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Hong Kong hosts 15th GS1 Healthcare conference

Sandra Lee, Permanent Secretary Health in Hong Kong, opened the 15th global GS1 Healthcare conference which was held at the Hospital Authority building in Hong Kong and attended by more than 300 delegates from 25 countries. "The vision of GS1 Healthcare is to continue to raise the bar on patient safety and supply chain efficiency. This also echoes our vision in Hong Kong to build a territory-wide Electronic Health Record (EHR) sharing system as an essential tool to provide more efficient and better Healthcare to the community," said Sandra Lee (continued on page 2).



Twenty experts and opinion leaders, from around the world, shared their insights and experiences into automatic identification, unique device identification, serialisation and pharmaceuticals, master data alignment, EHR, eProcurement, patient safety initiatives etc. The conference also provided a neutral platform for various stakeholders to discuss ideas, developments and standards.

Our special thanks goes to the Hong Kong Food and Health Bureau, the Hong Kong Hospital Authority and GS1 Hong Kong for co-hosting this conference and their generous contribution.

If you did not have the opportunity to attend the conference, or you would like to refresh your memory, you can view the plenary sessions at the following link:

www.gs1.org/healthcare/news_events/061009/

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SPECIAL FEATURE: FOCUS ON HONG KONG

EHR Sharing System as essential infrastructure



食物及衛生局
Food and Health Bureau

"The vision of GS1 Healthcare is to continue to raise the bar on patient safety and supply chain efficiency. This also echoes our vision in Hong Kong to build a territory-wide Electronic Health Record (EHR) sharing system as an essential tool to provide more efficient and better Healthcare to the community," said Sandra Lee, Permanent Secretary for Food and Health (Health), Food and Health Bureau, Hong Kong Special Administrative Region (HKSAR) Government. "We will invest HK\$1.1 billion to build the EHR system over the next five years. Governments worldwide have all embarked on programmes to develop EHR systems to enable sharing of medical records amongst Healthcare providers. We already have a basic medical record entry system in place; it was 'home-grown' and was developed over the last 15 years by our doctors and



Healthcare providers. It has evolved into a sophisticated clinical service delivery system with 8 million records used by more than 30,000 public hospital Healthcare workers on a daily basis.

We will invest HK\$1.1 billion to build the EHR system over the next five years.

We now want to expand that system to a territory-wide system, connecting all public and private Healthcare providers. A lot of work needs to be done, but I'm confident that with the help of many, including GS1, our EHR programme will be a success."

Hospital Authority shows the way



"The Hong Kong Hospital Authority (HKHA) appreciates the extent of the many challenges and opportunities ahead for raising the bar on Healthcare supply chain efficiency, security and safety, in a global and harmonized manner," said Raymond Wong, Chief Manager, Business Support Services, Hong Kong Hospital Authority.

"We decided to join GS1 Healthcare as a Voting Member and we are also keen to contribute and collaborate with the GS1 Healthcare global community in facing these challenges.

We strongly believe that only by working closely together and adopting harmonisation of consumer standards, the global Healthcare supply chain will attain optimal efficiency, increase necessary transparency and build traceability to deliver a win-win environment worldwide for consumers, providers and suppliers."



醫院管理局

HOSPITAL
AUTHORITY

HKHA is a statutory body managing all public hospitals in Hong Kong, totalling more than 27,000 beds and about 54,000 staff. "In 2002, we embarked on a journey to modernise our supply chain management to increase efficiency and security, and to enable traceability," added Wong. "We have developed the Product Classification and Codification (PCC) Model to ensure standardisation.

Global data harmonisation will be a key success factor.

A market readiness survey in July 2009 however indicated that suppliers were inadequately aware of HKHA's accelerated requirement on PCC standards. We have data language problems in 50 to 60% of products supplied to us. The survey also indicated that about 50% of existing products were already bar coded, mainly based on GS1 Standards (78%), but there is insufficient knowledge on bar coding and capability to incorporate standards.

We intend to accelerate the implementation of GS1 Standard bar codes through bulk leverage and long-term contracts. We will also further engage suppliers to increase Electronic Data Interchange (EDI) applications." "We envision 'evolution' rather than 'revolution', seeking 'buy-in' from stakeholders and users and ensuring strong change management," concluded Wong, "Global data harmonisation will be a key success factor."

