



TABLE OF CONTENTS

Special feature: Manufacturers prepare for the future 2

- Baxter endorses GS1 Standards
- BD reaffirms commitment to GS1 Standards
- EFPIA proposes a standards-based approach
- EMD Serono builds traceability solution
- J&J supports GS1 DataMatrix pilot study in Belgium

Government and regulatory activities 4

- Australia: GLN to enable NEHTA eProcurement
- Australia: Medicines body looks at recall system
- Council of Europe: EDQM Track & Trace project
- Global: UDI – Future device identification
- Global: WHO – Building blocks of health information
- Spain: Efficiency models in the Andalusian Healthcare supply chain
- Switzerland: Securing the narcotic supply chain
- Turkey: 86% of medical devices identified with a GTIN

News from around the world 7

- Austria: Implementation of cytostatics
- Canada: Medication safety – rising above the bar
- Europe: Redesigning the drug distribution system in hospitals
- Germany: Hospital networks call for GS1 Standards
- Global: Accreditation as tool for quality improvement
- Japan: Identification of surgical instruments
- The Netherlands: Creating value at Erasmus MC
- The Netherlands: iPhone application ‘Self Care’
- Switzerland: Interoperability at HUG
- UK: Over £1 billion spent on fruitless searching
- UK: eProcurement saves Leeds £6 million per year
- USA: The progress of Healthcare standards
- USA: Coalition urges FDA to establish GS1 Standards-based UDI system

GS1 Healthcare Update 11

- Sixteen Healthcare experts contribute to 2nd Reference Book
- Over 50 dossiers in Public Policy Database
- David Bates and GS1 speak at Safety Leaders webinar
- Dennis Quaid hosts Discovery Channel documentary
- Staying up-to-date on supply chain security developments
- GS1 draws crowd at 2010 GHX Supply Chain Summit
- GS1 Spain celebrates 10 years of collaboration in Healthcare
- Traceability in Healthcare seminar in Algeria
- GS1 Healthcare workshop in Jordan
- GS1 Healthcare concludes successful 17th global conference

Turkey: 86% of medical devices identified with a GTIN

Over 4,700 accredited companies have registered more than 1.6 million medical devices in the Turkish database. The vast majority (95%) are from international suppliers. The registration for the database requires the use of a standardised identifier from GS1 or HIBCC of which, 86.25% of all medical devices registered in the database today are identified with a GTIN (Global Trade Item Number – the GS1 Identification Key for trade items).

(continued on page 6)



Manufacturers prepare for the future

Many leading manufacturers are actively engaged in the global and local Healthcare user groups, facilitated by GS1 and GS1 Member Organisations. This collaboration with other supply chain stakeholders is vital for the future sector-wide implementation of global standards in Healthcare. This newsletter includes a special feature with examples of manufacturers and their vision on global standards, and their implementation projects.

(continued on page 2)



Baxter endorses GS1 Standards

"Baxter endorses and strongly supports the GS1 Standards for Healthcare. Baxter believes that industry-wide adoption of these standards will improve patient safety and will drive increased efficiency and integrity within the Healthcare system. To this end, Baxter is actively working with industry partners to implement GS1 Standards for Healthcare. Industry adoption of GS1 Healthcare standards will help to ensure that products are moved correctly and efficiently throughout the supply chain. Ultimately, adoption of these standards will enable Healthcare professionals to ensure they are administering the right product to the right patient at the right time."

Read more: www.sustainability.baxter.com/supply_chain/customers.html



BD reaffirms commitment to GS1 Standards

BD (Becton, Dickinson and Company), a leading global medical technology company, reiterated its commitment to globally recognised GS1 Standards to help enhance patient safety efforts, improve supply chain efficiency and reduce Healthcare costs. BD began using GS1 data standards in 1972 to help enhance its supply chain processes. Since that time, the company has been a vocal advocate for industry-wide adoption and an active participant of the GS1 Healthcare US™ Leadership Team and work groups.



"The ability to move medical products accurately and efficiently through the supply chain is critical. With common, synchronised product and location data standards, we can help remove waste and errors throughout the entire supply chain to enable Perfect Orders," said Steve Sichak, BD Senior Vice President, Integrated Supply Chain. "To be successful, all Healthcare supply chain stakeholders must adopt a common set of data standards and that is why BD has been so outspoken on the issue."

BD's current use of GS1 Standards in the United States includes: GTIN for product identification, GS1-128 and UPC bar code symbols on products, GS1 Application Identifiers on products for production data, SSCC for identification of shipments on shipping labels and EDI transactions, GDSN to share product data with customers, GLN for location identification and the GLN Registry for Healthcare to share location data with customers.

