

GS1 Healthcare holds successful conference in Windsor (UK)



Based upon delegate feedback, the 8th GS1 Healthcare conference, recently held at Beaumont House in Windsor (UK), was very successful. With 170 delegates from 23 countries, the conference continued the development of global standards and the delegates also learnt firsthand how regulations are evolving and about other implementation projects, etc. (Highlights from this conference are covered in the following pages).



Continued progress towards one unified user group



The existing user communities (GS1 EPCglobal HLS Industry Action Group and the GS1 HUG, global Healthcare User Group) have made progress in formalising **GS1 Healthcare** as a single forum covering the full spectrum of GS1 Standards. Final drafts of the Governance Charter and Roadmap have been developed. GS1 Healthcare will now be one group for members to be engaged in and to be a single source for regulatory bodies and associations seeking input and direction for global standards specific to healthcare. It will also allow optimisation of the standards development process. In practice, projects and work teams have already been integrated (or are being integrated) and all involved stakeholders now come together at joint meetings.

DoD Pilot confirms GDSN as viable solution to synchronise product data in healthcare



The healthcare industry is another step closer to finding the solution for the standardisation and synchronisation of critical medical surgical product data across its US\$200+ billion supply chain, according to the initial results of an ongoing pilot programme sponsored by the U.S. Department of Defense. A solution is needed to reduce burgeoning healthcare costs, improve efficiencies and ultimately, increase patient safety. (continued on page 6)

Global Harmonisation Task Force (GHTF) for medical device regulations



Larry Kessler from the FDA (USA), and the current Chair of the GHTF, invited GS1 Healthcare to speak at the GHTF conference at the beginning of October in Washington, about the work which is done at a global level on developing standards for marking and labelling of medical products to enable automatic identification and harmonisation of medical catalogues across the globe, to ensure correct and complete product data in the supply chain. (continued on page 6)

Dates for your diary:

GS1 Healthcare Conference **12-14 February 2008** in **Granada, Spain**, under the auspices of the **Servicio Andaluz de Salud**,

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Highlights from the GS1 Healthcare Conference in Windsor (UK)

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- The SmartLog Project in Switzerland
- GS1 Healthcare Canada
- GS1 Healthcare France
- GS1 Healthcare Serbia-Montenegro
- GS1 Healthcare UK
- GS1 Healthcare US

GS1 Healthcare at events around the world

- USA, Belgium & Turkey

Highlights from the GS1 Healthcare Conference in Windsor

Government & Regulatory Activities

Coding for Success – Simple technology for safer patient care



"Of 8 million admissions to hospital in England each year, about 850,000 result in patient safety incidents which cost the National Health Service (NHS) about £2 billion in extra hospital days. The Department of Health and its stakeholders believe in the potential of auto-identification to improve patient safety in one of the problem areas: medication errors," said Dr. Helen Lovell (UK Department of Health). Earlier this year, the Department of Health published 'Coding for Success' confirming the policy support for automatic identification and GS1 as the coding standard for products. Connecting for Health (NHS) is partnering with GS1 UK, opening up GS1 membership to all NHS organisations and providing dedicated support to all users. This fits in the programme of support to the NHS to encourage wider uptake of automatic identification technologies in NHS hospitals. There are currently three focus areas: decontamination of sterile surgical instruments, medicines manufacturing, and patient identification. *"All stakeholders need to continue working in partnership to achieve patient safety gains. GS1 Healthcare will continue to be a key forum for driving action by all stakeholders,"* concluded Dr. Lovell.

Links:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066082
www.gs1.org/healthcare

IMPACT aims at coordinating global action against the counterfeiting of medical products in order to promote and protect public health. WHO Member States and major international stakeholders participate in this taskforce. At a meeting in Prague in March 2007, IMPACT stated that there is no worldwide applicable technology and that any identification technology needs to be sustainable and locally appropriate. Bar coding is preferred, as the technology is available and cost-effective. RFID technologies will take more time.

