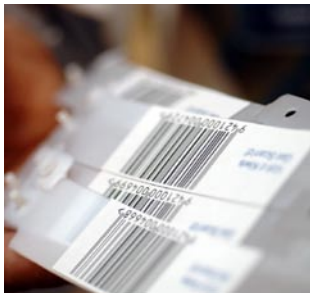
GS1 Healthcare

GS1 Healthcare Newsletter

No. 18 – Spring 2010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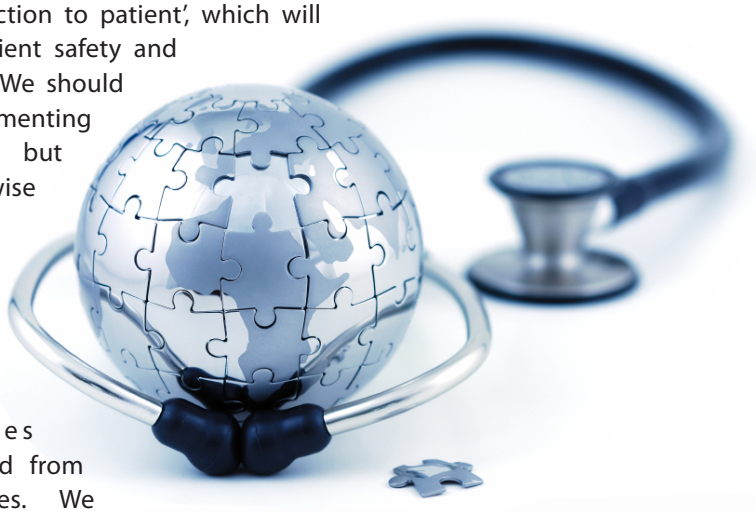
From vision to reality

"So far we do not have global consensus on Automatic Identification and Data Capture (AIDC) standards, which has resulted in an 'AIDC labyrinth' and in limited usage of the technology", said Volker Zeinar, B.Braun and GS1 Healthcare Tri-Chair, at the recent GS1 Healthcare conference in São Paulo, Brazil. "Now that we have ratified the AIDC Application Standards (Phase 1), we can start the real challenge: implementation! It will take time and it will not be easy, but we strongly believe in global standards to enable AIDC systems 'from production to patient', which will improve patient safety and save costs. We should start implementing immediately, but in a stepwise approach".



"We can learn from industry experiences in pilots and from best practices. We encourage you to remain or become engaged in a GS1 Healthcare user group, global and/or local, and leverage that neutral platform. With top management support, all stakeholders need to plan and implement investments and have to manage the change process. Let's work together to make our vision reality!"

GS1 Healthcare envisions a future where the Healthcare sector utilises GS1 Standards for all items, locations, people and processes to drive patient safety and supply chain efficiency improvements -- starting with the manufacturer and ending with the patient.

National System for Medication Control in Brazil

ANVISA is the Brazilian National Health Vigilance Agency, an independently administered and financially autonomous regulatory agency fostering protection of the health of the population by exercising sanitary control over production and marketing of products and services subject to sanitary surveillance.

As prescribed by Law 11.903, ANVISA is currently setting up a "National System for Medication Control" to strengthen the combat against medication diversion and counterfeiting in the supply chain. The system will enable the agency to track every single box of medication, by checking its authenticity and the traceability records; from its production to its dispensing or administration. The agency is currently defining the system design, which will normally include GS1 DataMatrix bar codes, but may also include a security seal including the serial number. "Last year, ANVISA had already tested the utilisation of the GS1 DataMatrix bar code printed on the package to perform the tracking," said Antonio Britto, President Interfarma (the Brazilian Association of the Research Pharmaceutical Industry). "They are now considering the security seal as the best option, although providing the same results and being significantly more expensive than printing the bar code on the package." According to Interfarma, the adoption of the seals would add US$170 million of annual costs for the industry, while the bar code on the package would add US$24 million.

Automation in Brazilian hospitals

ANAHP (National Association of Private Hospitals) represents 40 private hospitals in Brazil, or about 6.7% of the total hospital beds available.

