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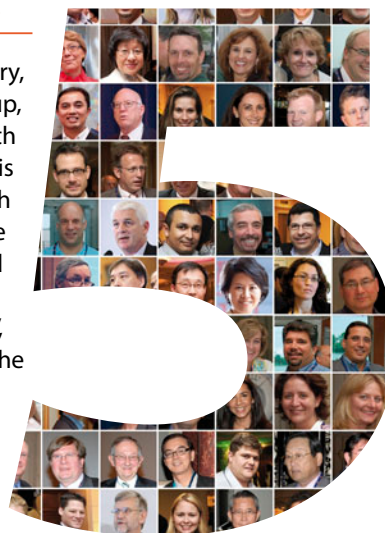
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**GS1 Healthcare Update** ..... 15

- EAHP and GS1 team up to advance patient safety
- GS1 becomes newest member of the Joint Initiative Council
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## GS1 Healthcare, 5 years and 20 newsletters later...

GS1 Healthcare, the voluntary, global Healthcare user group, is proud to celebrate its fifth anniversary this year. This newsletter is also the twentieth edition, so we are taking the opportunity to look back (and forward) in a special feature "Looking back, moving forward", including testimonials from the first co-chairs, Rich Hollander & Volker Zeinar and articles by Mark Neuenschwander, Jean Sargent and Prof. Christian Lovis. But there is more: GS1 Healthcare in numbers, GS1 Healthcare's major milestones, a 'before and after' (or how user group participation helps to age well...), and more memories.

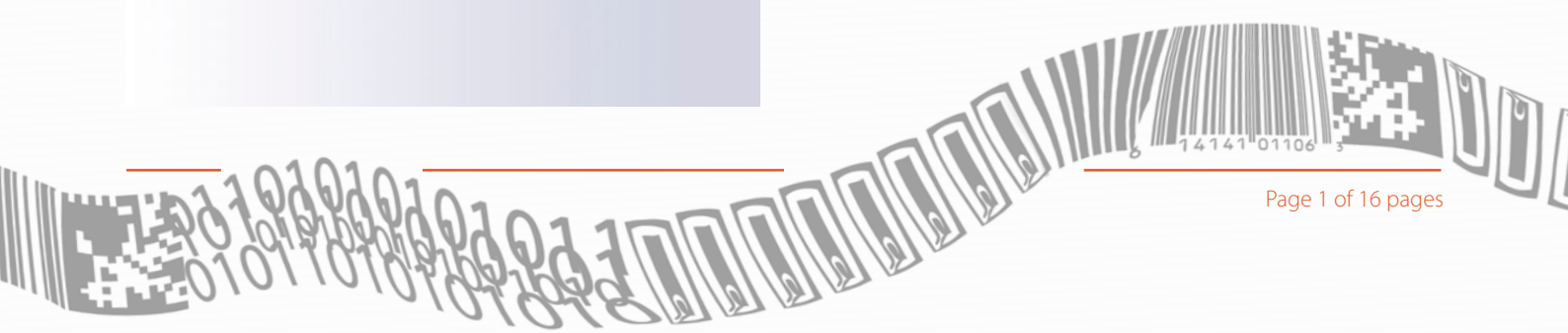


*Continued on page 2*

## EAHP and GS1 team up to advance patient safety

The European Association of Hospital Pharmacists (EAHP) and GS1 have signed a Memorandum of Understanding to collaborate in promoting patient safety. "For several years now, EAHP has been looking into their requirements for bar coding of medical products. We are looking forward to contribute to the GS1 Standards development process," said Roberto Frontini, President, European Association Hospital Pharmacists (EAHP).

*Continued on page 15*



## SPECIAL FEATURE:

# GS1 HEALTHCARE, 5 YEARS AND 20 NEWSLETTERS LATER...

## Looking back, moving forward

### The best is yet to come...

By Ulrike Kreysa, Director Healthcare, GS1 Global Office

On 23 May 2005, twenty-three visionary stakeholders from around the world agreed to establish a global user group to lead the Healthcare sector in the development and implementation of global standards, by bringing together experts in Healthcare to enhance patient safety and supply chain efficiencies. Most of the founder members are still actively involved; many more have joined them.



Ulrike Kreysa (São Paulo, Brazil 2010)

Although GS1 has existed for over 30 years and GS1 Member Organisations worldwide have supported the Healthcare sector for many years, it was in 2005 that industry leaders agreed to kick off a truly global initiative.

The user group was tasked to further develop global standards to meet emerging Healthcare requirements, such as eHealth, traceability, eCommerce, and unique device identification, and to drive global harmonisation. Although standards development work continues, today there is a solid foundation of global standards available to the Healthcare sector to implement standards-based solutions that will make the Healthcare supply chain more secure and efficient. Many local user groups have already launched national programmes, pilot projects and other initiatives to drive adoption and implementation in their country.

It is also an opportunity to convey a sincere thank you to the hundreds of volunteers worldwide for their continuous support and engagement over the last five years.

GS1 remains committed to facilitate the work of GS1 Healthcare! We can all be very proud of what we have achieved so far and look forward, with confidence, to what is yet to come. The work we all are doing will improve processes that will benefit patient's lives.

### Moving mountains

By Rich Hollander

Compared to other sectors, the Healthcare sector has lagged behind in adopting GS1 Standards, and there is a reason for that: the pharmaceutical supply chain is a closed system that works well. High value products are quickly and efficiently moving around the world. However, our world is changing: regulations are emerging, and our industry will have to embrace global standards. But many regulators didn't know about GS1 Standards. The opportunity was there for GS1 to step up and lead the Healthcare sector to use the GS1 System of Standards.

*"The opportunity was there for GS1 to step up"*

The global Healthcare user group has allowed us, and still allows us, to interact with government officials and other key stakeholders worldwide to understand their needs and turn those needs into solutions for the entire Healthcare sector. Since we launched the group five years ago, we have come a long way. We haven't solved all issues, but we are there, front and centre. The group continues to increase engagement with regulatory bodies and other stakeholders worldwide, directly or indirectly, to improve patient safety and supply chain efficiency.