European Commission studies on healthcare distribution channels



Sharon Frank presented the work of The European Commission, which is developing a strategy for further action to combat counterfeit products and concerns for safe products in parallel trade. The Directorate General Enterprise and Industry has initiated a study on distribution channels both for medicines and medical devices. There are a number of key areas of interest: including statistics on counterfeiting, national legislative framework, traceability requirements and available technologies, and for raising awareness. The Commission is currently consulting stakeholders and analysing the results. A report, with policy options and impact assessment, will be available in the 2nd half of 2008, for medicines, and in the 1st half of 2009 for medical devices. The Directorate General Enterprise and Industry also supports the work of the WHO IMPACT initiative in its fight against counterfeit medical products.

IMPACT, a World Health Organization (WHO) initiative to combat counterfeit medical products



"A counterfeit medical product jeopardises the credibility of healthcare delivery systems, pharmaceutical supply systems, and governments. We don't know the exact size of the problem, but we don't need to know it. Even one single case is not acceptable," said Dr. Valerio Reggi, Executive Secretary, International Medical Products Anti-Counterfeiting Taskforce.

Unique Device Identification (UDI) – Update on FDA Activities



The US FDA, represented by Jay Crowley, strongly believes that UDI will reduce device related medical errors by identifying compatibility and interoperability issues such as right device for the right patient (e.g. latex allergy) and the right accessory for the right device. UDI will also improve the identification of a specific device in adverse

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event reports and facilitate more effective device recalls. Additional benefits of UDI include the capability to facilitate the population of device use information in electronic medical records systems, improve materials management and associated cost savings, help track devices and identify counterfeit devices. The FDA Amendments Act of 2007, which has been signed into law, will establish regulations for a unique device identification system for medical devices. A UDI would be constructed by concatenating the device identifier (such as the GS1 GTIN) and the production identifier (serial number or lot number / expiration date) at the unit of use level. The minimum data set for each device identifier would have to include: the device identifying information (manufacturer, make, model, size, etc.), Global Medical Device Nomenclature, accessory information, and other FDA identifying information (pre-market authority listing).

Safe medication practice and the Council of Europe



“Safe medication practice is an important public health issue in Europe. Current European medicines identification, packaging and labelling for pharmaceutical provide inadequate safeguards for patients. The Council of Europe’s Safe Medication Practice Report recommends changes in European regulations to require the use of a GTIN (Global Trade Item Number for a product or service according to the GS1 System of Standards), batch number and expiry date (if applicable) and a unique serial number (where appropriate) on outer packs and unit of use packaging in five years,” said Prof. David Cousins (NHS National Patient Safety Agency [NPSA] and member of the Council of Europe’s Expert Group on Safe Medication Practices), *“Continuing the current non-standardised and unregulated use of machine readable codes on medicines is likely to increase risks for patients in Europe. Inaccurate, confusing or unreadable codes or codes not included in healthcare databases may pose risks.”*

Links:

www.coe.int/t/e/social_cohesion/soc-sp/Medication%20safety%20culture%20report%20E.pdf
www.gs1.org/healthcare

Turkish databank project for drugs and medical devices

The goal of the Turkish databank for drugs and medical devices is to create a common language, to share data electronically between all relevant parties. *“The current non-standardised way of communicating between supply chain partners threatens patient safety, does not fulfil the requirements of reimbursement agencies and it is almost impossible to inspect the local market functions and activities.”*, said Yusuf Akay from

the TITUBB Project in Turkey. The recommended model starts from a national databank that enables standardised communication between all stakeholders.



The most important data field is the GTIN (Global Trade Item Number) as a unique identifier of the product. The first release of the system was implemented in April 2006. Today, 1,350 companies are already accredited, totalling about 336,000 items (although a majority are pending for approval). One important requirement is that the suppliers need to provide their GLN (Global Location Number) as part of the dataset for the Turkish databank.