"BD has printed billions of GS1 bar codes on products since adopting the standard more than three decades ago," said Sichak. "Going forward, we plan further investments in the infrastructure, ERP upgrades, and processes necessary to help our customers and regulators to implement and use standards in their systems."

BD will continue collaborating with Healthcare providers and supply chain partners as they migrate toward industry-established 2010 GLN Sunrise and 2012 GTIN Sunrise dates.

EFPIA proposes a standards-based approach

"EFPIA proposes an approach that is based on open standards and cooperation with key stakeholders," said Grant Courtney, Serialisation Global Business Lead, GlaxoSmithKline and representing EFPIA (European Federation of Pharmaceutical Industries and Associations) at the Global GS1 Healthcare Conference in Geneva. "Traceability solutions for pharmaceuticals need to be feasible, interoperable, cost effective and flexible for future extension. Some minimum standards are required for a pan-European product verification system, including GS1 DataMatrix as a data carrier and product numbers in a GS1 format. The product verification at the point of dispensing model, that EFPIA is supporting, is an ambitious and long term project which will improve supply chain security and patient safety, but it involves costs for all parties and requires definition of governance structures between key stakeholders. A pilot study in Sweden has established that the model works in practice and allows for effective identification of fake packs. The system is easy to use when fully integrated into the pharmacy workflow and existing IT systems."





"EFPIA will 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 and EU level," concluded Courtney. "Their support is critical to deliver requirements for pack integrity in the supply chain and verification at point of dispensing. We also need to ensure companies commit to implementation of GS1 DataMatrix and mass serialisation on all packs over an agreed period of time."

EMD Serono builds traceability solution

EMD Serono's development of secure supply chain systems began in 2002 with pharmacist authentication of serialised packages of its human growth hormone drug Serostim. Upon the company's acquisition by Merck KGaA in 2007, EMD Serono embarked on a global track and trace solution for identifying product throughout its supply chain, starting with its manufacturing facilities in Italy and Switzerland.



"We knew early on that we needed a global solution for track and trace, for meeting legislative mandates and as a means of promoting patient safety," says Richard Feldman, Vice President, trade and product security, EMD Serono. "Our products are high-value injectables and as

such, are vulnerable to wrong-doers. We said at the start that we wanted to capture all of the events in our supply chain, from the time it leaves the factory through to pharmacy distribution."

Two-dimensional GS1 DataMatrix bar codes containing SGTINs (Serialised Global Trade Item Number) are pre-printed on the saleable-level boxes. Data captured when bar codes are scanned at the end of the packaging line are shared with the company's U.S.-based third-party logistics vendor. When orders are picked and shipped, the information is transferred to a third-party e-pedigree vendor. After receiving product, wholesalers and pharmacies can retrieve the pedigree documenting each change of ownership via a web portal. "Since the project began, we have had success in preventing incidence of diversion and counterfeiting of Serostim," Feldman says. Having implemented solutions for pharmacist authentication and supply chain visibility, the company is now expanding 2-D data matrix coding to all products, as well as upgrading its technology. For managing the serialised information, EMD Serono developed an EPCIS-like event-tracking system.

J&J supports GS1 DataMatrix pilot study in Belgium



"For a company like Johnson & Johnson, which operates at an international level, global standards are necessary," said Stef Vermeiren, Vice President global supply chain at Ethicon (Johnson & Johnson). "The Healthcare sector needs a uniform coding system to ensure the global security of its products and allow suppliers to harmonise their internal supply chain processes.

"The GS1 DataMatrix code has the advantage that it can contain much more information in a much smaller area," added Vermeiren. "It does require custom printing processes in the production process and a different reading technique, but it makes it possible to uniquely code smaller unit packages (e.g., vials, small bottles, etc.) and to hold considerably more information.

GS1 Healthcare Belgilux initiated a pilot study to test GS1 DataMatrix at a unit pack level from production to patient. "Our company has committed to the standard at the global level to actively support it. The pilot study in Belgium allows us to actively gain experience using GS1 DataMatrix in supply chain processes; from production to patient. It also allows us to prepare for future large scale rollout and to work with our customers to better understand their requirements," concluded Vermeiren.

Australia: GLN to enable NEHTA eProcurement

"There is a lot of data associated with locations we need to manage, including location name, physical address and



Healthcare location type," said Ken Nobbs, Program Manager, Medical Products, National E-Health Transition Authority (NEHTA). "Current, manual processes for exchanging this data can lead to inaccurate transactions, errors in pricing information in the National Product Catalogue, errors and additional costs in deliveries of Healthcare products, stock-outs and longer lead times of key medications and medical products, difficulties in tracking and tracing products, greater time to complete product recalls which impact efficiency and, in some cases, patient safety.

