



### New Zealand Ministry of Health announces Medication Safety Project



The New Zealand Medication Safety Project is an initiative of the New Zealand Ministry of Health to reduce medication errors by introducing bedside verification of medications using a standardised (GS1) bar code point of care system in all public hospitals. For successful information verification to occur, hospital infrastructure and systems will have to be changed or introduced. For example, hospital pharmacy information systems, the introduction of e-prescribing, e-medication charts or e-medication records, the introduction of a system of medicine reconciliation and repackage pharmaceuticals as unit doses with bar codes. All these measures will contribute to the reduction in the number of adverse medication events and with that will reduce the number of patients adversely impacted by those events (continued on page 2).



### GS1 Healthcare and ICCBBA join forces to advance global standards for improving patient safety

ICCBBA and GS1 have announced that they have signed a Memorandum of Understanding to cooperate in the area of Automatic Identification standards for Healthcare. ICCBBA and GS1 acknowledge their respective roles in Healthcare standards and will work together to ensure compatibility between their standards. They will also collaborate to promote the adoption and implementation of automatic identification standards in Healthcare around the world. For more information, please refer to: [www.gs1.org/healthcare](http://www.gs1.org/healthcare) and [www.iccbba.org](http://www.iccbba.org)



### Eucomed recommends the adoption of GS1 standards

When developing a bar code strategy, reviewing a company's existing bar code strategy or changing packaging and labelling configurations, Eucomed recommends that its members consider the adoption, or increased use of GS1 standards. To that end, Eucomed supports the work of GS1 Healthcare (continued on page 6).

Also in this issue:

#### GS1 Healthcare news from around the world

- Japanese delegation visits GS1 and Healthcare stakeholders in Europe and the USA
- Nairobi hosts 'AfriHealth 2007' Conference
- University Hospital of Jena (Germany) pilots EPCglobal/RFID solution
- Austrian Healthcare User Group taking shape
- UK Healthcare User Group taking shape
- Phase 2 of GLN Registry for Healthcare® Pilot now underway in the USA
- Australian Public Health eProcurement to use GS1 XML

#### Progress in GS1 Healthcare standards development

- Application Standards for Automatic Identification & Data Capture in Healthcare
- Data Synchronisation and Product Classification in Healthcare
- Traceability in Healthcare
- Allocation rules for Global Trade Item Numbers in Healthcare



[www.hayley-conf.co.uk/beaumont\\_house.asp](http://www.hayley-conf.co.uk/beaumont_house.asp)

## GS1 Healthcare news from around the world



### New Zealand Ministry of Health announces Medication Safety Project (continued from page 1)

A cost utility analysis was carried out to support the project concept. It is estimated that the total cost, over 12 years, for a proposal for introducing and then operating the new medicine management systems in District Health Board (DHB) hospitals would be in the order of NZ\$101M. The cost of the project will be offset firstly by a potential saving, over the first 12 years, of about 1,050 lives; preventing about 2,800 people being subject to permanent disabilities; and about 29,000 shorter term disabilities. In addition, a reduction in adverse medication events will mean patients do not need to spend additional time in hospital recovering from the event. As a consequence, this will free up resources allowing them to be allocated to other areas of health priority.

Global standardisation for Automatic Identification is an essential component in ensuring that internationally these types of projects can be replicated and standardised.

Pete Hodgson, the New Zealand Minister of Health, opened the GS1 New Zealand Conference **"Connecting the dots"** on 21 August in Auckland: *"GS1 has been an advocate and has provided considerable leadership for some time in the area of patient safety. I'm aware of their interest in medication safety as it relates to automatic data capture and the potential for that to contribute to patient safety... I congratulate GS1 New Zealand on its vision, its efforts to bringing this issue forward and the support it has provided along the way".*

The Ministry also released the consultation document **"Improving Medication Safety: Bedside Verification"** and a cost utility analysis prepared by Dr. Bruce Anderson, Manager, Governance, Ministry of Health, New Zealand.