How to improve patient care and medication management



"In March 2009, the Hong Kong Hospital Authority (HKHA) announced seven key initiatives to enhance their procurement system for pharmaceutical products," said S. C. Chiang, Senior Pharmacist, HKHA. "One of these initiatives is to introduce bar coding for automatic checking of order & receipt and

prevention of products expiring before use. However, there is a chasm in the information flow today; even if dispensed drugs have a bar code, they are lost as soon as they leave the pharmacy. Should we work with the HK government to mandate bar codes? Should we work with manufacturers to require unit-dose bar coding? We need to close the loop in the medication use process, involving electronic prescribing and automatic identification systems for patients and drugs. This requires system and process changes in the drug distribution and administration system. The system needs to support end-to-end Auto ID persistence: from initiation of procurement, to goods receiving, goods movement, re-packaging, dispensing, drug administration and finally EHR. But we need bar codes direct from the manufacturer

for as many products as possible, and for as many packaging levels as possible. A bar code readiness survey amongst suppliers indicated that 77.4% were not capable of printing bar code labels for hospitals and that most of those had no idea how much time it would take to build up the capability. Those with the capability mainly used GS1 bar codes (62.5%) but some had no idea which bar code standard they were using."

"All parties in the supply chain must agree on the significance and importance of the need to track and trace," concluded Chiang. "It is not just about efficiency in the supply management side, but it is also about the safety that extends to the user management side. We must all commit and contribute to this ultimate objective."

GOVERNMENT AND REGULATORY ACTIVITIES

New Zealand: Safe Medication Management Programme



"The Safe Medication Management (SMM) Programme was established in June 2008 to improve medication management processes and systems, to reduce errors and harm," said Chai Chuah, Chief Executive, Hutt Valley District Health Board, New Zealand. "SMM is one of the five programmes of the National Quality

Improvement Programme, overseen by the New Zealand Ministry of Health. The programme was instigated by a report in New Zealand from 2002, indicating that, per year, 150 patients died, 400 were permanently disabled and 3,500 temporary disabled from medication errors. The report also estimated that 40% of hospital spending was associated with 'adverse events', of which 67% were preventable."

"More than 60 clinicians, from 21 district health boards, participate in the work groups of the SMM Programme. Unit dose and bedside verification is one of the four clusters in that programme," added Chuah, "The programme report advocates the use of bar codes and the adoption of global standards for bar codes and product identifiers. The bar code can be used from manufacturer to the bedside and support both clinical and product supply needs. The GTIN (GS1 Global Trade Item Number) is an important part of the product supply processes; when you get to the pharmacy for the dispensing of medicines and at the point-of-care for administration, the GTIN will be linked to the New Zealand Medicines Terminology (NZMT), used by doctors for the medication history of the patient and for prescribing medicines."

"We are aiming for incremental change: start simple and

spread, then add depth," concluded Chuah. "We want to effect change by inspiring, guiding, engaging, providing advice and direct assistance, and influencing networks. We also need commitment to a 'standards' approach."

Turkey: Medical Device and Drugs Database

"The Health Transformation Programme in Turkey envisions streamlining the health financing systems and eliminating the fragmentation of policy responsibilities," said Prof. Dr. Mustafa Özmen, Deputy General Director, Hacettepe University Hospitals, Turkey. "An important component of that programme is to develop a Medical Devices and Drug Database to ensure a common language amongst stakeholders, including the Ministry of Health, the Public Procurement Authority, the National Health Insurance Fund, customs authorities and Healthcare providers. Different naming of medical devices and drugs creates serious reimbursement and procurement problems. We are following a straightforward approach: all suppliers need to register their products in the database, or their products won't be reimbursed and they can't participate in tenders."



All suppliers need to register their products in the database, or their products won't be reimbursed

"The database contains unique, aligned and synchronised product data to be used for e-commerce and, later on, clinical applications," said Cumhuri Çeken, TcHealth Information, Turkey. "This will allow us to eliminate the cost of developing separate hubs and managing variable standards. It will also reduce interoperability errors significantly."

"The project started in June 2005, and, after about 13,000 man-hours of work, the database has been up and running as of January 2008. Almost 4,000 companies have registered their product data, totalling about 1.5 million medical devices and 6,589 pharmaceuticals" added Çeken. "We are using the GTIN for the unique identifier, UNSPSC for classification and GMDN for nomenclature. The database will, in the future, accept 14-digit identifiers (GTIN-14)." The system is already providing great benefit and for the future it is foreseen that it will be linked to the Turkish customs authority.