Rich Hollander in 2005 (Brussels, Belgium) and in 2010 with colleagues (São Paulo, Brazil)

When I look at what the working groups and work teams have done, from the development and introduction of the GTIN Allocation Rules for Healthcare, to the work on serialisation, data carriers, and traceability, the results speak for themselves. They also provide the regulatory bodies with a reason and rationale on why they should look at, and adopt, GS1 Standards to solve what they want to achieve. Moving forward, I see all of this continuing. But I see the focus shifting



from 'just' the package coding strategy to a system approach: traceability systems, eCommerce, master data management systems, and so on. I see opportunities for GS1 Healthcare over the next five years to facilitate supply chain solutions to improve patient safety and increase efficiency. It will be a journey to get there; we'll have to move mountains again to enable interoperable systems in the Healthcare supply chain.

As one of the first co-chairs [of the GS1 HUG], I feel privileged that I could help shape this global Healthcare user group and put something in place that allows the Healthcare sector to advance global standards to effectively and efficiently comply with emerging requirements.

**Rich Hollander** is Vice President, Packaging Services, Pfizer, Inc. and served as Co-Chair of the GS1 Healthcare User Group (HUG) from 2005 to 2007.



Volker Zeinar in 2005 (Brussels, Belgium) and in 2010 (São Paulo, Brazil)

## 'The Spirit of Princeton'

By Volker Zeinar

Hard to believe, but it's true, it's already five years since GS1 invited a small group of 'enthusiasts' from the pharmaceutical and medical devices industry around the world, to meet in Princeton, NJ (USA). We discussed whether there was a need in the Healthcare sector to work on common goals regarding topics like machine-readable product identification, data standards or eBusiness. After two busy days, full of workshops and discussions, this group of 'pioneers' (by the way, mainly industry competitors and GS1 folks) were convinced that global standards would contribute to improving patient safety and to increasing supply chain efficiency. Before we left Princeton, all participants agreed to establish the GS1 Healthcare User Group (the 'HUG', later renamed, GS1 Healthcare).

The Mission & Vision was defined very quickly. Also, the first work teams were established and face-to-face meetings organised. As there was a lack of global standards in the Healthcare sector, the first major decision was to prioritise the huge workload. We had to find answers to questions like 'What do we need to do first, as a prerequisite for other activities?' or 'Whom else do we need to have working on those topics?' We had an idea of what the group activities

could be, but I believe none of us could imagine what kind of success story we really started at that time.

*"None of us could imagine what kind of success story we really started at that time"*

Now – after 5 years, 18 global conferences, 20 newsletters and thousands of hours of telephone conference calls - many important pieces of work are complete; global standards for AIDC, data exchange and traceability are available. Several pilot projects are currently running and the community of GS1 Standards supporters from around the world (i.e., Healthcare supply chain stakeholders, regulatory bodies, other standards bodies and solutions providers) is growing continuously. Furthermore, the 'Spirit of Princeton' is still there, or even stronger. From now on, we will mainly focus our efforts on standards implementation. Only by the implementation of global standards, throughout the entire global supply chain, can we achieve our main goals to improve patient safety and to increase supply chain efficiency. The regulatory bodies' support of global standards is another very important prerequisite. Healthcare is a global business and therefore needs the adoption of globally harmonised standards. Country-specific or even regional requirements are at best sub-optimal.

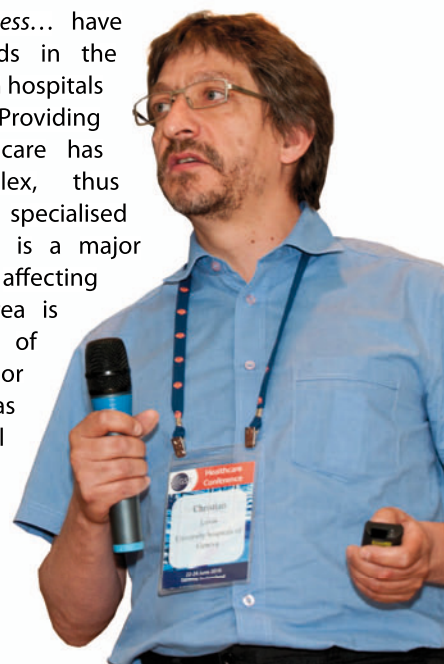
We are all aware of the fact that standards implementation will take time, and surely some nerves, but it is time to move forward now.

**Volker Zeinar** is Global Coordinator Auto-ID Affairs at B.Braun, served as Co-Chair of the GS1 Healthcare User Group (HUG) from 2005 to 2007, and is currently Tri-Chair of GS1 Healthcare.

## Bridging the gap between vision and action

By Prof. Dr. Christian Lovis

*Safety, quality, cost effectiveness...* have become very popular words in the Healthcare sector, especially in hospitals and other care facilities. Providing care and managing Healthcare has become incredibly complex, thus requiring increasingly highly specialised competences. Fragmentation is a major challenge for the sector, affecting all areas. One important area is identification: identification of individuals, such as patients or caregivers; of items, such as drugs and all kind of medical devices; and of facilities and locations. Unambiguous identification proves to be challenging in Healthcare.



These last years, GS1 and its members have started to address the Healthcare needs. Perseverance, overcoming ethical constraints, dealing with the 'Tower of Babel' of legislative requirements... GS1 started to play a predominant role in bringing its expertise in the field of building a unique and shared framework for identification. Solutions start to become available; the strength of GS1 is to contribute with a lot of competences in all areas, embedded in a robust development process, targeting consensus without losing content.

One of the important achievements this year has been the joint workshop of HL7 and GS1 in Reykjavik, Iceland. Building a common vision between the most important player in Healthcare interoperability (HL7) and the most important player in interoperability of the supply chain (GS1) was an important milestone.

This is the top down approach. On the other hand, numerous people within the GS1 Healthcare community have worked hard to manage day-to-day challenges in Healthcare. The learning process has been impressive for most of us experiencing the daily business of facing these challenges.

*"The next years will be important for the GS1 Healthcare community"*

The next years will be important for the GS1 Healthcare community, to bridge the gap between vision and action. Improving care processes and care efficiency requires continuity of care overcoming numerous barriers. Being able to rely on globally harmonised identification standards is critical. This is where GS1 has to play its role, for the benefit of the patients.

**Prof. Dr. Christian Lovis** is Head of the Division of Medical Information Sciences at the Geneva University Hospitals (Hôpitaux Universitaires de Genève). He is also Associate Professor of Clinical Informatics at the University of Geneva. He is chairing the Hospital Information System working group of the International Medical Informatics Association and the Traceability working group of the European Federation of Medical Informatics. The Geneva University Hospitals was one of the early adopters of GS1 Standards and was awarded the Stage 6 HIMSS Europe EMRAM Award at the 2010 HIMSS Europe Health IT Leadership Summit.