The GLN (Global Location Number) is central to identifying trading partners and other important entities in eTransactions. Identification of locations and parties, for trading purposes, is integral to the efficient use of eProcurement. GLNs are particularly important for the rollout of the NEHTA eProcurement solution where they are used in the messaging to identify ordering party, supplier, ship to location and (in some cases) billing address. In joint partnership with GS1 Australia, NEHTA has developed GS1Locatenet GLN Directory for Healthcare, a tool to better manage location data designed to be a single source for all relevant GLN data to the Australian Healthcare sector, to validate GLN data and ensure accuracy and to provide the foundations for greater GLN utilisation in e-Health."



"The combination of the GTIN and GLN reduces costs and effort for all parties in the Healthcare supply chain, as the right product is delivered to the right location. Products can be tracked through the supply chain, and products and their locations can be identified for greater accuracy when recalling products," concluded Nobbs.

Read more: www.nehta.gov.au/media-centre/nehta-news/618-supply-chain

Australia: Medicines body looks at recall system

The Therapeutic Goods Administration (TGA) in Australia may introduce a new bar code based product recall notification system as early as June 2011. This new system will be based on a global product database created by GS1 Australia. "The RecallNet system would ensure compliance among individual Healthcare providers for pharmaceutical and medical goods," said Maria Palazzolo, CEO GS1 Australia.

GS1 Australia is currently piloting the system for the grocery sector and working with the Food Standards Australia and New Zealand (FSANZ) board to tweak requirements, with plans to roll out by January 2011. It is also in negotiations with the TGA and the National E-Health Transition Authority (NEHTA) to repurpose the system for the Healthcare sector for a June 2011 launch.

Product recalls for pharmaceuticals and medical goods are currently initiated and largely carried out by the manufacturer or sponsor of the affected product through a mixture of email, fax and any other notification methods available. Once the system is implemented in Australia, a recall notification can be issued directly from the supplier which will be notified once the Healthcare provider reads it. The recall catalogue would work in conjunction with GS1's National Product Catalogue, also being rolled out as part of its work with NEHTA.

"If there is a universal standard behind bar coding, it would make sense for scanning, but a lot of places don't have scanning technology," said Geoffrey Sayer, President Medical Software Industry Association (MSIA).



Council of Europe: EDQM Track & Trace project

"EDQM proposes a track & trace solution for pharmaceutical products whereby the manufacturer assigns a Unique Medicine Identifier (UMI) and whereby the UMI can be verified by the pharmacist, the patient, customs or other stakeholders," said Dr. François-Xavier Léry, Scientific Officer, European Directorate for the Quality of Medicines and Healthcare (EDQM), Council of Europe. "EDQM, as an intergovernmental organisation, can guarantee sustainable confidentiality of data. In March 2010, we completed the first phase of collecting users and business requirements. UMI will use a GS1 Identification Key and GS1 Application Identifiers for the serial number, expiry date, lot number and possibly for a national code. Stakeholders will be able to query to the EDQM Track & Trace Service to verify the existence of an UMI to a directory of EPCIS repositories [Electronic Product Code Information Service – a GS1 Standard to enable disparate applications to share event data]. We have now started phase 2 of the project: a live demonstration together with the relevant stakeholders. We will also exhaustively validate, country-by-country, technical options (business cases)."



"Some national systems have been (or are being) developed, but there is no interoperability and they are using different standards," concluded Léry. "But the multiplicity of coding formats requires higher investment costs from manufacturers (inline packaging), and this cost is passed on to other parties."

Global: UDI – Future device identification

"Earlier this year, the UDI Ad Hoc Working Group of the Global Harmonization Task Force (GHTF) released a discussion paper on the UDI system," said Jay Crowley, Senior Advisor Patient Safety, US FDA, "We are now developing final guidance by November 2010 to be presented to the GHTF Steering Committee." "We believe that UDI will bring great benefits for patient safety, improved vigilance and market surveillance and global trade," added Mike Kreuzer, Chair of ETF (eBusiness & Supply Chain Task Force), Eucomed, "But it is essential that a pragmatic (risk-based) approach is adopted and that Healthcare providers are fully resourced to respond. Regional authorities need to co-operate to ensure a truly global and harmonised UDI approach. The Eucomed membership is speaking with one voice and asking for one global system and standard! We recommend using the GTIN and production data (where appropriate)."