Six hospitals are already equipped to receive products with GS1 DataMatrix bar codes.

"Ninety percent (90%) of our hospitals are accredited by an accreditation body, demonstrating our commitment to the quality of our health services," said Angela Lopes, ANAHP. "Our hospitals are working hard on automation and traceability to ensure patient safety. ANAHP has conducted a survey in 2010 to understand the current level of automation – 32 hospitals have responded. Most of the hospitals have drug traceability systems in place, about 50% also for other medical products. Of these hospitals 80% perform dose unitisation, processing on average 50,000 unit doses per month, mostly manually, and 50% of the hospitals use bar code readers when receiving products. It is mainly the bar code on the secondary packages that is captured, both for drugs and medical devices - GS1-128 bar code is the most prevalent.

Six hospitals are already equipped to receive products with GS1 DataMatrix bar codes. Of these hospitals 97% have automated inventory management systems using bar code readers – EAN-13 and GS1-128 are the most prevalent bar codes for drugs and medical devices. Last, but not least, 87.5% of the hospitals use eCommerce tools to purchase medical supplies, averaging 60% of their total purchases."

Instruments tracking at São Paulo University Hospital

Instituto do Câncer do Estado de São Paulo – ICESP (University Hospital of São Paulo) opened in May 2008 and is the largest specialised hospital for cancer treatment in Latin America.

"We have implemented a traceability system for surgical instruments, which allowed us to effectively monitor productivity and quality indicators for the sterilisation process, facilitating the management of the Central Sterilisation Supply Department," said João Francisco Possari, Nurse Director of Internal Patients, Central Institute of the Clinical Hospital of São Paulo University. "Furthermore, the system provides more transparent data, ensuring the reliability of the entire process and patient safety. Our hospital performs 16,000 surgeries per year and has 23,000 surgical instruments in stock. Two-dimensional bar codes were used for the unique instrument identification code, allowing us to automatically identifying each instrument during the sterilisation process. Over the last year, we have handled these surgical instruments 636,600 times using the traceability system and we have been able to reduce the loss to only 26 instruments."

Drugs Traceability System at the Albert Einstein Hospital

Hospital Israelita Albert Einstein (HIAE) is 489 bed hospital in São Paulo. In 1999, HIAE was the first hospital in Latin America to be accredited by the Joint Commission International (JCI).

"To increase safety and quality, our hospital has automated the medication management process using GS1 DataMatrix bar codes," said Nilson Gonçalves Malta, Senior Pharmacist, Albert Einstein Hospital, "This has required some software adjustments as well as the acquisition of camera-based bar code scanners and PDA's. We also used to re-label 250,000 units per month, but this process is suboptimal: there is the risk of identification errors and there is a high cost associated with this manual process. We have now partnered with some of our suppliers, including Hypofarma, Eurofarma and Isofarma, to receive products with GS1 DataMatrix, including batch number and expiry date. This has allowed us to reduce the need for re-labelling for 115,000 units per month, saving over 300 working hours per month."

...allowed us to reduce the need for re-labelling for 115,000 units per month

ETCO traceability pilot successfully concluded

"According to a research conducted by McKinsey Corporation, 25% of the pharmaceutical market in Brazil is informal or illegal, including non-authorised, falsified, fake, smuggled or stolen products and tax evasion," said Andre Franco Montoro Filho, President, Brazilian Institute of Ethics in Competition – ETCO. "In collaboration with ANVISA, ETCO has conducted a traceability pilot in Brazil to test a system as close as possible to the reality of the pharmaceutical chain and to demonstrate its feasibility. The pilot project allowed us to provide guidelines to all agents in the pharmaceutical chain for the implementation of the National System of Drug Control. Companies, regardless of their size, can implement the system with the adoption of open technological solutions. The major paradigm change for the pharmaceutical industry is the introduction of the 'unitary codification', which is crucial for the achievement of the required tracking level for compliance with the Brazilian Law. The pilot test also showed the advantages of the direct printing model with open technologies."

Companies, regardless of their size, can implement the system with the adoption of open technological solutions.