Implementation of Auto-ID in Healthcare

Implementation of RFID at the University Hospital of Jena (Germany)



“Medication errors can occur everywhere in the process, but how can we improve the system?” Dr. Hartmann from the Hospital Pharmacy at the University of Jena referred to some best practices, including computerised order entry by physicians, pharmacist’s review of prescriptions, drugs packed individually for each patient (unit-doses) and point of care verification. A pilot in the hospital with RFID tagging of drugs at unit-dose level, resulted in an increase of the quality of care. It helps to ensure the five patient rights (right patient, drug, dose, route and time), to collect data for quality improvement, to recall products more efficiently, and to better manage inventory (e.g. product expiration) and billing. Nurses were also satisfied with the new way of working.

Decreasing the number of dispensing errors at the Gelre Hospitals (the Netherlands)

The introduction of a computerised prescriber order entry system, a bar code assisted dispensing system and a bedside picking system resulted in a 74% reduction of dispensing errors at the Gelre Hospitals (the Netherlands). An initial study revealed that more than 3% of administrations were

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erroneous. The systems made this process much more secure by having complete and legible prescriptions and verification of patient and product identification at the point of care.



"The foundation of the system is the availability of bar coded drugs. Currently only about 60% of drugs are bar coded at the unit-dose level. We need more!" concluded Hans Ros (Hospital Pharmacist at Gelre Hospitals).

Automatic identification at the International Medical Center in Tokyo (Japan)



To capture and manage consumption data, at the point of consumption, the International Medical Center in Tokyo installed a Point-of-Act System (POAS) in 2002 using wireless PDA's and bar codes. The system allowed for the recording of medical actions in detail, to assist in treating patients, monitor patient symptoms continuously and collect logistics data in real time. *"The return on investment has been remarkable: over US\$4 million in savings per year, for example inventory was cut to a tenth. In addition, the quality of care has been improved dramatically and error rates have been significantly reduced"*, said Prof. Akiyama (MIT, Tokyo Medical University and Director of the Japanese association of medical informatics).

Pursuing patient safety with two-dimensional data matrix bar codes

"A system of data carriers, such as 2D symbols, that is uniform worldwide needs to be developed for medical devices," according to Ryuichiro Azuma (Sakura Seiko Co., Japan). For medical devices, several challenges need to be overcome, including size (from small items such as syringes to large equipment such as an MRI scanner), shape (possibly round), material (stainless steel, rubber, glass, etc.), rusting effect, and accurate read response. A new technology has been developed that allows applying a 1mm x 1mm 2D bar code on



any tiny instrument and storing 16 bytes of information. Tests also indicated accurate reading results, with no adverse rusting effect or adverse effects from cleaning and sterilisation. This technology was introduced by Smith & Nephew and applied on their orthopaedic loan instruments. This allowed them to comply with new requirements of the Japanese Ministry of Health, Labour and Welfare (MHLW), such as monitoring cycle time of use.

AUREA, French hospital's e-Procurement platform

AUREA is the e-Procurement platform of UNI.H.A (a network of 52 hospitals in France with a total of 115,000 beds) and has been live since June 2006. Nine hospitals have already deployed the system and more are following soon. To convince suppliers for example to develop electronic files for the AUREA platform, UNI.H.A is able to provide critical mass to suppliers with a combined total spending of €6 billion. The platform is currently handling orders electronically, but is being expanded to deliveries and invoicing. This automatic comparison between order, delivery and the automatic payment will significantly increase productivity for everyone involved. A system of references and standards, shared between hospitals and its suppliers, is an important condition to succeed with this platform. Pascal Mariotti, Coordinator of the French Commission of Purchasing and Logistics Managers of university hospitals and large medical centres: *"UNI.H.A has decided to use GS1 Standards to enable the AUREA platform. Furthermore, the French hospitals part of UNI.H.A will systematically use GS1 Standards for every new project related to traceability, logistics or supply chain processes."*

BRIDGE, an EU project building RFID solutions



BRIDGE is a project funded by the European Union to research and develop a set of technologies facilitating the deployment of RFID and EPCglobal applications in Europe, to perform trials and pilots leading to definitive experiences with this technology, and to deliver demonstration tools and a comprehensive education package. A number of universities, end-users and solution providers are involved in this project, which is being coordinated by GS1.