"In the USA, the FDA has conducted a pilot study to assess the feasibility of collecting, storing, and retrieving UDI data from initial creation (manufacturer) to point of use (hospital)," continued Crowley, "Users (hospitals) liked the UDI Database (UDID) – it provides data they regularly need, for example, information identifying alternate products and/or manufacturers, related to recalls. Data suppliers (manufacturers) however had concerns about data definitions, obtaining the data from various sources and manipulating for UDI upload. We are currently assessing how UDI data will impact FDA device information use in current systems." "The UDID should be the single global database for Core Product Identification Elements [attributes], and probably a network of databases," added Kreuzer, "We need clarification for the definition of the UDID purposes, the intended use cases and the UDID governance model."



Global: WHO – Building blocks of health information



“In order to achieve a comparable and interoperable system for health information, we need common terminology, common ontology with a proper information model, that is shared by all users, and common reporting methods such as case-mix groupings,” said Nenad Kostanjsek, FIC (Family of International Classifications), World Health Organisation. “As this is intimately intertwined with EHR, public health, decision support and clinical care, there are however many requirements, so the priorities are not always clear. We have evolved to an Internet-based

permanent platform open to all people in a structured way and empowering content experts and users. This Wiki enabled collaboration enhances discussion and allows peer review.”

Spain: Efficiency models in the Andalusian Healthcare supply chain



“By reengineering our logistics chain, we want to save 10%, or €200 million, by 2011 on our total budget for supplies and services of €2 billion,” said María Ramírez Gutiérrez, Economic Management Directorate, Andalusian Health Service (SAS). “We want to establish a sustainable development model in order to enhance patient security, increase logistics service level to the Healthcare activity and reduce our supply chain cost. Since 2004, we have been working on having all the information classified and centralised. We have adopted GS1 Standards for AIDC and

EDI purposes to be used in SIGLO, our logistics management system. In 2005, SAS signed a collaboration agreement with GS1 Spain. A work team then analysed the SAS needs and the

current status of codification in Healthcare, which resulted in a document stipulating the mandatory codification and symbology requirements. Between 2005 and 2010, suppliers have introduced logistics attributes based on GS1 Standards in our database for over 200,000 medical devices.”

“Collaboration is not enough, it is time for engagement,” concluded Ramírez Gutiérrez.

Switzerland: Securing the narcotic supply chain

“Securing the supply chain is an important part of the strategy to fight against narcotic abuse,” said Laurent Médioni, Canton Pharmacist, Canton of Fribourg, Office of Public Health, “To enable traceability, identification standards are essential. GS1 Standards are not specific to allow monitoring of the use of narcotics, but their use has helped to enable an efficient control system for the Swiss authorities. Each transaction is now subject to notification to the control authorities and each narcotic delivery to a patient needs to be documented. Standardised identification of products and



parties were very important for the successful implementation of this system. After years of experience, we can conclude that the adoption of these standards by the Swiss authorities has been an excellent decision.”

Turkey: 86% of medical devices identified with a GTIN

(continued from page 1)

The primary goal of the National Data Bank Project for Pharmaceuticals & Medical Devices (TITUBB) is to create a common ‘language’, to share data electronically between all relevant parties. The project is supported by the Ministry of Health, the Ministry of Labour & Social Security and the Ministry of Finance.

“In the past, different ways were used to communicate product data between stakeholders and different parties had different data for the same products,” said Doruk Göksin, Project Manager, TITUBB. “This did not fulfil the requirements of vigilance & reimbursement agencies. In 2009, the Turkish government launched an eGovernment project to minimise administration. An important part of this project is to do all public procurement via a platform called EKAP (Electronic



Public Procurement Platform). TITUBB will run a pilot study for medical devices and beta tests are planned for the end of July 2010."

"The TITUBB database is very useful for the industry," added Sinem Yamann, Chair Regulatory Steering Committee ARTED (the Turkish Association of Research based Medical Technology Manufacturers), "It provides the opportunity to enable eCommerce and adds value to the industry by decreasing the cost and resources needed. It also provides the opportunity to enable traceability. We have had several meetings with the work

group leading the TITUBB project, and have shared our ideas and concerns, for example, we have recommended the acceptance of GTIN-14 in the system to allow the registration of products with the correct and accurate package configuration information."

"The new design of the TITUBB database now allows to register GTIN-8, GTIN-12, GTIN-13 and GTIN-14," said Goksin.

The TITUBB project was awarded a certificate of merit by the International Social Security Association in its European 2010 Good Practice Awards.