"An adequate volume of drugs was adopted (approximately 75,000) in order to support improvements and changes of route during the processes. GS1 Brasil was responsible for the definition of international standards of coding and certified the quality of the codes printed on the packages. GS1 DataMatrix bar codes were adopted and printed on the secondary packages, carrying the GTIN (GS1 Global Trade Item Number), batch number, expiry date and serial number. GS1-128 bar codes, carrying the SSCC Identification Key were required on the logistics unit, to ensure the link with the content (secondary packs)," added Montoro Filho.

A case study on the traceability pilot in Brazil will be included in the 2010/2011 GS1 Healthcare Reference Book, soon to be published… Stay tuned.

Pfizer and sanofi-aventis lessons learned from ETCO pilot

"To prepare for the pilot, we had set up a multifunctional team consisting of more than 20 people," said Wagner Paiva, Pfizer Brazil. "14,000 units of Ponstan® 500mg x 24 tablets were bar coded with GS1 DataMatrix including the GTIN, expiry date, batch number and serial number. The database with serial numbers must be integrated with other internal systems, including ERP and Customer Service.

14,000 units were bar coded with GS1 DataMatrix including the GTIN, expiry date, batch number and serial number.

To accommodate for the GS1 DataMatrix to be printed on the box, the artwork may have to be changed, considering its dimension and the need for colour contrast. Although rectangular codes are possible, we had better readings with square codes. Codification at line simplifies system control. This technology has minimum impact on factory layouts, so it is less probable that building expansions or changes are required."

"We have faced some important general issues. For example, the database architecture is not defined and we need to ensure database security," said Eduardo Lopes, sanofi-aventis, "During the pilot, we also had to address some practical issues; printers and readers need to be fast enough to keep the line speed and, vibration must be avoided. Artwork changes may be necessary to have the correct colour contrast for bar code scanning. Others codes on the package should be avoided to reduce or eliminate reading interferences. Units and cases should also be linked to have the parent-child relationship."

Eurofarma GS1 DataMatrix implementation

Eurofarma is one of the 5 largest pharmaceutical manufacturers in Brazil.

"Eurofarma has been a pioneer in pharma traceability systems," said Paula Resende, Eurofarma, "To meet hospital needs, we have implemented GS1 DataMatrix on our primary packages. This allows hospitals to avoid unit-by-unit rework and to reduce errors and costs. It is also an important tool for obtaining hospital accreditation."

...we have implemented GS1 DataMatrix on our primary packages.

"Eurofarma was the first manufacturer to receive GS1 DataMatrix Certification from GS1 Brasil," said Marcio Valentim, Eurofarma. "We have invested US$230,000 in thermal transfer printing equipment, ink jet printers, scanners, installation, software and employee training. This has allowed us to understand the technology, customise our software, and manage change and deployment."

GS1 Healthcare Brasil

"The local GS1 Healthcare user group consists of more than 200 registered participants and drives the adoption and implementation of GS1 Standards in the Brazilian Healthcare sector" said Ana Paula Vendramini Maniero, GS1 Brasil. "To support important developments, GS1 Brasil is currently facilitating three work groups: (1) Hospital and Pharma work group (focusing on unit dose coding with GS1 DataMatrix; secondary package coding with GS1 DataMatrix; logistics unit with GS1-128); (2) EPC/RFID work group (focusing on the use of EPC/RFID to control bedding products); (3) Traceability work group (focusing on the Traceability System Pilot Project)".

Over 16 industry associations support the GS1 Healthcare Brasil efforts, including ABAFARMA (Brazilian Pharmaceutical Products Wholesalers Association), ABCFARMA (Brazilian Pharmaceutical Retailers Associations), ALANAC (Brazilian Pharmaceutical Manufacturers Association), INTERFARMA (Pharmaceutical Research Industry Association) and SINDUSFARMA (Union of São Paulo Stated Pharmaceutical Industry).