## What is exciting today will be considered standard tomorrow

By Jean Sargent

I have been deeply involved with GS1 Standards for 3 years now, and have witnessed the transition from "what are standards" to "what are you doing to implement the standards". It is remarkable to see how the Healthcare sector has pulled together to address the various situations that are specific to Healthcare. My involvement with GS1 Healthcare has enabled me to have access and contribute to work group activities which have had a direct impact on the development of standards.



Transition from "what are standards" to "what are you doing to implement the standards"

The rising cost of Healthcare is pushing us to change how we practice Healthcare, including reform, true implementation of value analysis processes, changes in reimbursement based on patient outcomes, patient care continuum to include home health to hospital and back home again. Senior leaders in my facilities, including the Chief Medical and Chief Financial Officers, understand the benefits global standards bring to the patient and support their implementation.

What is exciting today will be considered standard tomorrow. With the momentum that is building quickly throughout the Healthcare supply chain, we will have significant adoption of standards from the manufacturer through the patient record over the next five years. For example, the use of the Global Data Synchronisation Network (GDSN) to update hospital systems with standard information, including the product attributes that are important to patient safety (such as 'contains latex' or 'sterile'), will be of more significance than is realised today. The ability to know what patient allergies exist and a quick scan of a product indicating to the clinician that an adverse reaction exists will support the patient safety initiatives throughout the world.

A phrase I heard made me think of standards adoption – 'Accomplishment breeds accomplishment which fuels enthusiasm'. The enthusiasm is growing at a fast pace as there are documented successes, which speaks to the above statement. Share your accomplishments to enable others to reach the goal of patient safety. This is an exciting time in our sector. I am proud to be a part of the lead adopters that will look back 5-10 years from now and say – I had a part in that changing time.

**Jean Sargent** is Director Supply Chain USC Health Sciences, Los Angeles, USA, and Past President of the Association for Healthcare Resource & Materials Management (AHRMM) of the American Hospital Association. She is also a member of the GS1 Healthcare Leadership Team and serves on the Board of Directors of Bellwether League Inc., the supply chain "hall of fame." The Association for Healthcare Resource & Materials Management (AHRMM) has named Jean as the recipient of the 2010 George R. Gossett Leadership Award, the association's highest honor for individuals who have distinguished themselves in their dedication to the educational and professional development of the Healthcare supply chain and in elevating the status of this discipline.



## I've been thinking about connecting dots

By Mark Neuenschwander

The year I was born, Warner Brothers released the first color newsreel, Britain established the National Health Service, the fasting Mahatma Gandhi was assassinated, Babe Ruth died, Apple's Steve Jobs was still seven years away, oh yeah, and the bar code was invented.



It was 1948 when a local grocery chain approached Drexel Institute about developing a method for automatically reading product information during checkout. Bernard Silver joined fellow graduate student Joseph Woodland in working on a solution. They came up with a machine-readable code (called a "bull's eye"), comprised of a series of concentric circles. These codes were printed on labels that had to be placed on items by hand (not printed on product packaging as they are today).

While the bar code made its commercial debut in 1966, the year I graduated from high school, it took several years for grocers to discern that a better symbol was required and that an industry standard would be essential for widespread adoption. In 1971, IBM engineer George Laurer was assigned

the task of developing a bar code suitable for the industry. In 1972, his invention was adopted by the Uniform Grocery Product Code Council (a not-for-profit corporation formed by the grocery industry's leading trade associations). His symbol, still with us today, was eventually named the Universal Product Code (UPC), hinting that the council anticipated applications beyond groceries in the years ahead.

The first scanning system was installed at Marsh's Supermarket in Troy, Ohio, and on June 29, 1974, the first product (a 10-pack of Wrigley's Juicy Fruit chewing gum) was scanned.

Early bar code adoption was not impressive. A 1976 Business Week article, entitled "The Supermarket Scanner That Failed," noted that while experts had predicted 1,000 stores would have scanners by that point, only 50 were up and running.

Hang in there. By 1985, virtually every product in drug and grocery stores across America had a bar code. By 1990, virtually every product in retail had a bar code - mouthwash at Walgreens and deep-fried bananas at Kroger as well as duct tape at Home Depot and stilettos at Nordstrom.

However, it wasn't until 1991 that the first unit-dose drug package in the United States included a bar code. By 2000, only 30 percent of unit doses had bar codes. Hang in there. In 2004, the FDA issued a regulation requiring that drug manufacturers include linear bar codes on all immediate drug packages (effective April 2006).

### "A tipping point for hospitals implementing BPOC"

Looking back, this was a tipping point for hospitals implementing medication-administration bar coding at the point of care (BPOC) – a cause to which I and many of you are unabashedly devoted.

No one played a more catalytic role in prompting the FDA to this action than GS1 US, which traces its roots back through the Uniform Code Council to the Uniform Grocery Product Code Council.





Mark Neuenschwander – From preacher to bar code evangelist

Thank God, BPOC is no longer a voice crying in the wilderness. Not only is the movement sweeping across America (having exceeded 30 percent adoption), but it is also spreading around the globe, thanks largely to the tireless efforts of GS1 Healthcare's first five years. For example, last month the European Association of Hospital Pharmacists (EAHP) and GS1 announced that they have signed a Memorandum of Understanding to collaborate in promoting patient safety with bar coding. In Britain, the National Patient Safety Agency's *Guidance on the Standard for Patient Identifiers for Identity Bands* leaned heavily on the expertise of GS1 UK, whose leadership is influencing the spread of bar coding throughout the 62-year old NHS.

Recently, I looked up and reached out to bar code fathers Joseph Woodland and George Laurer. Sadly, I was not able to connect with Mr. Woodland, who is reportedly suffering from Alzheimer's. Happily, Mr. Laurer accepted my invitation to lunch. I wanted to know if he had any idea back in the day how his invention would impact patient safety today. No, he hadn't. More importantly, I wanted to thank these two gentlemen for their work, which paved the way to a safer point of care for patients everywhere.

