pharmaceuticals and Medical Device Agency (PMDA) is to evaluate the necessities of medical safety measures for pharmaceuticals and medical devices, including for example prevention of similar drug names, false-recognisable drug names and measures for improvement of visibility of labels. *"Manufacturers need to take proactive safety measures from the user's perspective and need to gather information of incidents and take proper safety measures accordingly,"* said Yuko Kitayama, Professional Officer, Medical Device Safety Division, PMDA.



Delegates attending the GS1 Healthcare Conference at the Happon-en, Tokyo, Japan

GOVERNMENT AND REGULATORY ACTIVITIES

European Commission's renewed vision for the pharmaceutical sector

Commission Vice President Günter Verheugen, responsible for enterprise and industry said: *"Everything we are suggesting today builds on the needs and interests of patients. European citizens should benefit from safe, innovative and accessible medicines. They should be best informed about available medicines and treatments – since their health is at stake. We wish to restore the EU's traditional role as the pharmacy of the world."*



The European Commission has now drafted legislative proposals to tackle the growing issues of counterfeiting and illegal distribution of medicines, to enable citizens to have access to high-quality information on prescription-only medicines and to improve patient protection by strengthening the EU system for the safety monitoring ('pharmacovigilance') of medicines. These proposals will now be presented to the European Parliament and the Council.

The Third Legislative Proposal, which deals with counterfeit drugs, proposes *"security devices"* with traceability for pharmaceuticals. Products must have *"safety features making it possible to ascertain identification, authenticity and traceability of medicinal products."* These safety features must allow wholesalers, distributors and pharmacists to: *"(a) verify authenticity by assessing overt, covert or forensic devices; (b) identify individual packs; (c) verify whether the outer packaging has been tampered with."*

For more information, visit http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/pharmack_en.htm

Efficiency improvements in the Healthcare supply chain in China

"Standards are the foundation to establish an efficient supply chain. To improve the efficiency of the Healthcare supply chain in China, we plan to apply international standards", said Prof. Yanjie Gao, Director of Department of Information Technology for Healthcare, Ministry of Health, P.R. of China. *"Information technologies will support the modern medical service industry; bar codes, RFID and other advanced technologies will enable traceability. Currently, there is a lack of public data interface and coding standards: systems are not compatible with each other, data cannot be exchanged and information cannot be shared"*.



The Chinese Ministry of Health sees many applications for using information technologies and AIDC: identifying and tracking patients, managing drugs and medical devices, managing location and use of medical equipment in real-time, fighting counterfeiting and avoiding medical errors. The 12 May 2008 Wenchuan earthquake has also called for an emergency supply chain with strict requirements on efficient and swift distribution and management of supplies, medical waste disposal and patient tracking.

Standards are the foundation to establish an efficient supply chain.

The Chinese authorities took the 2008 Olympic Games in Beijing as an opportunity to implement a food safety traceability system, with the technical support of GS1 China, applied in the national food industries. GS1 Standards were used as the foundation of the traceability system, which helped to achieve the information transfer between different industries, areas and departments, and to lay a solid foundation for the promotion of food safety traceability in a much wider area.

Shanghai FDA and traceability of high risk medical devices

"The medical device industry and competent authorities are facing big challenges: device label descriptions and records do not meet the safety requirements of supervision when in recall", said Liang Yan, Senior Consultant and former director of the Shanghai FDA. *"Tracing devices in the case*



of adverse events often fails. We need a scheme for Unique Device Identification (UDI) to promote traceability for medical device in post-market vigilance systems. The 'unique' requirement must be considered on a global level; using distributors or hospitals own coding does not meet the safety principles

of medical device regulations. GS1 Standards have been adopted in the worldwide supply chain as the global uniform coding system, meeting the 'unique' requirement. The basis of such a traceability system is a global uniform coding system (GS1 Standards) to reduce barriers, a minimum data set in the bar code and a database of a device traceability system, in which manufacturers initiate bar coding of their own products."