NEWS FROM AROUND THE WORLD

Austria: Implementation of cytostatics

"In 2009, we prepared about 57,000 ready-to-use cytotoxic drugs, virustatics and monoclonal antibodies in our hospital," said Elfriede Dolinar, Head of Pharmacy Department, Vienna General Hospital. "To ensure the traceability, when compounding cytotoxic drugs from supplier to patient, we started a project in November 2009 together with GS1 Austria, six pharmaceutical companies and a software vendor. GS1 Austria provided information on standards and contacts to the industry and network partners, including for example the University Hospitals of Geneva (HUG). A unique identification number will be printed on each label using GS1 DataMatrix, and scanned at the point of dispensing in the pharmacy, at the point of delivery to the ward and at the point of administration. We are currently in a transition period where we are handling products without data matrix, but we want to make this period as short as possible."



Canada: Medication safety – rising above the bar

"In spite of the absence of a national mandate, Canada has a National Bar Code Strategy and GS1 Canada is the 'engine of integration,'" said Doris Nessim, Director of Pharmacy, North York General Hospital. "A Canadian Adverse Events Study in 2004 already stressed the need for enhancing patient safety, related to medication use in hospitals. At North York General Hospital, the guiding principles of our eHealth Strategy include patient safety, access to information, support learning, accountability & performance management and a secure and dependable information technology infrastructure. We have already implemented positive patient identification (bar code wristband), hospital-wide electronic scheduling and electronic inter-professional documentation. In a next phase, we will introduce Computerised Physician Order Entry (CPOE), a medication integration process, and Bar Code Medication Administration



(BCMA). Through the leadership of the Institute for Safe Medication Practices Canada (ISMP), and the Canadian Patient Safety Institute (CPSI), the Canadian Pharmaceutical Bar Coding Project has recommended GS1 automatic identification standards to enable patient safety best practices across the country."

For more information visit: www.ismp-canada.org

Europe: Redesigning the drug distribution system in hospitals

"In hospitals, personalised treatments are prepared in the pharmacy or ward, and administered by nurses to the patients. A complete and unambiguous identification of the drug, up to the moment of administration, is a key element of a safe dispensing procedure when drugs are dispensed in multiple dose blisters which are mostly separated during drug dispensing, and, as a consequence, some information may be absent in the resulting dose and an accurate control at the bedside is no longer feasible," said Roberto Frontini, Chair, European Association Hospital Pharmacists (EAHP). "To guarantee the permanent identification of a pharmaceutical product and secure its traceability within the hospital medication chain essentially, in order to prevent medication-related errors, EAHP requests the introduction of single dose packed medicines. This means that each single-dose is individually and fully labelled; a number of single doses might be attached to each other, but should be easy to separate through a perforation.

"Hospital pharmacists strongly recommend the use of a recognised international standard, like the GS1 Identification Keys and GS1 DataMatrix," concluded Frontini.

To read the EAHP Position Paper on unit dose bar coding, visit: www.eahp.eu/Advocacy/Bar-coded-unit-doses

Germany: Hospital networks call for GS1 Standards

Sana Kliniken AG, EK-Unico and P.E.G., three leading hospital networks and purchasing organisations in Germany, with a combined purchasing value of approximately € 4.2 billion, have called for the introduction of GS1 Standards in German hospitals, which will help to make hospital's processes more



efficient and transparent. The organisations believe that the current situation, with a mix of product identification data systems across medical device suppliers, is no longer sustainable. Global Standards are needed to support the Diagnosis Related Groups (DRG) based hospital financing system in Germany.

Global: Accreditation as tool for quality improvement

"Accreditation is a comprehensive and powerful tool for quality improvement in hospitals," said Dr. Carlo Ramponi, Managing Director Joint Commission International (JCI) Europe. "It has been found to be effective in many cultures and countries with very different systems, but it should not be considered as a goal in itself, but an opportunity for undertaking a journey toward quality and safety. Each function is made of a different set of standards that we define as performance expectations with respect to; structure, process, and outcomes that must be substantially in place in an organisation to enhance the safety and quality for patient care. Standards provide the framework for evaluation of the systems and processes of the entire organisation and are designed to be neutral."



Japan: Identification of surgical instruments

"In about 1 out of every 10,000 surgical procedures, an instrument or sponge is left inside the patient," said Dr. Kazuhiko Yamashita, Division of Healthcare Informatics, Tokyo Healthcare University. "For many surgeries, at least 10 types and a 100 or more surgical instruments are used, and some of them are very similar to each other. Nurses are required to quickly and manually count all of these instruments before,



during, and after surgery, and it is believed that this creates environmental factors that make human errors more likely to occur. We have now conducted a study implementing individual data management of surgical instruments using RFID tags, whereby we have developed a ceramic RFID tag that can be attached to surgical instruments. This RFID tag is capable of containing 128 bytes of information. With this amount of information retained and available for reading and writing,

individual management can be implemented for a sufficient number of surgical instruments in a sustainable way. We have conducted experiments for repeating sterilisation characteristics, moisture resistance and ultrasonic resistance during washing processes, and impact resistance against falls. There were no RFID tags that became incapable of communication or had exterior damage in the process of high-pressure steam sterilisation, and the failure rate was zero.