For more information or to join GS1 Healthcare Australasia, contact Gary Hartley at [gary.hartley@gs1nz.org](mailto:gary.hartley@gs1nz.org)

For the complete versions of the New Zealand Ministry of Health documents, please visit [www.gs1.org/healthcare](http://www.gs1.org/healthcare)



### Japanese delegation visits GS1 and Healthcare stakeholders in Europe and the USA

A Japanese delegation with representation from the JFDMA (Japanese Federation of Medical Devices Associations), manufacturers, hospitals and GS1 Japan, recently visited GS1 offices and Healthcare stakeholders in Belgium, Switzerland, the UK and the USA. The delegation was lead by Dr. Seizoh Nakata, Director Surgical Center of the Osaka University Medical School and Kenichi Matsumoto, Chairman & CEO of the Sakura Group and Senior Adviser of the JFDMA. The purpose of the trip was to learn from, and experience first hand, implemented projects based upon GS1 standards

and Auto-ID in Healthcare from around the world. The delegation also met with GS1 organisations and several key stakeholders in Healthcare.



Japanese Delegation - Visit to London September 2007  
日本代表団 - 2007年9月 ロンドン訪問

The delegation visited hospitals with extensive experience in AIDC projects in Brugge (Belgium), Genève (Switzerland), and London (UK), and also met with the NHS (UK), FDA (USA), Premier (USA) and Cardinal Health (USA).

Following the delegation's visit Dr. Nakata made the following comment: *"I would like to express our sincere gratitude to all the people in the GS1 Global Office, GS1 Switzerland, GS1 UK and GS1 US, for their welcome and hospitality extended to our mission members. I was most impressed by the words spoken by Ms. Ulrike Kreysa in her presentation that GS1 is placing the greatest emphasis on patient safety in its healthcare activity. It was very emphatic and encouraging for me. We hope to see all of you in near future again."*

### Nairobi hosts 'AfriHealth 2007' Conference

The AfriHealth Conference was hosted in Nairobi (Kenya) on 18 and 19 September under the auspices of the Ministry of Information and Communication and the Ministry of Health of Kenya, and supported by GS1 Kenya and GS1 Healthcare. **"Advancing ICT for Patient Safety in Healthcare in Africa"** was the theme of the conferences and included topics such as electronic patient record and information technology as a tool to fight counterfeiting.



More than 120 delegates from Eastern Africa attended the plenary session which included presentations from Christian Hay (GS1 Switzerland) and Mark Hoyle (Covidien and Co-Chair of GS1 HUG), and participated in a number of workshops.



Dr. Ndemo, Prime Secretary at the Ministry of Information and Communication, acknowledged the potential of GS1 standards for Healthcare in Kenya. Key drivers for adoption will be the introduction of eProcurement for public health and the fight against counterfeit drugs.



AfriHealth 2007 was also the opportunity to launch a local GS1 Healthcare user group to drive adoption and implementation of GS1 standards in Eastern Africa. David Callejy Urry, Chairman GS1 Malta and GS1 Regional Coordinator MEMA: *"I am impressed by the interest demonstrated by the participants to work together to improve Healthcare by using GS1 standards here"*.

Laurent Médioni, Pharmacist & Project Manager at Swissmedic and guest speaker at the Conference: *"I have been astonished about the similarity of problems we have here in Africa and in Switzerland. The willingness of the participants to work for better conditions and a safer Healthcare system is very encouraging."*

### University Hospital of Jena (Germany) pilots EPCglobal/RFID solution

The University Hospital of Jena started using RFID (Radio Frequency Identification) tags on medicines to automatically identify these products from the hospital pharmacy, all the way to the administration to patients in the intensive care unit. This allowed the hospital to improve patient care and operational efficiency.