While Babe Ruth's accomplishments have been captured on miles of film, Warner Brothers probably won't be making a movie about the men behind the bar code. Take nothing away from the Great Bambino, but it seems to me that greater contributions are made behind the scenes in the quiet of a lab or a garage than out in front of the cameras or down below the roar of the crowd. Mr. Woodland might be forgetful these days, but his good work should not be forgotten.

And so the torch passes from one generation to the next. As we are taking *our turn*, a line from Steve Jobs' commencement address to Stanford's class of 2005 resonates with me: "You can't connect the dots looking forward. You can only connect them looking backwards."

When progress seems to move at the speed of dark and our best efforts fail to produce their desired results, it's good to remember that a day will come when those who look back on our work will connect the dots. We're accomplishing more than we presently perceive.

"Keep the hang-in-there required for getting to that next dot"

Not to suggest that everyone gets it. We have the naysayers and a handful who take their shots. That's the time to draw inspiration from Gandhi who fought *on* without fighting *back*. While I could afford to downsize, I'm not so sure I'd be willing to fast like the guru until we're bar coding at all points of care. Nevertheless, I pray to keep the *hang-in-there* required for getting to that next dot.

Meanwhile, congratulations to GS1 Healthcare for five years of connecting the dots. Stay the course.

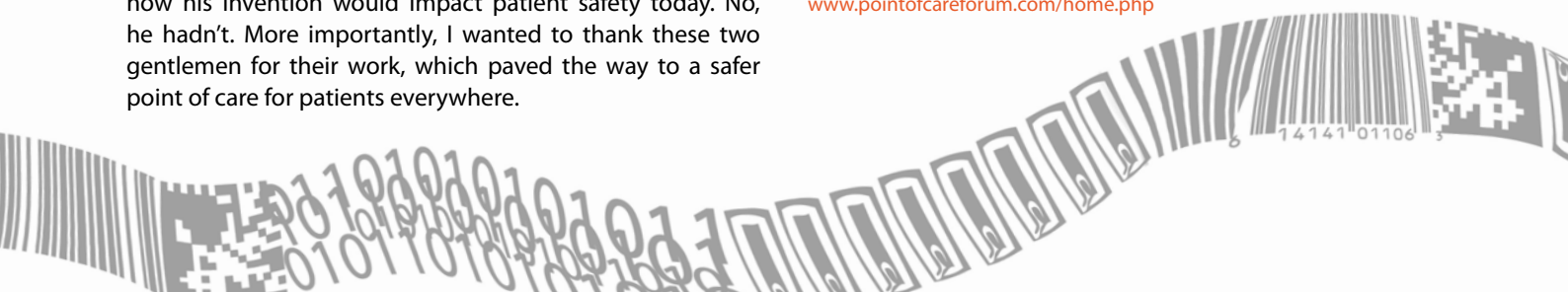
**Mark Neuenschwander** is one of the world's leading experts in the field of drug dispensing automation and bar code point-of-care systems. Whether writing, lecturing or problem solving with a client, Mark communicates in terms and concepts that are easy to grasp and apply. His fresh perspective and keen insight stem from having invested thousands of hours in research and in-depth consulting with clients. His blog entitled, "I've been thinking..." is read each month by thousands.

**Newsflash:** The Institute for Safe Medication Practices (ISMP) has announced that it will honour Neuenschwander with its Lifetime Achievement Award for his extraordinary contributions to medication safety. Neuenschwander will receive the award at ISMP's 2010 Cheers Awards Dinner in December ([www.ismp.org/cheers/invite.asp](http://www.ismp.org/cheers/invite.asp)).

The Neuenschwander Company

[www.hospitalrx.com](http://www.hospitalrx.com)

[www.pointofcareforum.com/home.php](http://www.pointofcareforum.com/home.php)



## GS1 Healthcare in numbers...

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**1** global Healthcare user group, leading the Healthcare sector to the successful development and implementation of global standards by bringing together experts to enhance patient safety and supply chain efficiencies.

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**3** industry leaders chair the current Leadership Team: Grant Hodgkins (Alcon Laboratories), Mike Wallace (Abbott Laboratories) and Volker Zeinar (B. Braun).

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**7** GS1 Healthcare work teams currently develop global standards, implementation guides and public policy input.

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**10** GS1 Healthcare work teams have already concluded their work, with standards and guidelines being published.

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**18** global conferences, providing a unique platform for Healthcare supply chain stakeholders, from around the world, to meet, share and learn from thought leaders and experts in advancing the development and adoption of GS1 Standards. [All conferences](#)

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**20** newsletters covering important government and regulatory developments, news from around the world and GS1 Healthcare global and local activities. [All newsletters](#)

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**23** GS1 Member Organisations are facilitating a local GS1 Healthcare user group. [List of local user groups](#)

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**25** representatives from the the global membership and GS1 Member Organisations constitute the Leadership Team, which meets on a weekly basis via conference call.

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**48** hours, round the world, marathon telephone/video conference call to finalise the requirements of the AIDC work group.

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**61** Healthcare organisations and companies are currently members of the global Healthcare user group and paving the way for further standardisation. [List of global members](#)

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**>500** work team members from around the world.

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**>2,500** total delegates at our global conferences.

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**>10,000** contact hours through leadership team meetings, work team meetings, roundtable meetings...

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**Countless** hours of vetting, off-line discussions, brainstorming...

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**Millions** of GS1 bar codes scanned, around the world, while you are reading this newsletter!



## GS1 Healthcare – Looking back – Some highlights

**May 2005**



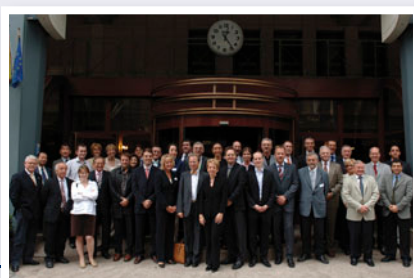
Kick-off meeting GS1 Healthcare User Group (HUG) – Princeton, NJ (USA) – 19 industry leaders meet and agree to establish a Healthcare user group

**June 2006**



Global conference in Minneapolis, MN (USA) hosted by Medtronic

**September 2005**



Global meeting in Brussels (Belgium) – European institutions and other governmental bodies present developments

**September 2006**



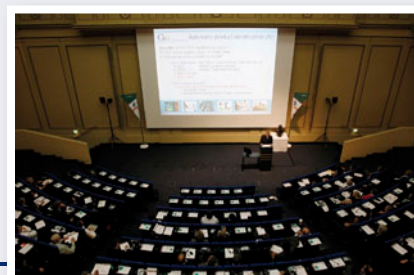
Global conference in Paris (France) hosted by Tyco Healthcare (now Covidien) – French hospitals present initiatives