To join GS1 Healthcare Brasil, contact Ana Paula Vendramini Maniero at amaniero@gs1brasil.org.br

FDA SNI guidance refers to GS1 Standards

FDA has published final industry guidance on standards for securing the drug supply chain through Standardized Numerical Identification (SNI) for prescription drug packages. The guidance is intended to assist with the development of standards and systems for identification, validation, authentication, and tracking and tracing of prescription drugs. It is the first of several regulations and guidance documents that the FDA may issue to implement section 505D of the Food and Drug Administration Amendments Act of 2007 (FDAAA), which requires to develop standards and identify and validate effective technologies for the purpose of securing the drug supply chain against counterfeit, diverted, subpotent, substandard, adulterated, misbranded or expired drugs.

The SNI should be a serialised National Drug Code (sNDC), composed of the National Drug Code (NDC) combined with a unique serial number, generated by the manufacturer or re-packager for each individual package. In line with GS1 Standards, serial numbers should be numeric or alphanumeric and should have no more than 20 characters. This alignment was recommended in many of the comments submitted in response to the FDA's Request for Comments.

It is the first of several regulations and guidance documents that the FDA may issue...

FDA has also further considered compatibility with GS1 Standards. The use of an sNDC is compatible with, and may be presented within, a GTIN, which can be serialised using an Application Identifier (AI) (21).

FDA has been an active observer and participant in GS1 Standards development related to healthcare and drug products.

For more information, refer to the FDA website:
www.fda.gov/RegulatoryInformation/Guidances/ucm125505.htm

GS1 Healthcare responds to GHTF UDI discussion paper

The GS1 Healthcare Public Policy Work Team has compiled comments from the global Healthcare user group on the GHTF (Global Harmonization Task Force) UDI discussion paper and submitted them to the European Commission that is chairing the UDI Ad Hoc Working Group. GS1 Healthcare has also aligned its response with the Eucomed e-Business and Supply Chain Task Force (ETF) and fully support ETF's comments. "We commend the GHTF for their approach to seek a global definition for UDI as it will be important for all stakeholders that a harmonised approach towards identification of medical devices is taken across the world," said Ulrike Kreysa, Director Healthcare, GS1 Global Office.

To view the GS1 Healthcare response click here

The US FDA is one of the driving forces behind the development to move the Healthcare sector from the current, non-standard device identification systems to an unambiguous and standards-based Unique Device Identification (UDI) system. "Medical device manufacturers are using their own catalogue numbers, distributors apply different proprietary numbers and hospitals, yet another number, although they generally do not capture the information when the device is used," said Jay Crowley, Senior Advisor for Patient Safety, FDA, "We need to develop a system to identify medical devices, which is consistent, unambiguous, standardised, unique at all levels of packaging and harmonised internationally.

India Ministry publishes GS1 requirements

Following the announcement by the Ministry of Health and Family Welfare (MoHFW) of India that all medical supplies procured by the MoHFW will have to comply with GS1 Standards for bar codes, the MoHFW has now published a guideline with its requirements. These requirements cover medicines (except medical devices & other medical supplies for which separate GS1 bar code requirements apply). The MoHFW is responsible for the procurement of drugs, medical devices and other medical supplies for government-run Healthcare providers and for various national health programmes, including universal immunisation, tuberculosis control, malaria control and AIDS control.

View the requirements here:
www.mohfw.nic.in/gs1_barcode_&_User_Manuals.htm

EFPIA Traceability Pilot – Lessons learned

"To improve supply chain security at the European level, EFPIA supports the Product Verification System," said Grant Courtney, GlaxoSmithKline, "This is an end-to-end solution consisting of two parts: Coding of product packs using randomised serial numbers presented by the standard GS1 DataMatrix bar code in combination with additional information in machine readable format: Product code, batch number, expiry date; and the verification of pharmaceutical products at their point of dispensing.

This solution is based on common standards and mature technology

Although it does not guarantee the genuine nature of the product contained within the coded product pack, any duplicate instance of a product code can be detected prior to widespread proliferation of a potential problem."

"This solution is based on common standards and mature technology," said Anthony Barron, Project Coordinator, EFPIA, "It provides a practical and effective solution for relevant stakeholders that can be fully integrated into their existing operationsEFPIA has conducted a pilot project in Sweden: during 4 months, 25 pharmacies in the greater Stockholm area verified over 95,000 packs at the point of dispensing."