The 'unique' requirement must be considered on a global level.

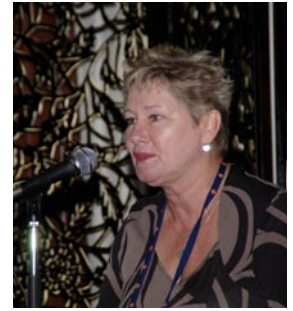
The Shanghai FDA started the implementation of a traceability project, for implants, at the end of 2006; by the end of 2007, more than 100 hospitals in Shanghai were using the traceability system. The Shanghai FDA established a reporting platform as a bridge to link the hospital, distributor, manufacturer and the competent authorities. Information is automatically captured, via the bar code, including product identification (main code: manufacturer, product & specification and package size) and production information (secondary code: expiry date/manufacturing date, lot or serial number).

US FDA: Unique Device Identification as foundational element

"The FDA believes that Unique Device Identification (UDI) can improve identification of a specific device in adverse event reports and provide more 'denominator' data", said Jay Crowley, Senior Advisor Patient Safety, Center for Devices and Radiological Health. "UDI will also facilitate more effective device recalls – identify and locate recalled devices in a timely fashion. UDI can reduce device related medical errors by identifying compatibility and interoperability issues, including the right device for the right patient (latex allergy), the right accessory for the right device and MRI compatibility". The FDA Amendments Act of 27 September 2007 mandated the FDA to establish a UDI system for medical devices, involving the development of a standardised system for identifiers (e.g. GS1), the application of UDI at all levels of packaging, down to the unit of use and the establishment and management of a UDI database.

Western Australia Health and e-Health

The Australian Government has signalled fundamental health reform and improvements as major policy objectives and negotiated new Healthcare Agreements with the 6 state governments and 2 Australian territories. "e-Health systems will unlock quality, safety and efficiency benefits. One of the key building blocks for e-Health in Australia is the National Product Catalogue (NPC)", said Robyn Richmond, Manager Strategic Development, Western Australia Health. The NPC is a single electronic source of medical product and pricing data allowing the supplier and the buyer to synchronise the data in their systems. "One of the key challenges is that we have to coordinate a single product catalogue with pricing for multiple hospital organisations and that we have to get purchasing staff and hospital staff to use the NPC as a primary source of information", said Robyn Richmond, "but we believe that the NPC has the ability to improve safety and efficiencies for hospitals. Developing robust business processes to support good data management is the key to successful supply chains".



Modernisation of supply chain management in Hong Kong

"Our vision is to establish value-for-money and seamless supply chain operation with maximal risk management," said Raymond Wong, Chief Manager Business Support Services, Hong Kong Hospital Authorities (HKHA). The HKHA is a statutory body, established in 1990, managing all public hospitals in Hong Kong, with a total of 27,633 beds and a total expenditure of about US\$ 4.2 billion.



The key targets of the modernisation project include; efficiency, security and traceability. The HKHA Development Roadmap includes the development of an integrated data platform based on a product codification and classification model (PCC). This model revolves around compliance with International Standards: item classification is based on UNSPSC (United Nations Standard Products and Services Code, managed by GS1 US); various international nomenclatures, depending on the product type, are used for item description and GS1 standards are used

to identify products. HKHA also envisions streamlining of data exchange with suppliers in a standardised way through the GS1 Global Data Synchronisation Network (GDSN). Another vital component of HKHA's roadmap is to improve risk management by enabling product traceability. HKHA's journey to establish end-to-end product traceability started in 2004, by engaging clinical staff and suppliers, and continued by training all staff and

managing change, adopting PCC and data cleansing, and requiring the usage of Electronic Data Interchange (EDI), using GS1's EANCOM, bar codes (GTIN and lot number) and standardised location identifiers (GLN). These product traceability processes will enhance patient safety, streamline procure-to-pay processes, reduce errors, enhance collaboration and improve inventory management.