The Netherlands: Creating value at Erasmus MC



"ICT innovation is one of the three pillars of our hospital's strategy," said Erik Zwarter, Project Manager, Erasmus MC Hospital, Rotterdam, "this includes the implementation of a new electronic patient record. We also want to create value by improving our data management. We have worked on several automatic identification projects, including medication verification at the paediatrics intensive care unit, electronic registration in the blood transfusion process and automatic recording of implants in the operating room. This has allowed us to save time in the transfusion

process, as it now only requires 1 nurse instead of 2. In the operating room, we no longer have to apply labels for implants, allowing for paperless administration and keeping cost per patient and consumption transparent."

Read more: www.gs1.org/docs/healthcare/GS1_Healthcare_Reference_Book_2010-2011.pdf

The Netherlands: iPhone application 'Self Care'

The iPhone application 'Self Care' in the Netherlands provides access to the leaflets of 750 over-the-counter medicines. The bar code reader of the iPhone scans the bar code on the package and then transmits the leaflet for reading on the screen. This new application is part of a campaign by Zelfzorg in the Netherlands to encourage people to read the package and the leaflet. Zelfzorg.nl is supported by Neprofarm, the Dutch association of the pharmaceutical industry of OTC medicines and health products.



Read more: www.iphoneclub.nl/74645/bijsluiter-raadplegen-met-iphone-applicatie-zelfzorg

Switzerland: Interoperability at HUG

"Almost interoperable is not interoperable," said Prof. Christian Lovis, Head of the Clinical Informatics Unit, HUG (University Hospitals of Geneva), Switzerland, "a chain is only as strong as its weakest link. We need shared semantics provided through standards such as SNOMED, HL7 and GS1. This allows us to bridge the gap between logistics processes, patient care and governance. GS1 Standards enable traceability, and are not institution specific. They also allow the capture of all production data. We have implemented solutions based on GS1 standards to ensure traceability of infusions and biomedical devices and instruments. But also for non-medical products like professional clothing, in which case we were able to decrease cost and increase availability."



UK: Over £1 billion spent on fruitless searching

The UK's 400,000 NHS secondary care nurses are spending almost four hours each week searching for medications, patient records and medical devices according to a survey by GS1 UK and the Nursing Standard journal. The research carried out among 861 nurses from across the UK, highlights that the treatment of hospital patients is being jeopardised as over a third (35%) of nurses face daily shortages of medical supplies and one in four (26%) admit that patient records and laboratory results go missing at least once a day. For the NHS, this could mean that over £1 billion of salary expenditure - equivalent to 26 days lost each year per nurse - is being spent on fruitless searching for medical items that could be located instantly by using coding technology. Frustrated nurses believe that everyday supermarket style bar code scanning technology could help alleviate the problem. "This survey clearly demonstrates that simple changes to the way hospital wards are organised can have a major impact on the ability of nurses to provide high quality patient care," concluded Graham Scott, editor of Nursing Standard.



UK: eProcurement saves Leeds £6 million per year

"The eProcurement project at Leeds allows us to save £6 million per year by reducing the total time cost and process cost per purchase order," said Graham Medwell, e-Business Manager, Leeds Teaching Hospitals NHS Trust. "The savings are only realised through expert support at the hospital level. The continuous improvement project needs to be owned at a senior level in the hospital and the benefits have to be rigorously measured. Accurate clean data is the backbone. Standards, such as GS1, UNSPSC and XML,

facilitate eEnablement. We are using GLN for location identification and GTIN for product identification. GHX Nexus, linked to GDSN, is our platform for our catalogue and contract management."

- Case study: Using asset tracking to improve patient safety and productivity ([for further information click here](#)).
- Case study: Integrating information flows in orthopaedics at Leeds Teaching Hospitals NHS Trust ([for further information click here](#)).
- A case study about the GLN project at Leeds is currently being developed.



USA: The progress of Healthcare standards

"Forty percent of the buyers time in hospitals is spent on manual transactions. We need to promote the use of information technology (EDI, bar codes, RFID, etc.) to save buyer's time, reduce order errors and increase accuracy and speed," said Robert Perry, Systems Analyst, Defense Health Services System and Past President Association for Healthcare Resource & Materials Management (AHRMM). "In 2006, AHRMM took a stand: We can no longer tolerate the inefficiencies impacting our part of the Healthcare system. If we all went to our boards of directors, our CFOs and customers and said, 'we can add billions of dollars to the collective bottom line,' do you believe we would attract their attention? We need to leverage supply chain data to improve quality of care, value and patient experience, and ensure asset & transaction visibility from birth to grave. We need to educate hospital CEOs, CFOs and CIOs presenting a report detailing operational inefficiencies, discrepancies and time spent resolving issues, and demonstrate savings 'before and after standardisation'. With the support and leadership of GS1 US, we are continuing to move to the adoption of GS1 Standards in the next 5 years."