EFPIA has also shared the very promising results, including:

- System availability and performance allow pharmacists to work at a normal pace and without significant additional effort (for example, 99.7% of the transactions were completed in less than 1 second)
- The system is easy to use when fully integrated into a pharmacy workflow and existing IT system (for example, 94% of pharmacists found it easy or very easy to use)

"We have also learned that the system should be customised to existing pharmacy workflow processes, local conditions and regulatory requirements," add Barron. "It is therefore recommended to run a pilot phase for each deployment (region) so that errors can be eliminated before roll-out. Furthermore, the presence of more than one code on the pack causes confusion for the user and will jeopardise user acceptance."

"Governments and the European Commission support is critical to deliver requirements for pack integrity in the supply chain and verification at point of dispensing," concluded Courtney, "We'll continue to engage with national Authorities and the European Commission to establish legal frameworks to enable use of a harmonised coding system at a National/EU level."

Pfizer pilots traceability system in Colombia

New regulations issued in 2007 by the Colombian Ministry of Health put forward the need for a traceability system for pharmaceuticals and medical devices.

...we wanted to implement a traceability system in an effective and efficient way based on GS1 Global Standards

"For the last two years, our local GS1 Healthcare user group has been working on developing and piloting a traceability system for medications and medical supplies. GS1 Colombia designed CABASnet STL (Online Traceability System), a tool based on the GS1 System of Standards that enables organisations to find product flow and information online and in real time," said Leonel Pava, Consultant, GS1 Colombia. "CAFAM and Wyeth Consumer Healthcare (now Pfizer Consumer Healthcare), two leading Healthcare organisations in Colombia have lead the implementation of this solution by undertaking a pilot. In the middle of this year, it is anticipated that all other suppliers will be invited to begin using the solution."

"To ensure a better control of the drug distribution chain, we wanted to implement a traceability system in an effective and efficient way based on GS1 Global Standards," said

Luis Tapias, Administrative Sales Manager, Pfizer Colombia, "We needed to establish a common agreement for the implementation with all actors involved in the value chain. A common and synchronised effort is needed, including time, resources and technological developments. The traceability system should be able to capture, store, process and transmit information regarding production, distribution and dispensing of items. An information repository like CABASnet STL is needed."

A case study on the traceability pilot in Colombia will be included in the 2010/2011 GS1 Healthcare Reference Book.

Improving quality of care in Chile

Western Metropolitan Health Service (SSMOC) is one of the 29 Health Services in the Public System and overseen by the Ministry of Health in Chile. It coordinates a network of 6 hospitals, 1 diagnostic centre, and 33 primary care centres – 1,200,000 people are assigned to the network. Last year, SSMOC started "Más Salud Occidente", an ambitious project to improve quality of care in the network. New IT systems were introduced to improve various processes in the hospitals, including for example patient admission, planning and medical records. "We want to improve the safety and efficiency of our supply chain.

We have adopted GS1 Standards...

We have adopted GS1 Standards for the codification of pharmaceutical products and other medical supplies," said Dr. Cristián Gabella, SSMOC, "San Juan de Dios Hospital and Felix Bulnes Hospital already have the infrastructure in place to receive products scanning the GS1 bar codes. But some items do not have GS1 bar codes yet, or are not yet in our catalogue. We need to have all products bar coded."

A case study on the "Más Salud Occidente" project, including the role of GS1 Standards, will also be included in the 2010/2011 GS1 Healthcare Reference Book.

eProcurement in Australian Healthcare

The NEHTA (National E-Health Transition Authority in Australia) eProcurement solution is leveraging data from the NPC (National Product Catalogue). "The NPC was established by NEHTA in March 2006 and hosted by GS1 Australia's GS1net," said Ken Nobbs, Programme Manager Medical Products, NEHTA, "GTINs are used as a standard product identifier, with a standard data set. Four standard GS1 XML messages have been defined:

Purchase Order, Order Response, Despatch Advice and Invoice. We are live with this solution at Western Australian Health and South West Health, and in pilot phase at South Australia Health. For tenders, NPC data can also be used in the browser template HPV and the Victorian Health Networks, reducing any duplicate effort required from suppliers when responding to the HPV tender and improving the accuracy of product information. A study indicated that tenderers still made errors with their submission, but the error rate was significantly lower for tenderers who had published data to the NPC."