NEWS FROM AROUND THE WORLD

B. Braun: Unique Device Identification (UDI) for safer patient care



"There is a strong tendency towards Auto-ID for Healthcare products aimed at; increased patient safety, better traceability, avoiding counterfeiting and to support reimbursement processes", said Dr. Meinrad Lugan (Member of the Management Board of B. Braun and Member of the Board of

Eucomed), at Eucomed's MedTech Forum, recently held in Brussels. "We agree that the 'unique identification of products' will enable authentication and traceability systems and will make supply chain (from manufacturer to point-of-care) safer, but do we need the same level of identification for every medical device used? There have to be some risk-based differences for UDI requirements, for example pacemakers require a product ID and serial number, but a product ID and lot number should be sufficient for catheters and needles and product ID only should be sufficient for syringes, stopcocks, etc.

hospitals have to invest in the necessary IT infrastructure to capture data, all the way to the patient and to link product data to electronic patient files. Country specific requirements for UDI (e.g. numbering systems) will have a major impact on multiple-country product configurations. Healthcare is a cross-border business and multiple-country product configurations are important for optimal product planning and inventory management. The necessity to split up multiple-country configurations, because of different UDI requirements, would cause supply chain inefficiencies and, at the end, higher costs for the Healthcare systems! The same goes if data needs to be uploaded in country-specific formats to different data pools."

The industry needs a risk-based and globally accepted system.

"The industry needs a RISK-BASED and GLOBALLY ACCEPTED system", concluded Dr Lugan, "B. Braun, BVMed, and Eucomed actively support the GS1 Healthcare initiative. I encourage all regulatory bodies, hospitals, manufacturers and other interested parties to participate in that initiative. The effort will be well spent".

Dutch Federation of University Medical Centres (NFU) chooses GS1 Standards for bar coding

The NFU, comprised of members of the eight Boards of Governors of the university medical centres in the Netherlands, have decided to implement structural improvements, leveraging the international system of GS1 Standards. Over the last few years, the Dutch university medical centres have been investigating a suitable bar coding system. It appears that bar coding is used in multiple places in a hospital, to improve the safety and efficiency of processes, but there is no consistency between the different departments within a hospital, or between hospitals. The final targets, i.e. improved patient safety and efficiency, are therefore only being partially achieved. For more information, view the press release at: www.gs1.org/docs/healthcare/GS1_Netherlands_Press_Release_Nov_08.pdf



The realisation of UDI will be a huge challenge for manufacturers and hospitals: manufacturers are facing technical issues of marking the consumption unit level (small size, high speed production processes, form and material of the products/packaging, sterilisation processes etc.), while

HealthPRO and Medbuy endorse global supply chain standards to enhance patient safety, reduce costs



HealthPRO and Medbuy, two of Canada's most prominent group purchasing organisations (GPOs), confirmed their commitment to driving the adoption of GS1 Standards with their members. "Working with our members to adopt global supply chain standards will help ensure that the right product gets to the right location," said Michael Foley, CEO of HealthPRO. "This will result in decreased supply chain costs, faster order cycles and increased patient safety, generating significant value for both patients and hospitals."

"We are pleased to announce our commitment to implement GS1 standards," said Rick Cochrane, CEO of Medbuy. "Medbuy believes that resolution of inefficiencies, related to data management, through adoption of global standards must become an industry imperative."

"In addition to providing significant efficiencies and reduced costs, global standards support our Healthcare professionals in the delivery of quality care; eliminating the need to re-label products within the Healthcare system and enhancing patient safety measures through the capacity for product traceability," said Joan McLaughlin, Chief Supply Chain Officer and Director Support Services from St. Michael's Hospital. "We commend HealthPRO and Medbuy for their leadership in mobilising this strategic partnership, which will advance our goals of providing patients with the highest quality of care while maximising value across the Healthcare sector."