The pilot focused on several core processes in their medicine supply chain. Passive RFID tags, including the Electronic Product Code (EPC) are placed on unit-dose packages, on the pharmacy transportation crates and on the steel containers of the automatic, internal transport system. At the same time, patients were fitted with an RFID tagged wristband only containing a reference number. This allowed automatic bedside identification, by capturing the reference number and retrieving specific patient data from the electronic patient record.



Medication errors were drastically reduced by automatically identifying and matching patient and product data. The logistics process in the hospital has also been improved. The hospital pharmacy is better managing demand and orders, and thus save storage space. Furthermore, the AIDC capabilities enable rapid location of medicines and improve stock management, through a more efficient follow-up of expiration dates of products in stock.

Dr. Michael Hartmann, Hospital Pharmacist at the University Hospital of Jena, will speak about this project at the GS1 Healthcare Conference in Windsor (UK) on 29 October. For more information or to join the GS1 Healthcare Germany user group, contact Bettina Bartz at [bartz@gs1-germany.de](mailto:bartz@gs1-germany.de)



### Austrian Healthcare User Group taking shape

More than 20 experts from the Austrian Healthcare sector gathered on 21 June at the GS1 Austria office in Vienna for the kick-off of the GS1 Healthcare Austria user group. Eva Maria Burian-Braunstorfer (CEO, GS1 Austria) opened the meeting. Ulrike Kreysa (GS1 Global Office) emphasised the importance of local Healthcare initiatives complementing the ongoing development of global standards. National regulations and laws vary per country, which makes it even more important to adopt open and global standards for healthcare.



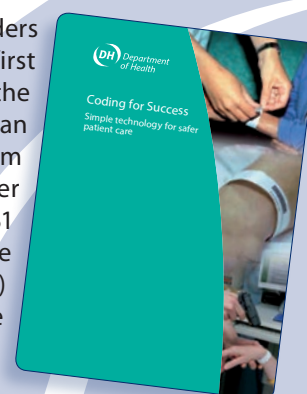
Representatives from a pharmacy, hospital group and the pharmaceutical industry, presented their points of view and also underlined the importance of implementing global standards in their respective systems. In a round table discussion, all participants agreed that AIDC technologies provide clear benefits in terms of patient safety and supply chain efficiency, while being simple enough to work with. Barbara Dorner (Business Development Manager Healthcare, GS1 Austria) closed the meeting with an appeal to get engaged in the local healthcare user group. *"Working together will, for example, allow sharing experiences in implementing GS1 standards in the Austrian Healthcare sector."*

For more information or to join the GS1 Healthcare Austria user group, contact Barbara Dorner at [b.dorner@gs1austria.at](mailto:b.dorner@gs1austria.at)



### UK Healthcare User Group taking shape

An invited group of 15 stakeholders from the UK Healthcare sector first gathered on the 19 June at the GS1 UK office in London for an inaugural meeting and to form the GS1 Healthcare UK user group. Gary Lynch (CEO, GS1 UK) opened the meeting. Ulrike Kreysa (GS1 Global Office) emphasised the importance of local Healthcare initiatives complementing the ongoing development of global standards and Dr Helen Lovell (Department of Health, Healthcare Quality Directorate) presented the project that resulted in the publication **"Coding for Success"**, which supports the GS1 Standards. Janice Kite (UK eBusiness Manager, Johnson &



Johnson Medical Ltd) was elected Chair.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_066082](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066082)  
[www.gs1uk.org/solutions/health/healthcare.asp](http://www.gs1uk.org/solutions/health/healthcare.asp)

Following the success of this inaugural meeting, the first meeting of the Leadership Team took place on the 11 September at the GS1 UK office. The team comprises of 12 members representing key UK stakeholder groups (Department of Health, National Patient Safety Agency, NHS Purchasing & Supply Agency (PaSA), NHS Connecting for Health, a Trust, Manufacturers, a Distributor and both Pharmaceutical and Medical Technology Industry Associations).