...accelerate the adoption of e-health by delivering urgently needed integration infrastructure and standards

"These efforts fit with NEHTA's mission to lead the uptake of e-health systems of national significance and coordinate the progression and accelerate the adoption of e-health by delivering urgently needed integration infrastructure and standards for health information," added Stephen Johnston, Head of National Infrastructure Services, NEHTA. "The eProcurement solution standardises and simplifies purchasers' processes, and allows health jurisdictions to communicate with their suppliers in a consistent structured manner. Supply chain reform affects all aspects of healthcare delivery efficiency and effectiveness. Centralised, standardised and uniquely identified product data form the basis for accurately and timely sourcing, management and delivery of medical products within the supply chain as well as to patients."

Canadian consensus reached on Joint Technical Statement for drug products

In collaboration with pharmacy supply chain stakeholders; the Institute for Safe Medication Practices (ISMP Canada) and the Canadian Patient Safety Institute (CPSI) have launched a national project to promote automated drug identification in Canada using GS1 global bar coding standards. ISMP Canada and CPSI have now released a Joint Technical Statement on Pharmaceutical Automated Identification and Product Database Requirements, which

is the result of collaborative efforts by representatives of Canadian Healthcare sectors. The adoption of a standard for automated identification of medications will give integrated Healthcare solution providers the necessary expectations about future practice to allow them to develop automated methods for identifying products and checking the safety of specific dosages within their proprietary patient care software modules.

The Joint Technical Statement includes the technical compliance criteria for all Canadian Healthcare sectors for included pharmaceuticals marketed within Canada, including:

- GS1 standards for automated identification should be applied;
- The GTIN (GS1 Global Trade Item Number), a unique global identifier, is a required "fixed" data element within the automated identification (bar code) symbology used;
- The bar code symbology must be GS1 compliant;
- The GTIN field length must accommodate a 14 character GTIN code;
- The bar code must also show the human readable text form of the GTIN;
- "Variable" data elements (e.g., expiry date) are not required at this time, but they will likely be required in the future;
- Manufacturers may use RFID chips, but a compliant bar code must also be used until further notice;
- The GS1 Global Data Synchronisation Network will be used to synchronise data exchange between GS1 (and other) global product registries.

According to the Joint Technical Statement, pharmaceutical manufacturers should be compliant with the requirement for fixed data elements (GTIN) by December 1, 2012. Download the Joint Technical Statement at: www.ismp-canada.org/barcoding/download/CanPharmBarcode_JointTechnicalStatement.pdf

Cardinal Health endorses GS1 Standards

"Cardinal Health endorses GS1 Standards for common location (GLN) and product (GTIN) identifiers as a foundation for the efficient sharing of medical product information among trading partners in the Healthcare supply chain," said Mike Duffy, Executive Vice President, global manufacturing and supply chain for Cardinal Health's Medical segment. "We believe that the industry-wide adoption of these standards will enhance supply chain visibility, drive opportunities for cost savings and improve patient safety.

...industry-wide adoption of these standards will enhance supply chain visibility

Successful, industry-wide adoption of these standards will require cooperation across the Healthcare supply chain. Cardinal Health has and will continue to leverage its deep supply chain expertise to work closely with industry groups and our trading partners to build a roadmap for adoption."

Cardinal Health, Inc. is a Fortune 18 Healthcare services company that improves the cost-effectiveness of Healthcare. The company is also a leading manufacturer of medical and surgical products, including gloves, surgical apparel and fluid management products. Cardinal Health employs more than 30,000 people worldwide.