For more information about Medbuy and MedAlliance, visit www.medbuy.ca and www.medalliancecanada.ca
To view the press release: ([click here](#))

Sisters of Mercy Health Systems adopts GS1 Standards



Resource Optimization & Innovation (ROi), the Sisters of Mercy Health System's (Mercy) supply chain operating division, is taking a landmark step in the Healthcare industry by adding specific terms to contract language, requiring the use of GS1 Standards in transactions and in production processing. According to Vance Moore, president of ROi,

"A rough infrastructure is in place to support GS1 Standards with some of our trading partners today, to the point where production processing has become possible. More and more progress is happening daily and every standards-enabled transaction, that transmits through the system, brings us one step closer to an efficient supply chain like those seen in other industries."



Global Healthcare Exchange (GHX), a leading electronic commerce exchange in the Healthcare industry, is assisting ROi and Mercy in enabling the use of GS1 standards, as Mercy transacts many of its purchases with suppliers through the GHX exchange. GHX had announced, in September, plans to become part of GS1's Global Data Synchronisation Network (GDSN) in 2009 as a GDSN certified data pool for the Healthcare industry.

Purdue Pharma expands and enhances serialisation & EPC/RFID programmes

In June 2006, Purdue Pharma initiated an ambitious programme to upgrade and expand their Electronic Product Code™/Radio Frequency Identification (EPC/RFID) and serialisation programmes using GS1 Standards. This effort established RFID serialisation for bottles containing OxyContin® Tablets by collecting; item, to case, to pallet data relationships, to support item level track and trace, through the supply chain. By June 2007, Purdue Pharma was manufacturing and shipping bottles and cases of OxyContin® Tablets using GS1 EPCglobal UHF Gen2 standard, placing them ahead of the curve in complying with customer and regulatory requirements and laying the foundation for addressing problems such as diversion and counterfeit drugs. One of the most comprehensive programmes in the pharmaceutical industry, Purdue Pharma has tagged and collected data for over 4 million bottles of OxyContin® to date, using GS1 Standards.
To view this case study ([click here](#))

CareNET and OntarioBuys fund major project to drive standards adoption In Healthcare

The Ontario Ministry of Finance's OntarioBuys initiative and CareNET have agreed to fund the launch of the Canadian Healthcare Supply Chain Standards Project. This project

is a nation wide initiative spearheaded by GS1 Canada in partnership with CareNET. Through the implementation of this industry-wide project, key Healthcare supply chain leaders have partnered to develop and drive national adoption of consistent, global supply chain standards. The adoption of these standards will enable electronic procurement, interoperability and traceability across the Healthcare supply chain.

The project will work towards the advancement of Electronic Data Interchange (EDI) in Healthcare, the development of a Healthcare Industry Outreach and Communications Programme and the expansion of global supply chain standards in Healthcare.

'Lara Croft' at the University Hospital of Dresden

"We have too many different bar codes on products, suppliers seem to think our nurses are characters resembling 'Lara Croft' who can shoot straight from the hip and scan the right bar code in a second", said Dr. Thomas Rothe, University Hospital Carl Gustav Carus, at the GS1 Germany Healthcare Conference in Berlin (8-9 October 2008). *"A survey in our hospital indicated that 67% of the products in our central warehouse have GS1 bar codes; EAN-8 (4%), EAN-13 (31%), GS1-128 (18%), GS1 DataMatrix (14%), HIBC bar codes (3%), proprietary bar codes (12%) and no bar codes (18%). Furthermore, every supplier has his own method of communicating product and price data; printed catalogues, pdf files, Excel files, website links etc. There is only one way out of this dilemma: we need to standardise data exchange based on GS1 XML and bar codes based on GS1 bar coding standards."*

GS1 Standards at Speising Hospital, Vienna



The Speising Hospital in Vienna, Austria, member of Vinzenz Gruppe (an integrated hospital network with 2,221 beds in total), has implemented GS1 Standards at their sterilisation department. *"Standards enable us to use a single language and avoid additional interfaces. They facilitate uniform networking between the supplier and Healthcare providers",* said Michael Tamegger, Project Manager, Orthopädischen Spital Speising Hospital. *"Global standards provide a worldwide applicability."* The project involved the introduction of standardised bar codes and RFID in the sterilisation process of surgical instruments, which allowed them to better map process chains, simplify logistics operations, automate ordering, reduce risks and reduce storage costs.