**December 2005**



Global conference in Princeton, NJ (USA) supported by J&J

**February 2007**



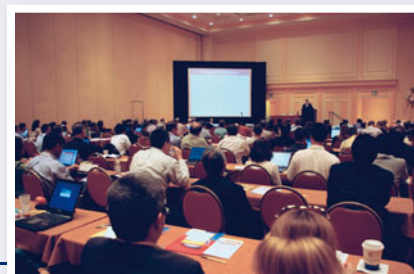
Global conference in Berlin (Germany) hosted by B.Braun in the old Eastern-Germany parliament building (now the Aesculap Academy); opened by State Secretary, Germany MoH

**March 2006**



Global conference in Rome (Italy) supported by Pfizer and opened by the Director General for Information Science System and Statistics at the Italian MoH

**June 2007**



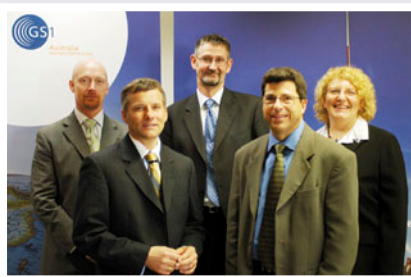
Global conference in Orlando, FL (USA) together with EPCglobal Healthcare & Life Sciences (HLS) Industry Action Group





**June 2007**

GS1 and HL7 sign Memorandum of Understanding to collaborate in standards development and alignment



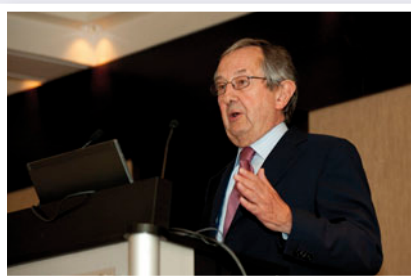
**August 2007**

National eHealth Transition Authorities in Australia endorse use of GS1 Standards in eProcurement strategy and New Zealand Ministry of Health announces Medication Safety Project



**September 2007**

GS1 and ICCBBA (International Society Blood Transfusion) sign Memorandum of Understanding to collaborate in standards development and alignment



**September 2007**

Eucomed announces position paper recommending the implementation of GS1 Standards



**October 2007**

Global conference in Windsor (UK) – European Commission and FDA present UDI vision



**February 2008**

Global conference in Granada (Spain) hosted by SAS (Andalusian Health Service) and opened by General Manager SAS



**May 2008**

Cenabast, Supply Center for the Ministry of Health in Chile, supports GS1 Standards



**June 2008**

Global conference in Toronto (Canada) opened by Chair of the Global Harmonization Task Force

**October 2008**



Global conference in Tokyo (Japan)  
– first time ever in Asia-Pacific  
and opened by MHLW Director of  
Economic Affairs

**October 2009**



Global conference in Hong Kong  
hosted by HK Hospital Authority and  
opened by Permanent Secretary for  
Health

**March 2009**



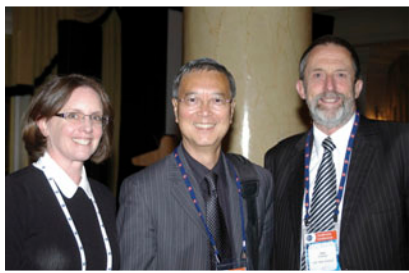
Global conference in Vienna (Austria)  
hosted by the Orthopädisches Spital  
Speising), first time ever in a hospital

**March 2010**



Leading US Healthcare organisations  
confirm support for GLN 2010 Sunrise  
and GTIN 2012 Sunrise, including  
AHRMM (Association for Healthcare  
Resource & Materials Management of  
the American Hospital Association),  
leading GPOs, Healthcare providers  
and suppliers

**May 2009**



The Institute for Safe Medication  
Practices Canada (ISMP Canada) and  
the Canadian Patient Safety Institute  
(CPSI) endorse the adoption of GS1  
Standards

**March 2010**



Global conference in São Paulo (Brazil)  
– first time ever in Latin America

**June 2009**



Global conference in Washington DC  
opened by FDA CDRH Director and  
broadcasted live via the Internet

**June 2010**



Global conference in Geneva  
(Switzerland) – EFPIA presents  
conclusions traceability pilot in  
Sweden based on GS1 Standards



## GOVERNMENT AND REGULATORY ACTIVITIES

### Denmark: Amgros announces tender requirements for bar coding

Amgros (Denmark) has informed its suppliers about future requirements for bar codes on primary and secondary packaging of pharmaceutical products for tenders in 2011 and the expected requirements for 2012 and 2013. Bar codes on the primary package (inner package) and secondary package (outer package) will contribute to enhancing patient safety through fewer medication errors.

Amgros has issued a technical guide designed to help companies put bar code labels on primary and secondary packages. A primary package is not a sales unit in Denmark, and therefore must not be assigned an item number (Vnr) from the Dansk Lægemediel Information A/S or will not have a marketing license. The primary package only needs a "product number" as an identification key (GTIN) in a bar code for the purpose of identification by medical staff via a bar code reader.



A secondary package is a sales unit in Denmark, and must have an item number (Vnr). The holder of a marketing license or his representative may request an item number (Vnr) to a pharmaceutical product when the pharmaceutical product has a marketing license. Vnr can be ordered from the Dansk Lægemediel Information A/S (DLI), which manages the system. The manufacturer can use a bar code starting with the Nordic item number prefix "704626" (NTIN – National Trade Item Number) if desired, but may also assign their own global GTIN (unique identification key), if desired.

Amgros is a public company owned by the five Danish regions. The organisation has the lead in tenders and procurement of publicly used pharmaceuticals and other medicinal products, as well as hearing aids in the Danish public health service. GS1 Denmark and GS1 Healthcare are working with Amgros to further develop and clarify the guidelines.