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One of the work packs in the BRIDGE project deals with a traceability pilot for pharmaceuticals that will cover the complete supply chain. This will enable product authentication, product recall, inventory management and financial reconciliation, and aims to demonstrate the business case for such a traceability system. All participants have been identified and the pilot is currently being prepared to track a number of products from the manufacturer to the goods received in a hospital pharmacy.

Associations and Standards Organisations

International Hospital Federation on Automatic Identification in hospitals



The implementation of a tracking system for blood transfusion at the Radcliffe hospitals (UK) clearly proved that a continuous chain of ownership was established. This resulted in a significant improvement in patient safety. *"Auto-ID is a 'no brainer' when it comes to improving patient safety, so why hasn't everyone got it?"*, said Andrew Dyckhoff, Chairman of the IHF Industry Chapter. *"Hospitals are faced with a number of challenges,*

including implementation, budget, and competition. There are many roads and too many projects." The IHF promotes improvements in the planning and management of hospitals and health services. Historically there has been a "creative tension" in the relationship between the commercial sector and healthcare providers. The IHF aims to foster cooperation to address the challenges healthcare is facing, for example to improve patient safety.

EFPIA's proposal for coding and identification of pharmaceutical products in Europe



Today, various European countries are using specific national coding solutions, and EFPIA's project is an alternative for a harmonised approach. EFPIA proposes a standardised coding and identification of pharmaceuticals, in Europe, to ensure a safe supply chain. First of all, EFPIA's vision is to have a GS1 DataMatrix bar code on secondary packaging of all pharmaceutical products, sold in Europe, containing a GS1 GTIN plus a unique

serial number, expiry date and batch number. A web-based network will allow health professionals to verify the

pharmaceutical product at the point and time of dispensing. EFPIA aims to implement pilots in selected European countries to demonstrate the feasibility of this system. *"It is a long-term and ambitious project, but it is an achievable, effective and efficient solution for delivering much needed improvements in patient safety. The project is expensive, but so is the cost of non-action"*, concluded Jean-Marc Bobée, Sanofi-Aventis and Chairman of the EFPIA project.

Eucomed Guidance on bar coding for medical devices



The e-Business Task Force of Eucomed identified AIDC as a key priority in 2003, and set up an alliance with GS1 HUG™ in 2005. Eucomed has recently issued an updated guidance document on bar coding for medical devices: 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 and, to that end, Eucomed supports the work of GS1 Healthcare. The Task Force is currently finalising an update of the AIDC survey amongst European medical device manufacturers, first undertaken in 2006.

Link:

www.eucomed.com/sitecore/shell/Controls/Rich%20Text%20Editor/~/_media/pdf/tl/2007/portal/publications/position_papers/20070801eucomedbarcodeguidance.ashx

International Coding System for Blood, Tissues and Cells



The risks of errors with blood transfusion became very apparent during the first Gulf War. Blood was sourced from many countries and blood centres. This resulted in duplicate numbers, product code mismatches that were exacerbated by multiple languages, and traceability mismatches. The International Society of Blood Transfusion established the ICCBBA in 1995. This not-for-profit body manages the ISBT 128, an international coding system for blood, tissues and cells. This system supports the open movement of these products around the world and satisfies regulatory requirements. Over 3,300 licensed facilities worldwide use ISBT 128, totalling about 30 million units of blood each year. ICCBBA works with GS1 to ensure interoperability amongst its standards.

Link: www.isbt-web.org/default.asp

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Health Level Seven, Inc.



HL7 is a not-for-profit, ANSI-accredited standards developing organisation dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. Andrew Hinchley, Board Member HL7 UK and Integration Strategist at Cerner Corp., shared one application of HL7 Standards. Within the NHS Connecting for Health project, the 60 million patient central demographic service will be built on HL7 V3 Queries, the central clinical summaries and key in-patient/out-patient events will be built on HL7 CDA, and the national Choose&Book system for hospital in-patient and out-patient booking will also be based on HL7 V3.

HL7 and GS1 continue to collaborate to align standards development and to promote global standards in healthcare.