B.Braun/Aesculap to apply GS1 bar codes to instruments

"At Aesculap, our current solution for instrument marking is based on a proprietary code, 'UNICOS'," said Markus Weinert, Product Manager Instrument Management System Surgical Technologies, Aesculap, "Leveraging the AIDC Application Standards for Healthcare, ratified in January, we have now decided to transition to using sGTIN (serialised Global Trade Item Number) in a GS1 DataMatrix of 2.5 x 2.5mm for our instrument marking and traceability."

We have now decided to transition to using sGTIN

Aesculap, a division of the B. Braun Melsungen AG, focuses on products and services for core processes in surgery. The company is a market leader for surgical instruments and other related products, with over €1 billion in sales and employing 8,500 people worldwide.

Johnson & Johnson MEDICAL GmbH implementing GS1

"To enable a smooth exchange of data electronically, master data management based on a uniform standard is required," said Alexandra Aschauer, Manager E-Commerce, Johnson & Johnson MEDICAL GmbH, "We expect that the use of the GS1 XML format, for the communication of product, information will increase in the Healthcare sector. By speaking a common language, communication problems and misunderstandings can be avoided, eliminating costly and time-consuming interventions. We'll also have the GTIN as a globally unique identification number; the documentation in the hospital required by law will be greatly simplified by using machine-readable codes."

Johnson & Johnson MEDICAL GmbH, based in Norderstedt near Hamburg (Germany), has J&J's largest production facility for surgical sutures, needles and implants in Europe. This year, approximately 180 million needles will be produced and about 140 million meters of sutures. The company is part of the J&J Family of Companies, a world leader in Healthcare with 120,000 employees in 57 countries.

New tri-chairs for global Healthcare user group

At the beginning of this year, Tim Marsh (Pfizer) resigned from the GS1 Healthcare global Leadership Team, and also his role as co-chair, and he has been replaced as an LT member by Peggy Staver from Pfizer. We would like to thank Tim for his leadership and commitment, and we welcome Peggy to the Leadership Team.

In addition to Mike Wallace (Abbott Laboratories), the Leadership Team has now elected two long-time Leadership Team members to serve as new tri-chairs: Grant Hodgkins (Alcon Laboratories) and Volker Zeinar (B.Braun). We thank our tri-chairs for accepting this challenge.

Furthermore, over the last few months we have also welcomed three new representatives into the Leadership Team, from voting members of GS1 Healthcare; 3M, Fresenius Kabi and the University of South California.

Current voting members of the global leadership team:

3M – Monica Kryzer
Abbott Laboratories - Mike Wallace (tri-chair)
Alcon Laboratories - Grant Hodgkins (tri-chair)
Baxter - Nathan Habeck
B.Braun - Volker Zeinar (tri-chair)
Covidien – Steve Capel
Fresenius Kabi – Clemens Haas
GlaxoSmithKline - Grant Courtney
Johnson & Johnson - Tom Werthwine
McKesson - Ron Bone
Medtronic - Jackie Elkin
Novartis - Scott Cameron
Novation - Dennis Byer
Pfizer - Peggy Staver
Premier - Joe Pleasant
R. Ballanger Hospital - Frédérique Frémont
Smiths Medical - Jim Willmott
University of South California – Jean Sargent

Six representatives of GS1 Member Organisations can also serve as non-voting member on the Leadership Team and we have recently added new members from GS1 Brasil, GS1 Canada and GS1 UK, showing the continued engagement of Member Organisations around the world:

GS1 Brasil – Roberto Matsubayashi
GS1 Canada – Alicia Duval
GS1 Japan – Michio Hamano
GS1 Switzerland – Nicolas Florin
GS1 UK – Malcolm Bowden
GS1 US – Dennis Harrison

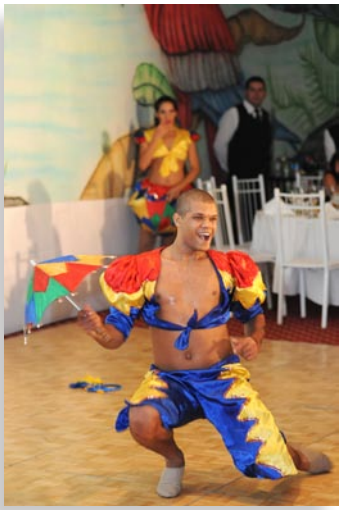
J. Michael Wallace
Director
Global Standards & Serialization
Abbott Laboratories

Grant Hodgkins
Strategy, Standards and Processes Manager
Global Supply Chain
Alcon Laboratories, Inc.