## NEWS FROM AROUND THE WORLD

### Austria: Hospitals advance GS1 Standards for cytostatics

The Wiener Krankenanstalten Verbund (Vienna Hospital Association), consisting of 15 hospitals with a total of 15,000 beds, has announced that they will require, as tender requirements for cytostatics, GS1 Standards. Those products will then need to have a label with a GS1 DataMatrix bar code including the GS1 Identification Key, lot number and expiry date. This will allow hospitals to ensure traceability from the supplier to the re-processing in the hospital pharmacy to the patient. One of the association's hospitals, General Hospital Vienna, started to implement such a traceability system in November 2009 together with GS1 Austria and six suppliers. Following the success of that project, other hospitals in Austria are now also planning to introduce such traceability systems.





## Canada: Healthcare sector ready for GS1 Standards

A majority of Canadian Healthcare institutions and their suppliers support moving to a pan-Canadian approach to bar coding Healthcare products, as well as sharing administrative data electronically, based on the GS1 System of Standards. According to a survey conducted by Innovative Research Group Inc., the sector believes that such a unified approach will improve patient safety and generate significant system-wide cost savings.

The survey found 89% of Healthcare institutions and 75% of Healthcare suppliers, who took part in this study, believe that harmonising Healthcare product identification practices, as well as inventory management processes using globally-recognised GS1 Standards, will generate substantial benefits for the Canadian Healthcare system.

Other key findings included:

- 52% of Healthcare institutions and 72% of product suppliers either use, or plan to use bar codes in the next two years to; capture, store, retrieve and transmit information about medical-surgical products.
- 48% of Healthcare providers and 40% of product suppliers have implemented, or are currently implementing, a strategic initiative to increase interoperability with supply chain partners.

*“Speaking one language”*

“Healthcare delivery may be managed provincially, but the products we use and the suppliers we interact with come from across Canada and internationally,” said David Loukras, Provincial Director, Performance, Integration & Transformation for the British Columbia Health Authority Shared Services Organization (SSO), and co-chair of GS1 Canada’s Carenet Healthcare Sector Board. “Coming from a provincial supply chain organisation, it is absolutely critical that Healthcare institutions and suppliers are speaking the same language when it comes to ordering the products distributed throughout our Healthcare facilities, and used in patient care. The GS1 System of Standards is the language we all need to be speaking in our Healthcare supply chain.”

Read more: [www.gs1.ca.org/docs/GS1Canada\\_Healthcare\\_Standards\\_Survey.pdf](http://www.gs1.ca.org/docs/GS1Canada_Healthcare_Standards_Survey.pdf)

## Canada: Baxter integrating GS1 Standards

Baxter Corporation’s manufacturing facility in Alliston, Ontario recently celebrated 50 years in operation, and with a long history comes experience. Due to its veteran position, the facility has continuously made improvements to its operations to stay in alignment with present-day needs. As a result, they have taken a big step forward in integrating GS1 Standards to realise greater supply chain efficiency and enhance the safety of their products’ end-users.



**Baxter**

“We have relatively complex supply chains in Healthcare. We’ve got manufacturers involved that sometimes ship directly to hospitals; we’ve got distributors involved; we’ve got people who run Just-in-Time (JIT) programmes involved,” explains Jacques Chaput, Co-Chair, Carenet Healthcare Sector Board, and Manager of eCommerce, Supply Chain, Baxter Corporation. “As such, there are a lot of different folks that can touch product. And up until

this point, there has been a lot of proprietary identification. To link that whole supply chain, from the patient to the manufacturer with a common standard for identification, is huge for our industry.”

“The successful history of GS1 Standards helps a lot with that initial leap of faith and investment. It is a fairly complex process to get a bar code enabled and printed on something... and manufacturers aren’t going to invest in the technology unless the customer wants it,” said James Taaffe, Engineering Manager, Baxter Corporation.

Both Taaffe and Chaput are confident that mass adoption of the GTIN is not far away, with the industry-driven sunrise date to integrate the GTIN in the US Healthcare sector set for December 2012.

## Global: Siemens Healthcare publishes GTINs

In an effort to improve the accuracy and efficiency of the Healthcare supply chain, Siemens Healthcare Diagnostics has published product data including GTINs for its complete U.S. product portfolio to the GHX Health ConneXion™ data pool, which is certified by GS1’s Global Data Synchronisation Network (GDSN), to synchronise product data. Authorised subscribers to the GDSN can now access product data, standardised with GTINs, for Siemens reagents and consumables that can be purchased via EDI in the U.S. Siemens and GHX are also actively working to publish GTINs for additional Siemens product lines in Australia and Europe.



“Siemens Healthcare is taking a leadership role in the adoption of standardised product identification as we actively work to publish all of our products to the GHX Health ConneXion data pool,” said Dietmar Hein, Head of Global e-Commerce for Siemens Healthcare Diagnostics. “We offer our full support for this crucial initiative whose ultimate goal is to enhance patient safety while streamlining the Healthcare supply chain.”

Specific benefits to the Healthcare industry include: reduction in medication errors through efficient automatic identification; more efficient and accurate traceability of products and devices throughout the supply chain; less clinician time spent on manual documentation, leaving more time for patient care; lower costs through increased supply chain efficiency; and improved order and invoice processes.

Read more: [www.ghx.com/tabid/864/mid/2765/newsid2765/278/Default.aspx](http://www.ghx.com/tabid/864/mid/2765/newsid2765/278/Default.aspx)

## Global: UPS survey ‘Pain in the supply chain’

A survey of 150 Healthcare supply chain executives, conducted by Harris Interactive for UPS, showed the industry’s greatest pain points. The number one supply chain issue is managing costs. Nearly 64% of respondents are ‘very’ or ‘extremely’ concerned with managing supply chain costs. Regulatory compliance is a close 2<sup>nd</sup> with 60% of respondents ‘very’ or ‘extremely’ concerned. Product security is another area for concern: there is much current industry attention, with a rise in incidents of theft (60% name product theft as a top challenge), concerns with counterfeiting (69% cite attempts to counterfeit products) and pending drug serialisation legislation.

Read more: [www.pressroom.ups.com/pressroom/staticfiles/pdf/fact\\_sheets/2010\\_PITC\\_Healthcare\\_Summary.pdf](http://www.pressroom.ups.com/pressroom/staticfiles/pdf/fact_sheets/2010_PITC_Healthcare_Summary.pdf)



## Switzerland: Partnering with the Red Cross

In the case of a disaster response, massive logistical challenges need to be addressed. GS1 Switzerland has established a partnership with the Swiss Red Cross (SRC)

to allow SRC to leverage the logistics expertise available in the Swiss GS1 community. This community constitutes about 4,000 logisticians, of which half have a higher, specialised degree in logistics. By the end of this year, GS1 Switzerland is looking to set up a programme with about 10 experts volunteering to support logistical tasks of the Emergency Response Units during its emergency or disaster responses.