Link: www.hl7.org

GS1 Healthcare news from around the world

Global Harmonization Task Force (GHTF) for medical device regulations (continued from page 1)



The GHTF is a voluntary group of representatives from national medical device regulatory authorities and the regulated industry. Since its inception in 1992, the GHTF has comprised of representatives from the five founding members; Australia, Canada, Europe, Japan and the USA. In addition, the GHTF has liaison members representing other countries (the Asian Harmonization Working Party representing much of Southeast Asia, China, and India), representing standards organisations (ISO, IEC) and other interested affiliates (World Health Organization).

The purpose of the GHTF is to encourage global harmonisation in regulation to ensure the safety, effectiveness, performance and quality of medical devices, promoting technological innovation and facilitating international trade. This is primarily accomplished via the publication and dissemination of harmonised guidance documents on basic regulatory practices. The GHTF also serves as an information exchange forum through which countries with medical device regulatory systems under development can benefit from the experience of those with existing systems.

Chairmanship of the GHTF is rotated amongst the regulatory representatives of the five founding members. Larry Kessler from the FDA (USA) is the current Chair. He invited GS1 Healthcare to speak at the GHTF conference at the beginning of October in Washington, about the work which is being done globally on developing standards for marking

and labelling of medical products to enable automatic identification and harmonisation of medical catalogues across the globe, to ensure correct and complete product data in the supply chain.

The FDA is currently developing regulations for unique device identification (UDI), for medical devices, but wants to create a solution that will be globally acceptable. All GHTF presentations can be found on the GHTF website:

Link:

www.ghtf.org/conferences/11thConference/11th_Conference_Slides.htm

As the FDA develops these recommendations, a meeting among the device regulatory authorities, from around the world, is planned for January 29, 2008 in Washington DC, to try to achieve harmonisation with respect to UDI.

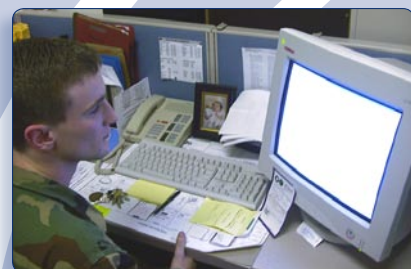
DoD Pilot confirms GDSN as viable solution to synchronise product data in healthcare (continued from page 1)



Product information in the healthcare supply chain is reported as being notoriously inconsistent, inaccurate and out-of-date, adding billions of dollars in costs and tremendous inefficiencies to an already-burdened industry. Bad data makes it nearly impossible for hospitals to conduct effective supply chain analyses and obstructs efforts to track and remove recalled products. In addition, the resource-intensive and time-consuming processes associated with product identification can negatively impact patient safety.

In the groundbreaking pilot, the US Department of Defense (DoD) and industry participants tested an existing product data network known as the Global Data Synchronization Network (GDSN), and found that GDSN demonstrates the potential to meet healthcare's complex data synchronisation needs.

"Through this initial pilot, we are confident that the GDSN meets the minimum criteria needed by the healthcare industry," says Kathleen Garvin, DoD data synchronization program manager at the Defense Supply Center Philadelphia. *"We look forward to testing the scalability of GDSN with additional participants."*



"For manufacturers, it's important that a product data synchronisation solution and unique device identification system for healthcare be global in nature in order to reduce data sharing requirements, redundancy and costs," says Dennis Black,

GS1 Healthcare news from around the world

Director, eBusiness for BD (Becton, Dickinson and Company). Participants acknowledged that the implementation would probably require information systems upgrades or process re-engineering, yet *“the benefits of implementing such a system far outweigh the unacceptable costs of the status quo,”* says Joe Pleasant, CIO of Premier, a participating GPO. Pilot findings are published in a newly released report, *“Creating a Source of Truth in Healthcare: Testing the GDSN as a Platform for the Healthcare Product Data Utility”*, available at:

<https://dmmonline.dscpl.dla.mil/datasynchronization/dodpilots.asp>
For more information, visit

<https://dmmonline.dscpl.dla.mil/datasynchronization/datasync.asp>

Healthcare Supply Chain Standards Coalition (HSCSC) endorses GS1 Standards



In a major step, aimed at making healthcare more affordable while strengthening patient safety and outcomes, the Healthcare Supply Chain Standards Coalition (USA) is calling for industry-wide adoption of organisational and product identifiers from GS1. HSCSC is also recommending the GS1 Global Data Synchronisation Network™ (GDSN), serves as the healthcare industry’s system for registering, validating, disseminating, and synchronising product identification information.