Mark Hoyle (Covidien and Co-Chair GS1 HUG) joined the meeting via webinar and presented the GS1 Healthcare roadmap. Janice Kite nominated Rachel Hodson-Gibbons (Head of eProcurement, NHS PaSA) as Co-Chair and the nomination was unanimously accepted. This appointment emphasises the strong synergy between GS1 Healthcare's roadmap and related activities with the Strategy and work plan of NHS PaSA's NHS Procurement eEnablement Delivery Group:

[www.pasa.nhs.uk/PASAWeb/NHSProcurement/eProcurement/nhsprocurementenablementstrategy/LandingPage.htm](http://www.pasa.nhs.uk/PASAWeb/NHSProcurement/eProcurement/nhsprocurementenablementstrategy/LandingPage.htm)

Further information about the GS1 Healthcare UK user group will be presented at the GS1 Healthcare Conference, 29 to 31 October 2007 in Windsor (UK).

For more information or to join the GS1 Healthcare UK user group, contact Roger Lamb at [roger.lamb@gs1uk.org](mailto:roger.lamb@gs1uk.org)

## Phase 2 of GLN Registry for Healthcare® Pilot now underway in the USA

Phase 2 of the GLN (Global Location Number) Registry for Healthcare Minnesota pilot is now underway in the USA. The GLN Registry for Healthcare is a database that solves the healthcare industry challenge of inaccurate location identification. The Registry provides a comprehensive and accurate online directory of healthcare facilities and its goal is to reduce operational costs for healthcare suppliers, distributors, and providers. Currently more than 5,500 facilities are listed in the Registry, including physicians, independent delivery networks, ambulance and emergency medical locations and acute care facilities.



Lessons learned in Phase 1 of the pilot have been published and they are available online at

[http://healthcareportal.gs1us.org/DocumentLibrary/tabid/70/DMXModule/419/Command/Core\\_Download/Default.aspx?EntryId=30](http://healthcareportal.gs1us.org/DocumentLibrary/tabid/70/DMXModule/419/Command/Core_Download/Default.aspx?EntryId=30)

Return on investment and savings are among the areas that are being studied in Phase 2. Participants in both phases of the pilot are; 3M, Allina, Becton, Dickinson and Company,

Cardinal Health, Fairview, Mayo Healthcare System, Novation, Premier and Owens and Minor. Results of this second phase are expected in early autumn (fall).

For more information or to join GS1 Healthcare US, please contact John Roberts at [JRoberts@gs1us.org](mailto:JRoberts@gs1us.org)

## nehta Australian Public Health eProcurement to use GS1 XML

GS1's global eMessaging standard, GS1 XML, has been endorsed by the National E-Health Transition Authority (NEHTA) as the document format for Australia's health eProcurement strategy. The standard will be used in conjunction with the National Product Catalogue (NPC) to provide a significant opportunity for the public health sector to make considerable efficiency gains and cost savings, through supply chain processes.

GS1 XML provides a solid foundation for NEHTA's eProcurement model. *"We are building an electronically interconnected health environment based on global standards. This will provide a vital opportunity to make significant efficiency gains and cost savings in the public health sector at a time when there are considerable pressures on limited resources to meet current and future service demands"* said Ken Nobbs, Project Leader Supply Chain Efficiency, NEHTA.

For more information or to join GS1 Healthcare Australasia (formerly HUG Australasia), contact Tania Snioch at [tsnioch@gs1au.org](mailto:tsnioch@gs1au.org)

## GS1 Healthcare at events around the world

### "Pharma Secure Chain 2007"

8-12 October 2007, Amsterdam, the Netherlands  
 Ulrike Kreysa (GS1) will chair the first conference day and will also speak at this event.

For more information, please visit

[www.iqpc.com/cgi-bin/templates/singlecell.html?topic=546&event=14061](http://www.iqpc.com/cgi-bin/templates/singlecell.html?topic=546&event=14061)

### "World of Health IT Conference & Exhibition"

22-25 October 2007, Vienna, Austria  
 GS1 Healthcare and GS1 Austria will be present.  
 Visit us at booth number 1015.