More information: [www.gs1.ch/fr/wir-ueber-uns/medien/mitteilungen/MM\\_SRK\\_27092010-fr.php](http://www.gs1.ch/fr/wir-ueber-uns/medien/mitteilungen/MM_SRK_27092010-fr.php)



## UK: GS1 UK presents four-point plan to Health Minister

At the Conservative Party Conference on 5 October, GS1 UK presented Anne Milton, MP and Health Minister, with a four-point plan to help the coalition government achieve its goals of improving patient care, reducing NHS administration costs by a third and transferring more resources to frontline doctors and nurses. The four points proposed were:

- Improve patient safety and reduce errors by driving widespread adoption of bar coded wristbands to ensure accurate identification of patients and their medical records. Over half (52%) of doctors believe bar coded wristbands would help medical staff perform their roles more effectively, meanwhile, 44% of nurses feel that bar coded wristbands would reduce patient safety incidents by over 50%.
- Boost efficiency in the use of pharmaceuticals and medical supplies – push for consistent item tracking across the NHS to reduce wastage; save doctors’ and nurses’ time looking for drugs and supplies and to ensure hospitals have optimum stock levels. For example, one department in the Leeds Teaching Hospital has reduced its stock levels by GB£570,000 over the last three years by implementing GS1 bar codes for its stock control and forecasting system. If this is just one department, imagine the potential gains across the NHS.
- Enable doctors and nurses to spend more time caring for patients by providing electronic access to medical records



and instrument data so that frontline staff can spend less time searching for the information and equipment they need to do their jobs. A surprising 23 days each year (per nurse) and GB£1 billion of NHS nurses' wages are spent on hunting for missing equipment. Over 20,000 doctors spend an hour a day waiting for patient information, with over 4,000 waiting for more than four hours.

- Facilitate more dialogue between doctors and patients – by using web-based services to enable patients to feedback information directly to clinicians rather than through complex NHS management structures.

The four-point plan is based on a survey of 409 NHS doctors and 861 NHS nurses conducted by GS1 UK in partnership with the *Nursing Standard* and *Hospital Dr.*

During the debate, Anne Milton, MP and Health Minister, talked about her personal enthusiasm for using technology to improve patient care and stressed that the pace of adoption of these solutions had to be accelerated. She also acknowledged that there are clear lessons the NHS can learn from the retail sector in terms of improving service levels and efficiency.

Read more: <http://empoweringnhsefficiency.co.uk>

## USA: Amerinet advances GS1 Standards

Amerinet, Inc., a US national Healthcare group purchasing organisation, continues its leadership in helping to standardise the Healthcare supply chain. "Amerinet has been an early adopter in implementing these standards with the goal of improving patient safety and driving costs out of the supply chain," said



Mary Beth Lang, Amerinet's Senior Vice President, Business Intelligence and Spend Analytics and President, Diagnostix. Amerinet is a member of the Global Data Synchronisation Network (GDSN) Early Adoption Group facilitated by GS1 Healthcare US. The group has been instrumental in accelerating education and implementation efforts relative to the GDSN.

Amerinet has announced it is partnering with 1SYNC™, the GS1 US™ GDSN-certified data pool, as its data pool for accessing product information in the GDSN.

Read more: [www.gs1us.org/news/amerinet\\_partners\\_with\\_1sync](http://www.gs1us.org/news/amerinet_partners_with_1sync)

## USA: US hospitals and GPOs advocate GS1 Standards

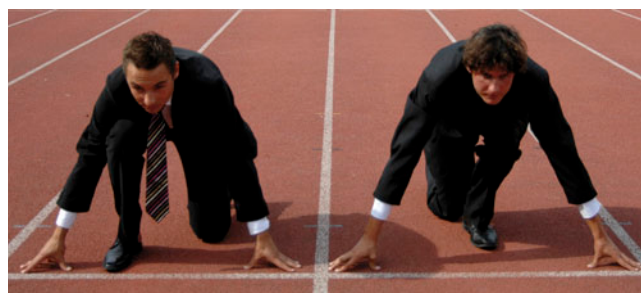
The Health Industry Group Purchasing Association (HIGPA), representing 16 GPOs, and the Association for Healthcare Resource & Materials Management (AHRMM) of the American

Hospital Association, have sent a letter to Dr. David Blumenthal, National Coordinator for Health Information Technology, on the critical need to integrate global standards and electronic medical records into the Healthcare supply chain.

"Today, manufacturers, wholesalers/distributors, suppliers, group purchasing organisations, hospitals, and physicians each record and track product information differently, opening the flood gates for medical errors that severely impact patient safety and the quality of care," said HIGPA President Curtis Rooney and AHRMM Executive Director Deborah Sprindzunas in the letter. "Without data standards in this area, it is virtually impossible to efficiently recall devices and other supplies that can lead to grave injury and even death."

"It is a matter of great importance that these standards be supported by the Electronic Health Record (EHR). Care will only be improved if this is the case. For instance, if EHRs are able to support the use of product identifiers, then recalls will be undertaken with greater ease, and physicians and patients will be informed immediately. Our organisations would be pleased to provide additional information and to work with you to ensure investments in the EHR will incorporate these important patient safety requirements", added Rooney and Sprindzunas in the letter.

Read more: [www.higpa.org/assets/1/AssetManager/HIT%20Press%20Release%207.21.10.pdf](http://www.higpa.org/assets/1/AssetManager/HIT%20Press%20Release%207.21.10.pdf)



## USA: GPOs announce readiness to adopt GLN

Moving months ahead of the Healthcare sector's own ambitious schedule, group purchasing organisations announced readiness to adopt Global Location Numbers (GLN) to identify precise locations for every Healthcare provider in the United States. "This is a quiet change that will have an enormous impact," said HIGPA President Curtis Rooney. "Right now, there is no reliable system in place to know where essential Healthcare providers are located. The adoption of GLNs by GPO's is the first step toward better ensuring that the right products are delivered to the right location. It is important all Healthcare supply chain entities also adopt these standards."