China: Hospital informatisation and supply chain management



"Informatisation in hospitals not only improves medical treatment, but it also brings direct economic benefits to supply chain management; having a great impact on hospital purchasing and inventory management," said Prof. Yanjie Gao, Director of Department of Information Technology for Healthcare, Ministry of Health, China. "We want to

improve efficiency by leveraging advanced information technologies and modern management concepts to optimise supply chain management in Healthcare in China. Standardisation will be the foundation to establishing this medical supply chain system and we want to draw on existing international standards. The "National Health Information Development Plan (2003 - 2010)" of the Ministry of Health in China envisioned ten pilots of 'digitised' hospitals.

Standardisation will be the foundation to establishing this medical supply chain system...

A survey of 76 hospitals in China also indicated that informatisation is considered as the number one priority by hospital leaders. After many years of informatisation in hospitals, Hospital Information Systems (HIS) are stable and safe, and have already achieved remarkable social and economic benefits: increasing efficiency, optimising process management and increasing Healthcare quality control. Computers can automatically process orders and nurses do not need to re-copy, which greatly reduces the probability of error. In a variety of inspections, medical errors did not occur when unclear writing and copying errors were eliminated."

"We plan to promote the GS1 pilot in Shanghai with the Shanghai Food & Drug Administration", concluded Prof. Gao.

USA: FDA and the road towards UDI – Where are we now?

We are developing something that is brand new; there is no Unique Device Identification (UDI) today," said Jay Crowley, Senior Advisor for Patient Safety, US Food and Drug Administration. "Currently, device identification is non-standardised or standards are used in different ways. We are looking at adopting global standards in an unambiguous way. It is important that we keep in



mind that it is not just the implementation of these codes, but that the available information is used in hospitals. UDI can improve visibility enabling; product recalls, post-market surveillance, adverse event reporting, anti-counterfeiting and other benefits, but only if used by all stakeholders. UDI will also facilitate the

integration of product data across disparate systems – including; supply chain, clinical and reimbursement. With this integration comes insight and visibility to assess the cost and clinical effectiveness of medical devices."

We are looking at adopting global standards in an unambiguous way.

"We see four distinct steps to establish a UDI system: develop a standardised system for unique identifiers as per ISO 15459 (including GS1 Standards), the application of the UDI at all packaging levels (technology-neutral, be it bar codes or RFID), the development of the UDI database and finally adoption and implementation," added Crowley. "The FDA is currently developing the UDI database and conducting a pilot to assess the feasibility of collecting, storing and retrieving UDI data from initial creation to point-of-use. So far, it was a very interesting exercise. We have discovered some issues with some attributes, which need to be resolved first. The hospitals involved were very happy with the information received, which providing data they regularly need."

China: Shanghai UDI Pilot extending to China

"In Shanghai, we started the UDI project for implantable medical devices in 2006. By the end of 2007 more than 100 hospitals were able to trace those implantable devices with their UDI," said Yan Liang, Senior Advisor, Shanghai FDA, China. "We require two bar codes on the product label; one to identify the product and the other to identify the production code (lot number, serial number, expiry date). This is in line with the global approach towards UDI. The UDI should be used by hospitals to record the product

information and send it to the SHFDA supervision platform. Manufacturers and distributors can collect data and reports from that platform. The China FDA has now decided to also start using UDI for medical devices throughout China."



The China FDA has now decided to also start using UDI for medical devices throughout China.

Global: UDI and global harmonisation

"The US FDA has worked with the Global Harmonization Task Force (GHFT) and the Asian Harmonization Working Party (AHWP) to come up with a framework for regulators to implement UDI in a harmonised and standardised way," said Jay Crowley.

...a framework for regulators to implement UDI in a harmonised and standardised way.

To develop that framework the GHFT created the UDI Ad Hoc Work Group in October 2008. The work group is chaired by Laurent Selles from the European Commission and members from the USA (FDA and AdvaMed), Europe (Eucomed and EDMA) and Asia (AHWP, JFMDA and industry stakeholders). "It is envisaged that the work group will present its final recommendations to the GHFT Steering Committee in November 2009," added Yan Liang.