Volker Zeinar
Global Coordination
Auto-ID Affairs
B. Braun Melsungen AG

GS1 Healthcare concludes successful 16th global conference

Over 200 participants from 20 countries joined the 16th Global GS1 Healthcare Conference from 16 to 18 March in São Paulo, hosted by GS1 Brasil. Over 20 experts shared their insights on important industry and regulatory developments in automatic identification, traceability and electronic product catalogues.





Considerable positive feedback was received including the following comments:

- ***"Provided insights on making it happen, challenges and success stories"*** (Brazilian hospital);
- ***"Excellent practical examples of manufacturers and hospitals"*** (medical device supplier);
- ***"Excellent networking opportunities"*** (pharmaceutical supplier)

Re-live the São Paulo conference; visit the post-event web site at: www.gs1.org/healthcare/news_events/160310
Videos from the plenary sessions are currently being edited and will be added soon. Stay tuned...

Global GDSN Healthcare Implementation Initiative – Phase 2 Report

Participants of the Global GDSN Healthcare Implementation Initiative shared their lessons learned so far and have developed a report to assist all stakeholders to implement GDSN, outlining the key tasks necessary to ensure that implementation moves forward with little to no disruptions and explaining the processes and best practices.

To download the report click here

GLN in Healthcare Implementation Guide

The Healthcare GLN Work Group announced the availability of the GLN in Healthcare Implementation Guide. This document serves as a general guide for the implementation of GLNs in Healthcare. It is intended for companies and their personnel who are responsible for assigning and implementing GLNs within the healthcare supply chain.

To download the Implementation Guide click here

Join us in Geneva

Global GS1 Healthcare Conferences provide a unique opportunity and platform for Healthcare stakeholders to meet, network and benchmark with other experts from all over the world. The plenary sessions feature expert speakers presenting the latest on regulatory and industry developments related to patient safety, automatic identification, product catalogues and traceability. The breakout sessions allow discussion on topics related to standards development, implementation and public policy.

Join us for the upcoming global conference: Geneva, Switzerland, 22-24 June 2010
For more information please go to:
www.gs1.org/healthcare/news_events/220610

View the GS1 Healthcare channel on YouTube

Current videos available:

- *GS1 Standards in Healthcare*
- *GS1 Healthcare US - Standardization...Stat!*
- *GS1 France & Hospital Traceability Platform in Dijon*
- *Le système de traçeabilité au CHU Dijon (French/ Français)*
- *Traceability at Robert Ballanger Hospital (French/ Français with English subtitles)*
- *GS1 Sweden & EFPIA Pilot*
- *Permanent Secretary Hong Kong opens GS1 Conference*
- *BRIDGE Pharma Traceability Pilot (EU)*
- *Mark Neuenschwander on bar codes at the point of care*

Further details on page 12

DATES FOR YOUR DIARY

Global GS1 Healthcare Conference

22-24 June 2010 in Geneva, Switzerland
Hosted by GS1 Switzerland
For further details click here

GS1 Healthcare at other international events

- 13-14 April 2010 - 3rd Annual Packaging and Labelling Congress – London, UK
  www.visiongain.com/packaging
- 20-23 April 2010 - International Forum on Quality and Safety in Healthcare – Nice, France
  http://nice.safetyleaders.org/
- 2-4 June - European Federation of Medical Informatics - Reykjavik, Iceland
  www.sky.is/
- 1-4 August 2010 – AHRMM Annual Conference & Exhibition – Denver, USA
  www.ahrmm.org/ahrmm_app/conference/annualconf10/index.jsp
- 1-3 November 2010 – AIM Expo – Chicago, USA
  www.aim-expo.com/

To relive the GS1 Healthcare Conferences in Washington, Hong Kong and São Paulo click here
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