Standards enable us to use a single language and avoid additional interfaces.

"We were able to be more cost efficient and to improve the quality of care", concluded Michael Tamegger. *"We plan to continue to implement standardised AIDC, for example to track medical equipment and supplies in the hospital and to automate the ordering process of medical consumables."*

Procurement eEnablement at NHS PASA

"At the heart of the NHS eEnablement strategy is the objective of putting into place the missing enablers, including coding, classification and content standards and the widespread use of good practice," stated Rachel Hodson-Gibbons, Head of eProcurement at NHS Purchasing and Supply Agency (PASA) at the GS1 UK Patient Safety Forum 2008. By establishing GS1 standards as the NHS procurement data for product codes, the NHS Procurement eEnablement Delivery Group (NPEDG) would automatically support the Department of Health's 'Coding for Success' policy. The implementation of this strategy would improve the identification of pharmaceuticals, reducing direct risks to health, it will get medicines to where they need to be, and ultimately save lives.



See GS1 UK's quarterly magazine 'GSQ' for complete coverage of the GS1 UK Patient Safety Forum 2008: www.gs1uk.org/news/GSQ/Autumn_08.html

Swiss Patient Safety Foundation and bedside scanning

"Hospital staff are facing significant challenges with a vast product assortment, little standardisation, complicated processes, many patients, a considerable amount of interfaces etc. A qualitative study by our foundation, analysing patient safety 'hot spots', indicated that 33% of those 'hot spots' are related to the identification of patients, products or documents." said Dr. Marc-Anton Hochreutener, Director Swiss Patient Safety Foundation, at the GS1 Switzerland Bedside scanning Forum in Bern. "Bedside scanning is an important enabler to prevent medical errors, but it is not sufficient on its own, a medical errors prevention strategy needs to be systematic and comprehensive, and not with partial or isolated solutions."

GS1 HEALTHCARE UPDATE

Major milestone - AIDC Application Standards development work

The GS1 Healthcare work team 'AIDC Application Standards' has submitted their change request (CR) into the GS1 Global Standards Management Process (GSMP). Since their formation in October 2006, this work team has gathered global business, data and carrier requirements. It has finalised the product grids, visualising which product should carry which product data, and decision trees, visualising which carrier and symbology should be used for any given product as well as a decision tree for the human readable information. The GSMP work group will now take it through the GSMP to get to a ratified standard.

To join this work group, contact Tom Heist at: tom.heist@gs1.org

Belgium, Japan, Mexico, Netherlands, Sweden and Turkey to establish a local Healthcare user group

Six more countries will soon join the GS1 Healthcare community and establish a local Healthcare user group, to drive and support adoption and implementation of GS1 Standards in their respective countries; Belgium, Japan, Mexico, Netherlands, Sweden and Turkey.

To join one of these initiatives, please contact the following GS1 Member Organisation:

- Belgium - Nicolas Stuykens at nstuykens@gs1belu.org
- Japan - Kurosawa Yasuo at kurosawa@dsri.jp
- Mexico - Liliana Elizabeth Villalpando Duran at lvillalpando@gs1mexico.org.mx
- The Netherlands - Hans Lunenborg at hans.lunenborg@gs1.nl
- Sweden - Tomas Wennebo at tomas.wennebo@gs1.se
- Turkey - Onur Taner at onurtaner@tobb.org.tr

Raising awareness in the U.S.