UK: NHS Connecting for Health and GS1 UK - Update



In February 2007, NHS Connecting for Health (CFH) entered into an agreement with GS1 UK for the provision of AIDC codes to the NHS. By the 6 October 2009, more than 220 hospitals had signed up to the programme. NHS CFH has also developed an eLearning tool on AIDC ([click here](#)) and a dedicated AIDC website is being

developed. "We have decided to focus on specific areas, which allows us to give more specific attention to each area," said Neil Lawrence, AIDC Manager, Technology Office, NHS Connecting for Health, UK.

"These areas include: decontamination of sterile surgical instruments, pharmaceutical manufacturing and medicines tracking and global location numbers (GLNs).

For example, the new NHS Supply Chain Purchasing systems will allow the use of GLNs."

Australia: Putting the necessary infrastructure in place for eHealth

"NEHTA's vision is to enhance Healthcare by enabling access to the right information, for the right person, at the right time and right place," said Stephen Johnston, Head of National Infrastructure Services, National eHealth Transition Authorities, Australia. "The government of Australia recognises that electronic health (eHealth) and an Individual Electronic Health Record (IEHR) are vital to the achievement of major health reforms in the next decade. NEHTA has defined four strategic priorities, forming the basis of our work programme: we will urgently develop the essential foundations required to



enable eHealth, we will coordinate the progression of the priority eHealth solutions and processes, we will accelerate the adoption of eHealth, and finally we will lead eHealth in Australia. Some of the essential foundations to enable eHealth are, for example, unique Healthcare identifiers and secure messaging.

These will form the backbone of Australia's eHealth systems. The primary key target was the development of Healthcare identifiers in time for use by June 2010.

Over 45,000 items have already been loaded in the NPC

We commenced public consultation on the legislative changes needed to support the introduction of universal identifiers. The results of the consultation will be provided to COAG later this year, in time to introduce legislation into Parliament early next year. Over 45,000 items have already been loaded into the NPC (National Product Catalogue hosted by GS1net, GS1 Australia's GDSN-certified data pool)," said Ken Nobbs, Program Manager Medical Products, NEHTA. "We adhere to established international standards and require the GTIN as well as standardised data. This single suite of standards provides a cost effective way of maintaining current and accurate supply information. NPC is also our basis for eProcurement. To make eProcurement uniform across all jurisdictions, we'll also follow a standards based approach, using GS1 XML as the business messaging standard."

Sweden: EFPIA Pilot to verify pharmaceuticals at the point of dispensing



The European Federation of Pharmaceutical Industries and Associations (EFPIA) is the voice of 2,200 R&D-based pharmaceutical companies in Europe. "The use of harmonised coding and identification systems for secondary packs of pharmaceuticals is an important security measure to protect against counterfeiting," said Grant

Courtney, GlaxoSmithKline and EFPIA.

We need a standardised system, for adoption in Europe...

"We believe that the proposed European Union Directive on counterfeit medicines will make mass serialisation of pharmaceuticals a reality in Europe over the next 4 to 5 years. We need a standardised system, for adoption in Europe, in order to ensure an efficient and cost effective introduction. EFPIA advocates the GS1 DataMatrix bar code with a unique product identifier (GTIN), batch number, expiry data and serial number, as the minimum static data standard. We also support the mandatory verification at the point of dispensing using the serial number, but not a full track and trace. Product data and dispensing data can be stored in interoperable databases. Any duplicate instance of a product code can thus be detected prior to widespread proliferation of a potential problem; any copying/counterfeiting of the 2D data matrix code would be identified by the system."

the EFPIA proposal as an aligned approach with the European Commission's pharmaceutical package and as a practical, secure and effective solution for relevant stakeholders (manufacturers, pharmacists, wholesalers) that can be fully integrated into their existing operations. The model is based on common standards and mature technology, and should provide a credible alternative to proprietary national systems."

Australia: Implementing GS1 Standards – A wholesaler perspective



"Clifford Hallam Healthcare (CH2) is now Australia's largest Pharmaceutical and Medical Healthcare service provider and was formed in 2005 as a result of the merger between Hospital Supplies Australia (HSA) and Clifford Hallam Pharmaceuticals (CHP)," said Ged Halstead, Chief Information Officer, CH2. "Early 2006, we embarked

on both upgrading and integrating the two entities at the same time. Many false assumptions were made about data quality and pricing practices. No GTIN's or GLN's were in use. The data quality issues, particularly around Units Of Measure and pricing, led to a severe spike in picking errors, pricing errors and consequently raising thousands of credits.

Our focus for this year and next is to ensure that there are GS1 bar codes on all logistic units...