USA: Coalition urges FDA to establish GS1 Standards-based UDI system

"As members of the Advancing Patient Safety Coalition, we write to urge the Food and Drug Administration (FDA) to issue a proposed rule immediately that establishes a unique device identification (UDI) system that supports both national and global needs through the GS1 System," the Coalition, a group of providers, Healthcare-quality and patient-advocacy organisations, writes in a letter to the FDA.

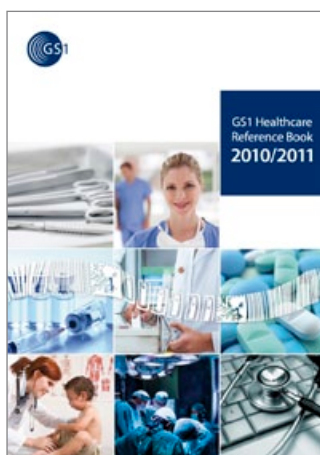
APS Advancing Patient Safety Coalition

"The UDI is critical to patient-safety improvement initiatives as well as implementing electronic health records and the delivery system reforms included in the recently enacted health reform bill."

Read more: www.aunanet.org/resources.cfm?ID=504

GS1 HEALTHCARE UPDATE

Sixteen Healthcare experts contribute to 2nd Reference Book



GS1 Healthcare has recently published its latest edition of the Healthcare Reference Book 2010/2011: Experts from different countries and different backgrounds share their insights on important regulatory and industry developments, adoption initiatives, lessons learnt from implementation projects and more.

Some notable excerpts:

- *"The FDA's vision is a UDI system that is integrated and harmonized with global efforts to ensure patient safety benefits are realized worldwide."* – Jay Crowley, Senior Advisor for Patient Safety, US FDA
- *"[...], we [Mayo Clinic] are requesting that our supplier partners convert their ascribed account numbers and product descriptions to the GS1 GTIN and GLN standards consistent with 2010 GLN Sunrise and 2012 GTIN Sunrise dates."* – Joe Dudas, Director of Accounting and Supply Chain Informatics, Mayo Clinic (USA)
- *"Our previous experience with GS1 Colombia as regards product coding and synchronisation, as well as developing solutions on a standard system for both chains and suppliers, made us think that it would be less complex to develop and implement a traceability solution created by GS1 Colombia."* – Luis Gonzalo Giraldo Marin, CEO, Caja de Compensación Familiar Cafam [Cafam Family Compensation Bureau] (Colombia)

- *"In 2009 Health Purchasing Victoria (HPV) requested suppliers who wished to tender to supply pharmaceutical products, to provide tender data in the format of the NPC [National Product Catalogue hosted on GS1 Australia's GDSN-certified data pool] Browser Template [...] For HPV, this resulted in a 60% improvement in data matching with items from the current contract."* – Tom Truman, Manager Tenders and Contracts, Health Purchasing Victoria (Australia)

To read more, download the GS1 Healthcare Reference Book 2010/2011 ([for further information click here](#)).

Over 50 dossiers in Public Policy Database

The GS1 Healthcare Public Policy Database is an online system providing, all GS1 Healthcare global members, access to information on laws, regulations, directives etc., relating to Healthcare product identification, product master data and traceability. The database was launched earlier this year and over 50 dossiers from 33 countries, covering both pharmaceutical and medical device requirements, are already available. The GS1 Healthcare Public Policy Work Team will continue to add information and keep the information up-to-date.

To read more visit: <http://healthcare.gs1.org/pp/>

David Bates and GS1 speak at Safety Leaders webinar

Over 600 hospital representatives joined the Safety Leaders webinar 'Barcoding end-to-end solutions: From pharmacy to bedside', including presentations by Prof. David Bates (Brigham and Women's Hospital, Boston, USA) and Ulrike Kreysa (GS1 Global Office). The webinar provided participants with the opportunity to learn more about the evidence-based literature supporting the use of the bar code electronic

medication-administration system and the need for the use of standard bar code symbology.

To view the webinar [click here](#).

The webinar was hosted by the Texas Medical Institute of Technology (TMIT), a medical research organisation dedicated to accelerating performance solutions that save lives, save money and build value in the communities they serve and ventures they undertake.