Read more: [www.higpa.org/assets/1/AssetManager/HIGPA%20GPO%20Declaration%20of%20Readiness%20for%20GLN%20Statement.pdf](http://www.higpa.org/assets/1/AssetManager/HIGPA%20GPO%20Declaration%20of%20Readiness%20for%20GLN%20Statement.pdf)



## USA: Unit-dose preferred choice for hospitals?

A survey conducted by Shack & Tulloch for McKesson showed that for 21 of the 24 hospitals surveyed, manufacturer-packaged unit dose medications make up an average of 81% of all oral solid purchases. These high levels of manufacturer-packaged unit dose purchases were especially unexpected since specific medications from any given manufacturer may or may not be available in pre-packaged form at any given time. This uncertainty was previously thought to have a possible dampening effect on unit dose purchasing, but the survey results suggest this is hardly the case. Instead, it may be that the drive toward bedside bar code scanning may be surpassing most, if not all, objections to pre-packaged unit dose. Certainly, for hospitals that have yet to maximise their unit dose purchases, the main obstacles are manufacturer labelling considerations such as bar codes that are not readable by bedside scanning systems, based on format or contrast quality.



The survey results seem to suggest that in the great majority of instances, unit doses are, or soon will be, the preferred choice whenever available. The question, then, becomes less one of whether to purchase unit dose versus bulk medications, and more of how to take greatest advantage of pre-packaged unit dose oral solids within the entire hospital environment, from the pharmacy to the patient's bedside.

Read more: [www.mckesson.com/static\\_files/McKesson.com/MPT/Documents/WhitePaper-UnitDose-vs-BulkOralSolidMedPurchasing.pdf](http://www.mckesson.com/static_files/McKesson.com/MPT/Documents/WhitePaper-UnitDose-vs-BulkOralSolidMedPurchasing.pdf)

## GS1 HEALTHCARE UPDATE



### EAHP and GS1 team up to advance patient safety

*(continued from page 1)*

"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," said Roberto Frontini, President, European Association Hospital Pharmacists (EAHP). "We encourage the adoption and harmonisation of GS1 Standards in Europe to enable the effective and efficient implementation of bar codes on all packages of drugs."

"This agreement is an important step in improving patient safety and Healthcare supply chain processes. Hospital pharmacists will now be more closely involved in the

development and implementation of global standards to bar code medical products and automate supply chain data management," said Bo Raattamaa, Chair GS1 in Europe and CEO GS1 Sweden, "This collaboration will allow the two organisations to combine their respective expertise and outreach to the Healthcare community in support of an improved European patient safety environment."

Read more: [www.gs1.org/docs/media\\_centre/gs1\\_pr\\_070910\\_eahp.pdf](http://www.gs1.org/docs/media_centre/gs1_pr_070910_eahp.pdf)

### GS1 becomes newest member of the Joint Initiative Council



The Joint Initiative Council (JIC) announced that GS1 is the newest member to join the council. The purpose of the Joint Initiative Council is to foster the highest level of cooperation among its members' standards development organisations (SDO) that include Health Level Seven International (HL7), Clinical Data Interchange Standards Consortium (CDISC), International Health Terminology Standards Development Organisation (IHTSDO), European Committee for Standardisation – Technical Committee on Health Informatics (CEN/TC 251) and International Standards Organisation – Technical Committee on Health Informatics (ISO/TC 215) and

GS1 (supply and demand chain standards). "Standardisation is the only real solution to semantic interoperability in health informatics and by working together, our member organisations will increasingly contribute to interoperability on a global scale," said Kees Molenaar, chair of CEN/TC 251 and the 2010 chair of the Joint Initiative Council.

Read more: [www.jointinitiativecouncil.org](http://www.jointinitiativecouncil.org)

## GS1 and IHTSDO collaborate

The International Health Terminology Standards Development Organisation (IHTSDO) and GS1 have signed a Memorandum of Understanding to collaborate and ensure compatibility between their respective standards systems, where appropriate.

INTERNATIONAL HEALTH TERMINOLOGY  
STANDARDS DEVELOPMENT ORGANISATION



"SNOMED CT® (Systematised Nomenclature of Medicine Clinical Terms) is a clinical terminology that aims to improve patient care by supporting the accurate capture and interpretation of information about an individual's health and health services," said Jennifer Zelmer, CEO, IHTSDO. "We are convinced that the collaboration with GS1 will be to the benefit of the Healthcare community by aligning global standards and joining forces to promote their appropriate use."

Read more: [www.gs1.org/docs/healthcare/Press\\_release\\_GS1\\_and\\_IHTSDO\\_sign\\_MoU\\_final.pdf](http://www.gs1.org/docs/healthcare/Press_release_GS1_and_IHTSDO_sign_MoU_final.pdf)

## New guideline enables safer delivery control process for plasma derivatives

"To ensure a safe and efficient delivery control process for plasma derivatives, we need to be able to ensure traceability 'from vein to vein' effectively," said Feargal Mc Groarty, Project Manager, National Centre for Hereditary Coagulation Disorders, St James Hospital, Ireland, and co-chair of the GS1 Global Standards Management Process (GSMP) working group for plasma derivatives, "Today, this is difficult to achieve: plasma derivatives, and recombinant products, are sometimes not bar coded, and if they are, the bar codes are not uniform. This means that users need to manually input information in their systems or that they have to re-label the package with a bar code. Both options are not only inefficient, they also result in an additional source of errors and may impact patient safety."

GS1 and ICCBBA have worked together to develop the Implementation Guide for bar coding of plasma derivatives. "Global standards allow the uniform bar coding of plasma derivatives and the unambiguous identification across the supply chain," said Philippe Majois, Packaging Technology Development Manager, Baxter Healthcare Corp., and co-chair of the GSMP working group, "This new guideline provides guidance to all stakeholders on how to implement this at the various packaging levels of plasma derivatives, and also clearly defines where to use GS1 Standards (plasma derivatives) and the ISBT 128 Standard (blood and blood components)."

Read more: [www.gs1.org/docs/media\\_centre/gs1\\_pr\\_150910\\_plasma\\_derivatives\\_guideline.pdf](http://www.gs1.org/docs/media_centre/gs1_pr_150910_plasma_derivatives_guideline.pdf)

### UPCOMING GS1 HEALTHCARE CONFERENCES

- 9-11 November 2010 – Singapore
- 6-8 April 2011 – Washington DC
- 4-6 October 2011 – Amsterdam

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