Customer's dissatisfaction became very clear. It took us until mid 2006 to stabilise the ERP system. GS1 Standards were 'discovered' through our involvement with the Monash Medical project. In 2007, we started storing bar codes and GTINs. We use GS1 XML as our primary preferred message mechanism. Our focus for this year and next is to ensure that there are GS1 bar codes on all logistic units received, including SSCC (Serial Shipping Container Code), lot number and expiry date and GS1 bar codes on products at all packaging levels."

Global: Bridging the gaps between supply chain stakeholders

Two panel discussions amongst manufacturers and Healthcare providers, at the GS1 Healthcare Conference in Hong Kong, highlighted gaps that exist today between the various supply chain stakeholders and they identified opportunities to discuss how to overcome them.

"We have grown up into individual supply chains for manufacturers, distributors, Healthcare providers, group purchasing organisations; each with their own numbering



"EFPIA is currently piloting this concept in Sweden. During a 4 month period, 110,000 packs will be verified at 180 dispensing points at 25 pharmacies in the greater Stockholm area," added Courtney. "We want to establish

systems," said Joe Pleasant, Premier, Inc. "That means that we don't have ways anymore to pass that information on between us, as products move through the supply chain. GS1 Standards ensure a common identification of products and locations, helping everyone. In Japan, many manufacturers already bar code their products, but there are only 15 to 20% of Japanese hospitals using those bar codes," said Dr. Tanaka, 2nd Red Cross Hospital, Japan.

The key is standardisation: one identifier throughout the supply chain.

"We indeed need to take away the confusion for Healthcare providers just trying to identify our products," said Jackie Elkin, Medtronic. "Our products tend to take on different identifiers, and that becomes a problem once the product gets to your hospital, it may be something different than the product in your catalogue, your invoice, your label. The key is standardisation: one identifier throughout the supply chain," added Jackie Elkin.

"As a global manufacturer, global harmonisation is important," said Nathan Habeck, Baxter. "It adds cost if we have to do a product in 100 different ways to meet different requirements. To really ensure patient safety, we need bar codes on all packaging levels, including a GTIN, lot number and expiry date, on each blister, to help the nurse ensure the five patient rights," said Scott Cameron, Novartis. "But there is not one voice, we need cross-fertilisation amongst Healthcare providers across regions to raise this request to suppliers in a common way," added Clemens Haas, Fresenius. "Regulations and legislation are obviously a critical driver for manufacturers and would help to advance this," added Scott Cameron. "For example, the FDA bar code rule in the USA drove manufacturers to put GTINs on all drugs sold in the USA," said Nathan Habeck.



"We need a neutral platform for a constructive dialogue between suppliers and providers to understand each other's challenges," said Frédérique Frémont, CHI Robert Ballanger Hospital, France. "This will enable us to standardise our data exchanges. For Healthcare providers, cost containment is always there. For Hong Kong, we mainly import products, so we understand that the different sources of supply want to stick to common

standards, in order to achieve a win-win situation," said Raymond Wong, HKHA, "We need a public debate across borders, respecting cultural differences, but following a transparent process and with common goals to better serve patients."

We need a public debate across borders, respecting cultural differences... with common goals to better serve patients.

"GS1 Healthcare provides manufacturers with a platform to work with the stakeholders and associations, in the countries, and speak with one voice on how we use global standards," said Scott Cameron. "It also enables us, as a Healthcare community, to agree on standards and best practices, and pro-actively propose, to regulators, a common way forward to address their concerns on security and patient safety," added Jackie Elkin. Raymond Wong concluded: "Let's not reinvent the wheel. We can use GS1's foundations, providing the necessary flexibility and robustness."

Let's not reinvent the wheel. We can use GS1's foundations...

Canada: ISMP Canada and Canadian Patient Safety Institute team up with GS1 Canada



Two of Canada's patient safety organisations – Institute for Safe Medication Practices Canada (ISMP Canada) and Canadian Patient Safety Institute (CPSI) are collaborating with GS1 Canada to advance automated identification (e.g. bar coding) of pharmaceutical products in Canada. To this end, the three organisations are working collaboratively to advance the Canadian Pharmaceutical Bar Coding Project. This cooperation will allow the three organisations to combine their respective expertise and outreach to the Healthcare community in support of an improved Canadian patient safety environment. It has been demonstrated that the inadvertent administration of incorrect medications can be significantly reduced through implementation of advanced technologies such as bar coding at the point of care. In May 2009, ISMP and CPSI jointly endorsed the adoption of the GS1 global standard for automatic identification of pharmaceutical products (medications) in Canada.