For more information about this event, please refer to

[www.worldofhealthit.org](http://www.worldofhealthit.org)

### "Medica Exhibition"

14-17 November 2007, Düsseldorf, Germany  
 GS1 Healthcare and GS1 Germany will be present.  
 Visit us at booth number 15A26

For more information about this event, please refer to

[www.medica.de](http://www.medica.de)

## Progress in GS1 Healthcare standards development



### Application Standards for Automatic Identification & Data Capture in Healthcare

The AIDC (Automatic Identification & Data Capture) Application Standards work team is mapping the business and data requirements to product and package level, developing the global healthcare application standards by product and priority. The first healthcare application standard is targeted for 31 December 2007. This work team is co-chaired by Peter Tomicki, Baxter Healthcare and Grant Hodgkins, Alcon Laboratories.

Three other work teams have been providing, and will continue to provide, input for this standard development process:

The **AIDC Data** work team has gathered and compiled a comprehensive list of the business requirements for the marking of healthcare products and packaging. The supporting data requirements were assigned to each of the business requirements. A detailed list of 39 business and data requirements were delivered to the AIDC Application Standards work team.

The **Serialisation** work team has studied the business requirements associated with the need for **Serial** and **LOT** numbers and gathered supporting information for all types of healthcare products. It has identified factors that influence size and capacity and established tables recommending the size and capacity of serial and lot numbers. The recommendations, along with the associated factors and supporting background information, were delivered to the AIDC Application Standards work team.

The **Carrier** work team is currently gathering and analysing business requirements for data carriers through five sub-teams per product type. Each team will focus on four critical characteristics of carriers: panel size, speed of writing, speed of reading and speed of scanning. Their work will encompass the supply chain from the manufacturer to distributor/wholesaler to the retailer/hospital. The team, which is co-chaired by Mark Hoyle, Covidien and Mark Walchak, Pfizer, aims to deliver their findings and proposals by the end of November 2007.

For more information or if you would like to join the AIDC Application Standards work team or the Carrier work team, contact Tom Heist at [tom.heist@gs1.org](mailto:tom.heist@gs1.org)

### Data Synchronisation and Product Classification in Healthcare

The **Data Synchronisation** and **Product Classification** work teams are working on a data synchronisation standard, including a classification solution, which will allow the healthcare industry to use the GS1 GDSN (Global Data Synchronisation Network). The team has already completed the first global GS1 survey to assess the availability of the basic information required to operate within the GDSN. The survey report includes examples of pharmaceutical drugs, medical devices and data needed to work in the GDSN.

The **Data Synchronisation** work team is currently completing an in depth gap analysis of the GDSN standard and user needs. This analysis will identify which existing attributes support the current healthcare information needs, which ones need further clarification and which ones need to be added to the standard. Simple attributes, currently not supported, can be added with relative ease with the GSMP Fast Track or industry specific extension process. The results of this analysis will be available for an in-depth discussion at the next team meeting at the GS1 Healthcare Conference in Windsor (UK) on 30 October 2007.

A global proof-of-concept pilot will assess and demonstrate how the current GDSN standards, network and Global Registry®, fit the needs of the global healthcare user community. This pilot is targeted for the first quarter of 2008.

The **Product Classification** work team is working on a strategy to deploy the GS1 Classification Systems (UNSPSC® - The United Nations Standard Products and Services Code® and GPC) globally in healthcare. A draft strategy will be available for discussion at the next team meeting at the GS1 Healthcare Conference in Windsor (UK) on 30 October 2007.