Over 200 attendees joined GS1 Healthcare US for a special web seminar presented by Jean Sargent, Director of Supply Chain for University of Kentucky Healthcare, titled: *"Improving patient safety and supply chain efficiency with data standards: the basics of GS1 Standards in Healthcare"*. This introductory session included an overview of GS1 Standards, the benefits to be gained, and how to get started using the new Healthcare Provider Tool Kit in the US. Jean Sargent, who also serves on the GS1 Healthcare US Leadership Team, actively speaks on this topic to support the understanding and implementation of standards to materials managers, manufacturers, distributors and software providers.

To download the presentation and session Q&A ([click here](#))

Global GDSN Healthcare Pilot a success

The Global GDSN Healthcare Pilot Team has presented its report on the global GDSN Healthcare pilot, which was successfully completed earlier this year. To ensure a smooth and planned cross-border implementation of the GDSN in Healthcare, GS1 Healthcare organised a global pilot which clearly demonstrated that the GDSN provides the infrastructure to exchange data between data pools across international borders and facilitates synchronisation across the entire length of the supply chain.

As a next step, the U.S. is developing plans to migrate users into GDSN production whilst Australia will continue the roll out of the National Product Catalogue (NPC) which is now also being endorsed by the Private Healthcare sector. GS1 is also working with additional GS1 Member Organisations to determine future pilot expansion needs for other countries.



Download the complete report at: www.gs1.org/docs/healthcare/Global_GDSN_Healthcare_Pilot.pdf

For more information, please contact Peter Alvarez at peter.alvarez@gs1.org

Call-to-Action: Public Policy work team

The GS1 global Healthcare user group has launched a Public Policy work team to maintain an overview of the worldwide regulatory requirements of AIDC, Data Synchronisation and Traceability and other important directives from stakeholder groups, to support the development of collective input and feedback of GS1 Healthcare to regulatory bodies and other governmental authorities.

The work team will be co-chaired by Scott Cameron, Head of Global Application Solution, Center for Supply Chain and Sales & Distribution, Novartis Pharma AG and Jackie Elkin, Sr. Regulatory & Quality Compliance Manager, Medtronic. Ulrike Kreysa, Director Healthcare, GS1 Global Office, will facilitate the work team.

To join this work team, please contact Ulrike Kreysa at ulrike.kreysa@gs1.org

Call-to-Action: Global Standards for bar coding of plasma derivative products

GS1 and ICCBBA are forming a co-sponsored Task Group to develop a common global solution for the coding and labelling of plasma derivative products that will meet the needs of the International user community. Participants are invited from organisations which; manufacture, distribute, use or regulate plasma derivative products and from software suppliers whose systems handle such products.

To join this task group, please contact Christian Hay at christian.hay@gs1.org

DATES FOR YOUR DIARY

Global GS1 Healthcare Conferences

- 17-19 March 2009, Vienna, Austria
- 16-18 June 2009, Washington D.C., U.S

GS1 Healthcare at other international events

- 20-22 January 2009: 3rd Annual Leadership Summit on Health Care Supply Chain Management and RFID in Health Care, Las Vegas, U.S.A.
(www.worldcongress.com/events/HL09006/)
- 24-27 February 2009: HIMSS AsiaPac, Kuala Lumpur, Malaysia
(www.himssasiapac.org)
- 30-31 March 2009: Pharmaceutical Packaging & Labelling Congress 2009, London, U.K.
(www.visiongain.com/Conference.aspx?cid=157)
- 4 April 2009: AHRMM-HIMSS Supply Chain Management Symposium
(www.himssconference.org/education/SympSupplyChain.aspx)
at the HIMSS Annual Conference & Exhibition, Chicago, U.S.A.
(www.himss.org)
- 21-23 April 2009: LogiPharma Europe, Geneva, Switzerland
(www.wbresearch.com/logipharmaeurope/)

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