France: Leading hospital expands use of GS1 Standards

CHI Robert Ballanger Hospital, a 650 bed hospital in France, has decided to expand the use of GS1 Standards in the hospital to; medical instruments, medical devices, common goods and assets (medical equipment, computers, ...). "The manufacturer's GTIN will be used for receipt of goods," said Frédérique Frémont, CHI Robert



Ballanger Hospital, France, “but for distribution to the wards, we may have to create our own GTINs at the unit-of-use level, if not available from the manufacturer. For drugs, the GS1 DataMatrix bar code will be mandatory in France as of January 2011.”

The hospital had already successfully implemented GS1 Standards to enable traceability of surgical instruments. “We are using GS1 DataMatrix through direct part marking using laser technology,” added Frémont. “Tests have shown that more than 97% of the bar codes are readable, and that this technology ensures an appropriate level of resistance to degradation during the repeated sterilisation cycles.”

USA: Premier’s vision for high performing Healthcare organisations



“Sustainable, efficient processes are critical for increasing quality and optimising labour and supply costs,” said Joe Pleasant, Chief Information Officer, Premier, Inc., USA. “We’re not just talking about improving outcomes, but we are talking about how quality, or the lack of it, significantly and quantitatively impacts the bottom line. Quality

improvements are inextricably linked to a hospitals’ financial future. Payers are not willing to pay for poor quality. Patient satisfaction measurements will soon be mandated for all hospitals. Market share can be gained and lost on quality and public reporting. Starting in 2003, Premier partnered with CMS (Centers for Medicare and Medicaid Services) to develop a pay for performance demonstration for hospitals – the first national demonstration of its kind.

Endorsement and adoption of standards allows interoperability of key supply chain processes...

The hypothesis for the demonstration was that economic incentives, for delivering higher quality care, would drive not only quality improvements but, ultimately cost savings for Medicare. Over 260 of our hospitals, across 38 states, volunteered to participate in the 3 year programme. Premier used national quality measures across 5 clinical conditions to track hospital performance. Hospitals achieving quality scores in the top 20%, of the participants, were given financial “bonuses” from Medicare – in the first year of the project, almost US\$9 million dollars were awarded to top performers, small and large, rural and urban, teaching and non-teaching

hospitals. The next generation programme is QUEST: a focus on Quality, Efficiency, Safety, with Transparency. It is a collaborative of close to 157 participants treating over 2.3 million patients annually and is designed to help springboard hospitals to a new level of performance. It’s about benchmarking, implementing, measuring and scaling innovative solutions to the complex task of caring for patients. QUEST participants have already demonstrated significant improvements. If all hospitals which are not participating in QUEST could achieve these results, this would mean an additional 52,760 lives, US\$1.16 billion saved, and 27,771 additional patients receiving all evidence-based care.”

“The supply chain is an important component of the cost-of-care,” added Pleasant. “ASCEND is a Premier member designed programme created to enable and achieve rapid improvements in all aspects of the supply chain. Endorsement and adoption of standards allows interoperability of key supply chain processes between all portions of the Healthcare supply chain. Healthcare needs to globally adopt ONE global standard for products and locations, and synchronise both of these standards through a means such as the Global Data Synchronisation Network (GDSN).”

Germany: BVMed - product master data and GS1



BVMed, the German association of medical device manufacturers, has issued a position statement on product master data and the use of GS1 Standards. Reliable product master data plays a key role in the entire supply chain between manufacturers and their customers. Only standardised, quality data will ensure efficient business processes, including order management, inventory management, delivery etc. GS1 XML provides global standards for electronic business messaging that allow rapid, efficient and accurate automatic electronic transmission of agreed business data between supply chain partners.

Reliable product master data plays a key role in the entire supply chain between manufacturers and their customers.

BVMed envisions, by 2010, using only one standard format for the exchange of electronic business messages; this will eliminate the additional costs associated with different formats. Other advantages include: one file type, eliminating paper-based communication, and enabling the usage of GLN and GTIN for unambiguous identification of products, locations and legal entities.