Read more visit: www.safetyleaders.org

Dennis Quaid hosts Discovery Channel documentary

The Discovery Channel documentary, "Chasing Zero: Winning the War on Healthcare Harm", hosted by Dennis Quaid and co-produced by TMIT and the Discovery Channel, highlights "extraordinary impact through ordinary things" that patients and caregivers can do to improve patient safety. In April, the Quaid Foundation merged with TMIT. The foundation was formed by Dennis and Kimberly Quaid in 2007, after hospital personnel administered an overdose of heparin, a blood thinner, to their 12 day old twins, putting their lives at great risk.



For further information please go to:

www.safetyleaders.org/discovery/?step=1#tabs

Staying up-to-date on supply chain security developments



SecuringPharma.com is a free-to-access information service that covers the issues surrounding counterfeit medicines and supply chain security, in the pharmaceutical industry. Its aim is to provide practical advice and market intelligence to help pharmaceutical manufacturers keep up-to-date with developments in the field and define their own strategies to safeguard the supply chain, from raw materials right through to the patient. Key developments in;

authentication, verification and track and trace technologies, the regulatory environment and the evolution of data standards, are covered.

GS1 draws crowd at 2010 GHX Supply Chain Summit

Growing interest in GS1 Standards was evident at the 2010 GHX Supply Chain Summit. All of the educational sessions touched on the need for organisations to act now and begin preparing for the transition if they have not done so already since standards have the potential to improve efficiencies and reduce costs. The need for trading partner collaboration was a prominent theme throughout all the sessions, with presenters acknowledging that because standards implementation is a complex process, it is crucial that trading partners align goals and activities. During the GHX Industry Standards User Group Meeting, Corwin Hee, director of e-commerce for Covidien stated, "Trading partners need to create a clear consensus – both sender and receiver need to know what each other is doing and what the other needs to make this work."

GS1 Spain celebrates 10 years of collaboration in Healthcare

GS1 Spain, together with their Healthcare members, regional authorities and industry associations, celebrated 10 years of effort and collaboration to advance standardisation in the Spanish Healthcare supply chain. During the Healthcare Forum on 19th May, strategies were discussed to strengthen the future Healthcare supply chain on the medium and long term. Case studies were also presented by leading Healthcare providers and suppliers including; Hospital Clínic de Barcelona and Laboratorios Esteve.



Traceability in Healthcare seminar in Algeria

"In the absence of a legal and regulatory framework for traceability and coding in Algeria, few mechanisms are used to secure the transparency of the Healthcare supply chain," said Hamid Recham, CEO GS1 Algeria, "Such systems require investments, but provide undeniable advantages in terms of inventory control, flow and product traceability. Furthermore, anti-counterfeiting regulations are emerging in other countries and we also need a reliable policy to ensure global harmonisation."

GS1 Algeria hosted its second Healthcare seminar in Algiers in April. "This seminar provided the opportunity for users to 'diagnose' the current situation in Algeria and to raise the awareness of the challenges ahead of us among the authorities and the user community," concluded Recham.

GS1 Healthcare workshop in Jordan



Key stakeholders of the Healthcare supply chain in Jordan attended a two day workshop in April in Amman (Jordan), hosted by GS1 Jordan, in collaboration with PHA (Private Hospital Association), JAPM (Jordan Association of Pharmaceutical Manufacturers) and JEDCO (Jordan Enterprise Development Corporation). International experts provided in depth guidance on GS1 Standards in Healthcare to over 100 participants.

GS1 Healthcare concludes successful 17th global conference

About 180 participants from 20 countries joined the 17th Global GS1 Healthcare Conference from 22 to 24 June in Geneva. Over 20 international experts shared their insights on important industry and regulatory developments; in automatic identification, traceability and electronic product catalogues. Several interactive breakout sessions also featured roundtable discussion groups on very practical implementation topics.

Visit the post-event website at:

www.gs1.org/healthcare/news_events/220610



UPCOMING GS1 HEALTHCARE CONFERENCES

- **9-11 November 2010**
Singapore
Conference website coming soon
- **April 2011 (exact date to be determined)**
Washington DC



GS1 HEALTHCARE NEWSLETTER IS A PUBLICATION OF:



GS1
Blue Tower, Avenue Louise 326, b10
BE 1050 Brussels, Belgium
T +32 (0)2 788 7800
F +32 (0)2 788 7899

Publisher: Ulrike Kreysa, ulrike.kreysa@gs1.org
Editors: Jan Denecker, jan.denecker@gs1.org
Jim Willmott, Smiths Medical

For more information, please contact: healthcare@gs1.org
or visit: www.gs1.org/healthcare