For more information or if you would like to join the Data Synchronisation or Product Classification work teams, contact Peter Alvarez at [palvarez@gs1gdsn.org](mailto:palvarez@gs1gdsn.org)

### Traceability in Healthcare

The **Traceability** work team is defining the global solution for traceability in Healthcare to ensure that the business needs of the industry are fulfilled:

- global traceability is ensured in an efficient, secure and reliable way
- more restrictive legal requirements are addressed
- authentication from manufacturer to patient is addressed
- cross-industry interoperability is achieved through companies' choice among relevant technologies and tools

The team has already completed the preliminary analysis on the existing GS1 Global Traceability Standard and EPCglobal HLS Track and Trace Model. The results of this analysis will be available at the next team meeting at the GS1 Healthcare Conference in Windsor (UK) on 30 October 2007.

The team will now define the requirements that are not yet defined in the global traceability solution and will use output information from the work teams Track and Trace, Auto-ID Data, Serialization, GDSN in healthcare and Supply Chain Integrity.

For more information or if you would like to join the Traceability in Healthcare work team, contact Diane Taillard at [diane.taillard@gs1.org](mailto:diane.taillard@gs1.org)





## Allocation rules for Global Trade Item Numbers in Healthcare

A global standard for Healthcare GTIN Allocation Rules has been developed. This has resulted in a simple and easy to use guideline - when and how to allocate GTINs to healthcare items.

As Georges Zelger - Swiss Society of Public Health Administration and Hospital Pharmacists, puts it: *"The new Healthcare GTIN Allocation Rules are a major milestone to implement unique identification from the manufacturer to the patient, at each level of packaging. The GTIN allocated by the manufacturer to the unit of use, and the rules to achieve this in a harmonised and standardised way, is a prerequisite for bedside scanning. As Hospital Pharmacists, we look forward to dispensing drugs marked at this level of granularity, because it will secure the mediation process, and therefore enhance patient safety in Hospitals and other Care Facilities."*



Bruno De Maeyer, Director Supply Chain, IT and Continuous Improvement at St. Jude Medical maintains: *"St. Jude Medical is dedicated to making life better for patients worldwide through excellence in medical device technology. The GS1 Standards and the Healthcare GTIN Allocation Rules more specifically offer a solid beacon for our multiple labelling operations across the world to consistently ensure unique product identification resulting in internal supply chain efficiencies and more importantly greater global patient safety."*

Government regulators are also praising the efforts of this team, for example, Jay Crowley, Senior Advisor for Patient Safety Food and Drug Administration has stated: *"The newly approved Healthcare GTIN Allocation Rules international standard provides a global reference for consistent, unique medical device identification. This standard can enhance patient safety by providing regulators, device manufacturers, healthcare facilities, and device users with a common format for traceability of medical devices from production to delivery to the patient (point of care)."*

## Industry Associations

### Eucomed recommends the adoption of GS1 standards (continued from page 1)

Eucomed's ETF (E-Business and Supply Chain Management Task Force), chaired by Mike Kreuzer (ABHI), has just published an updated guidance document on bar coding of medical devices. This document is based upon a document last updated by Eucomed in 2004 and findings from a Europe-wide AIDC survey conducted by the ETF in November 2006 as presented by Janice Kite at the GS1 HUG conference in Berlin in January 2007.

*"With end users being confronted with different bar code types and formats containing different data elements (or in some cases no bar code at all), both industry and the wider healthcare community have started to demand bar code standards to be aligned globally. Unless this alignment takes place manufacturers and others in the supply chain will see the complexity of packaging and labelling increase dramatically as a result of customers creating their own requirements. Furthermore, regulators and authorities will impose regional or country specific requirements, with the risk of compromising both patient safety and supply chain efficiency."*

*"Eucomed believes that companies implementing these standards will be best positioned to meet customer expectations now and in the future and to satisfy the increasing requirement for electronic information exchange. This will improve patient safety and will create the opportunity for business growth."*

The position paper can be downloaded at:

[www.eucomed.com/publications/position\\_papers.aspx](http://www.eucomed.com/publications/position_papers.aspx)



## GS1 Healthcare - Improving patient safety



GS1 Healthcare Newsletter  
is a publication of:

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