USA: Global Location Number (GLN) GPO Roster Pilot Report now available



The GLN GPO Roster Pilot was conducted by industry members to support the movement to standardise location identification across the U.S. Healthcare supply chain, to improve patient safety and supply chain efficiency. The use of standardised location identification (GLN) not only ensures that the right product arrives at the right place at the

right time, it also enables more efficient business practices and helps to drive down supply chain costs.

This important industry pilot provides the initial steps to implement the use of GLNs as a standardised Identification Key for a Healthcare provider's locations across their supply chain partners. The report describes the reconciliation process of GLNs in the GLN Registry for Healthcare, detailed steps for each supply chain partner to utilise GLN as an Identification Key, potential business process improvements enabled by the use of GLN and lessons learned and next steps. Pilot participants included Abbott Laboratories, Becton Dickinson, BJC HealthCare, Cardinal Health, Covidien, Johnson & Johnson, Kimberly-Clark Corporation, Novation and Premier.

[To view the report click here](#)

GS1 HEALTHCARE UPDATE

Major milestone: AIDC Application Standards Phase 1 approved

30 October 2009 was a major milestone for the Automatic Identification and Data Capture (AIDC) Application Standards work group, which was established in September 2006 to develop global standards for the automatic identification and data capture for Healthcare products, at all packaging levels. Since its inception, more than 100 work group members, representing all Healthcare supply stakeholders, have contributed to the development of the standards. During about 150 meetings (mostly virtual meetings), totalling almost 5,000 contact hours, the work group discussed the requirements and standards for data, including serialisation and carriers.

Phase 1 of the Automatic Identification & Data Capture (AIDC) Application Standards, which includes 90% of all Healthcare products, has completed public review, resolved all public review comments and has successfully gone through eBallot. These standards provide a solid base for the industry-wide implementation of global standards enabling AIDC systems and all other systems

Australia: Abbott and the National Product Catalogue



"In 2006, Abbott Australia joined the Monash Project to pilot the use of standards in eCommerce between Abbott, the Monash Medical Centre and CH2," said Mike Wallace, Director Global Standards and Serialisation, Abbott Laboratories. "Thanks to eCommerce and global standards, we have been able to increase

efficiencies in maintaining product information for multiple customers, to reduce error rates on orders and to improve communication between suppliers and customers. Having the right cross functional team in place and the assistance of the GS1 Member Organisation proved to be important to its success."

leveraging the captured data.

The approved standards include the update of the GS1 General Specifications, to include Healthcare specific requirements:

- Symbol placement rules
- Data carrier decision tree
- Human readable information decision tree
- Product marking grids adjunct to the Application Standard

Our thanks and congratulations are expressed to all work group members for their time and dedication in achieving this major milestone in the development of another GS1 Standard for Healthcare. Special thanks goes to the co-chairs of the work group for leading this effort: Grant Hodgkins, Alcon Laboratories (Nestlé) and, until early 2009, Mark Hoyle, formerly of Covidien.

Implementation, locations, legal entities, patients, caregivers, blood derivatives

Several other work groups have been launched this year, including:

- AIDC Healthcare Implementation – this work group was formed to create a globally adaptable guideline for the implementation of AIDC Application Standards in the Healthcare sector – for more information, please contact Valérie Marchand at valerie.marchand@g1.fr
- GSMP Patient & Care Giver – this work group was formed to complete the standards for identification and marking/labelling for the patient and care giver to enable AIDC applications for the care delivery process as well as unique patient identification for other purposes, such as Individual Electronic Health Records (IEHR) – for more information, please contact Christian Hay at christian.hay@gs1.org
- Healthcare GLN – this work group was formed to develop new GLN assignment rules and implementation guidelines to support Healthcare business needs – for more information, please contact Peter Alvarez at peter.alvarez@gs1.org
- Blood derivatives – this work group was formed to complete the standards for identification and marking/labelling for blood derivatives – for more information, please contact Christian Hay at christian.hay@gs1.org

Product classification codes for GDSN

To support the immediate implementation of the Global Data Synchronisation Network (GDSN) in Healthcare and allow the proper registration of any Healthcare product in GDSN, GS1 has released two Global Product Classification (GPC) codes, one for drugs and another for medical devices. GDSN supports the various classification systems that exist worldwide by using the “Additional Classification Agency” attribute. However, to register an item in GDSN, GS1 Standards have to be used, including Global Trade Item Number (GTIN) and Global Product Classification (GPC). The Healthcare Classification work group decided to develop the two GPC codes to enable a straightforward way to register any Healthcare item in GDSN. For more information [click here](#)

Past conferences: click to view

Many experts and opinion leaders come and share their valuable insights and experiences at our global conferences. If you are interested in global regulatory and industry developments on AIDC, traceability and master data management, don't miss this opportunity to view, or relive, the plenary sessions from the last two global conferences held in Washington DC (June 2009) and Hong Kong (October 2009) at:

- Hong Kong:
www.gs1.org/healthcare/news_events/061009/
- Washington DC:
www.gs1.org/healthcare/news_events/160609/



GS1 Healthcare on YouTube & LinkedIn

The global user group has launched a Video Channel on YouTube, with a selection of videos related to GS1 Healthcare.