HSCSC was founded as part of the National Alliance for Health Information Technology (www.nahit.org) in the USA and is a collaborative of 28 organisations representing the entire healthcare supply chain.

For more information, please refer to:

www.hscsc.org or www.hscsc.org/downloads/PressRelease_102207.pdf

The SmartLog Project in Switzerland

A pilot for controlled narcotic substances in Switzerland intends to test a ‘track & trace’ system from manufacturer to patient, and to investigate an early-warning system for counterfeit products. This pilot is sponsored by Refdata, a Swiss foundation representing Swiss medical manufacturers and wholesalers, caregivers, insurers and federal authorities (BAG, Swissmedic). Participating manufacturers, including Janssen-Cilag, Mundipharma, Novartis and Pfizer, will label retail packs with stickers



containing, in parallel, a linear bar code (with GTIN and serial number) and a GS1 DataMatrix (with GTIN, batch number, expiry date and serial number), as agreed with Swissmedic. Each stakeholder will set up the necessary infrastructure and will capture information at every stage of the supply chain, all the way to the point of dispensing at the pharmacies. Participants have access to the data pool via a web-based interface.

For more information, please contact Christian Hay at christian.hay@gs1.ch

GS1 Canada and CareNET Services Inc., announce strategic alliance

 **GS1 Healthcare** GS1 Canada and CareNET Services Inc., (www.carenet.ca/) recently announced their strategic alliance to further the adoption of global supply chain and electronic commerce (e-commerce) standards. *“Across Canada, healthcare institutions are constantly under pressure to manage the growing demand for a safe and efficient healthcare system. The potential value of supply chain management improvements in Ontario’s hospital sector alone has been estimated at more than CA\$300 million – funding that can be reinvested into priority healthcare services,”* explained Alicia Duval, Vice President, Healthcare, GS1 Canada.

 *“We’re very excited about the opportunity for GS1 Canada and CareNET to increase patient safety efforts, improve business processes and reduce costs throughout the healthcare supply chain by utilising proven, global standards combined with supply chain best practices,”* added Patrick Smith, co-chair, CareNET and Manager, Regional Purchasing, Hamilton Health Sciences.

CareNET is a not-for-profit volunteer standards association of Canadian healthcare providers (hospitals) and suppliers facilitating the development of Canadian e-commerce guidelines throughout the healthcare supply chain. For more information, please contact Nigel Wood, at nigel.wood@gs1ca.org


GS1 France and Europharmat, an efficient collaboration

 **GS1 Healthcare** GS1 France and Europharmat, the French association that developed a French database with medical products, have signed an agreement to join forces in promoting the adoption of GS1 Standards to improve patient safety and supply chain efficiency. First areas of focus will be traceability of product as well as processes and logistics information. GS1 France will represent common work in the global standards development process to ensure that specific requirements are taken into account.

For more information, please contact Valérie Marchand at: valerie.marchand@gs1fr.org

GS1 Healthcare news from around the world

GS1 Healthcare in Serbia & Montenegro

 **GS1 Healthcare** In Serbia-Montenegro, a regulation has been mandating the use of GTIN on pharmaceuticals and medical devices since 1993.


A local GS1 Healthcare group in Serbia & Montenegro and Macedonia was established at the end of 2006. Besides representatives from end-users, also the Ministry of Health, the Medicines and Medical Devices Agency and the Fund for Healthcare Insurance are involved. Current projects include participation to the development of a healthcare information system enabling an electronic patient file for basic healthcare and pharmaceutical services, and the implementation of GS1 standards in hospitals and pharmacies.