To view these videos (which are updated regularly) visit:
www.youtube.com/user/GS1Healthcare

GS1 Healthcare has also launched a group on LinkedIn, which will allow you to network with other stakeholders worldwide, initiate discussions and add news.



To join the GS1 Healthcare Group on LinkedIn visit:
www.linkedin.com/e/vgh/2410702/

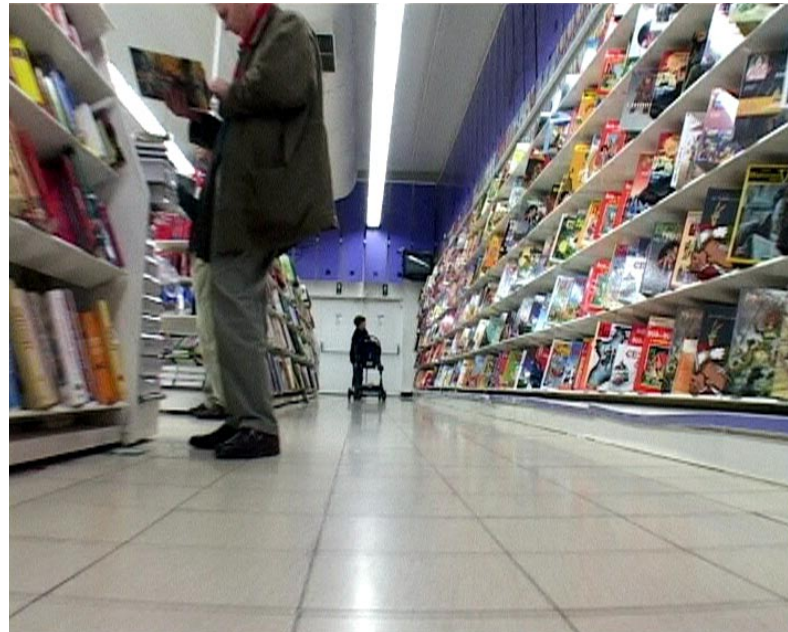
WHAT'S HAPPENING IN OTHER SECTORS?

UK: Grocery sector identifies data quality opportunity to save GB£1 billion

The 'Data Crunch' Report, recently released by GS1 UK, reveals the sizeable opportunity which Britain's retail sector can realise through improving data practices in the supply chain. The report estimates that UK grocery retailers and suppliers can realise savings of at least GB£1 billion over the next five years as data inconsistencies are ironed out across the industry and benefits passed onto the consumers, through better informed choices and improved shopper experience. In collaboration with the country's four largest supermarkets; Tesco, Sainsbury's, Asda and Morrisons, and four of the largest product suppliers; Nestlé, Unilever, Proctor & Gamble and Mars, GS1 UK used IBM's analytics capability to assess the 'Data Crunch' product data, which included more than one million records from the participating retailers and suppliers.

By comparing the product data held by suppliers, with that stored on the supermarkets' systems, the research uncovered inconsistencies in what should have been identical information in over 80% of cases, having a significant financial impact in terms of lost or late deliveries, inaccurate orders, surplus transport costs and duplicated work.

Mike Coupe, Trading Director at J Sainsbury, added: "We'll be closely examining the report's findings to see how GS1 Standards can enhance our processes."



It can be assumed that the situation in Healthcare is at least as critical as in the Grocery Retail sector. The GDSN implementation group will look into this issue in their future work.

Read more: www.gs1uk.org/datacrunch.asp

DATES FOR YOUR DIARY



Global GS1 Healthcare Conference

16-18 March 2010 in São Paulo, Brazil

Hosted by GS1 Brasil

For further details click [here](#)



To relive the GS1 Healthcare Conferences in Washington and Hong Kong [click here](#)
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