For more information, please contact Branislava Mitic at: branislava.mitic@gs1yu.org

GS1 Healthcare UK and the NHS Procurement eEnablement Programme (NPEP)

 **GS1 Healthcare** To drive the GS1 Healthcare UK activities, a leadership team has been formed with representatives from the Department of Health, the NHS Connecting for Health, the NHS Purchasing and Supply agency, the NHS National Patient Safety Agency, manufacturers (Smiths Medical), distributors (Southern Syringe Services), associations (the Association of British Healthcare Industries, the Association of the British Pharmaceutical Industry) and hospitals (NHS hospital in Leeds). GS1 Healthcare UK is actively pursuing synergies with the NHS Procurement eEnablement Programme (NPEP). *"Fragmentation within the NHS has resulted in the inability to effectively aggregate NHS expenditure and thus a significant opportunity cost for the NHS. The NPEP is a 3-year programme to drive adoption of eEnablement in NHS procurement. One of the strategic initiatives is to set the standard for the building blocks of eEnablement in NHS procurement, including the use of GS1 GTIN's"*, said Rachel Hodson-Gibbons, Head of eProcurement NHS Purchasing and Supply Agency and Co-Chair GS1 Healthcare UK.

GS1 Healthcare US Taking Shape

 **GS1 Healthcare** Twenty-two stakeholders representing; manufacturers, distributors, government, associations, and group purchasing organisations (GPOs) in the United States healthcare market, attended a two-day planning meeting at GS1 US headquarters in New Jersey last month to help establish the new GS1 Healthcare US industry group. The purpose of GS1 Healthcare US is to improve patient safety and supply chain security and efficiency, through the adoption and implementation of GS1 standards and solutions, while putting the focus on important issues in the US healthcare industry.

Attendees reviewed a draft mission for GS1 Healthcare US, discussed the different roles played by GS1 Healthcare [global] and GS1 Healthcare US, and developed proposed work teams (Product Identification, Location Identification, GDSN Implementation, Pedigree/Track and Trace, Auto ID in Healthcare, and Serialisation). Meeting feedback was positive and an official kick-off meeting for the GS1 Healthcare US group is scheduled for March 2008. Work teams are being established and have begun work already on the initial tasks identified in the planning meeting. A call for participation has been sent out for the Leadership Team Co-Chairs, work group Leaders and work team participants.

US companies that wish to participate in GS1 Healthcare US can contact John Roberts at: JRoberts@gs1us.org

GS1 Healthcare at events around the world

GS1 Healthcare will be present at a number of events around the world. For more information, please contact your local GS1 Member Organisations. Here is a snapshot for the coming months:

- **Peter Alvarez, Director GDSN Healthcare**, will speak at the 2nd Annual Leadership Conference on Supply Chain Management in Las Vegas (USA), 24-25 January 2008
www.worldcongress.com/events/HL08006/index.cfm?confCode=HL08006
- **John Terwilliger, Vice President of Market Development, GS1 US**, will speak at the HIMSS / AHRMM Supply Chain Symposium in Orlando (USA), 24-28 February 2008
www.himssconference.org/
- **Janice Kite, Traceability Healthcare GS1 Global Office**, will speak at the 7th Annual Cool Chain Europe in Brussels (Belgium), 28-30 January 2008
www.coolchaineurope.com
- **Michel van der Heijden, President GS1 Healthcare**, will speak at the 2nd International Patient Safety Congress in Antalya (Turkey), 25-29 March 2008
www.patientsafetycongress.org

Networking Opportunities at Windsor



Dates for your diary



The next GS1 Healthcare Conference will take place from
Tuesday 12 to Thursday 14 February 2008
in
Granada ~ Spain
under the auspices of the
Servicio Andaluz de Salud

Details will soon be available on the website:
www.gs1.org/healthcare

Plans are also being develop for a GS1 Healthcare
Conference to be held from
Tuesday 17 to Thursday 19 June 2008 at
Le Royal Meridien King Edward, Toronto, Canada

GS1 Healthcare - Improving patient safety worldwide



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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