

Welcome to the second edition of the GS1 HUG™ Newsletter! We have initiated this newsletter to inform you regularly about our activities and progress in the global Healthcare User Group, GS1 HUG™.

We look forward to receiving your comments, feedback and questions, possibly for inclusion in future newsletters.

The GS1 GLOBAL HEALTHCARE USER GROUP (GS1 HUG™) – Working together to improve Patient Safety

Our new brochure gives more information about the GS1 HUG™ in a comprehensive format. Mission and Vision are explained as well as the objectives and focus areas. The HUG work teams; Communication and Coordination, Instruments and Implants,



Membership, Standards Development, GTIN Allocation Rules, Standards Implementation / Regulatory Affairs, Business Case and Vaccines & Biologicals, are described with their objectives, scope and deliverables. The brochure can be requested from the GS1 Global Office or downloaded from the HUG website at www.gs1.org/hug/

Second meeting of global Healthcare User Group (GS1 HUG™) in Princeton, USA.

For the second time participants, from across the world, came together to work on improving patient safety, this time from 29 November to 1 December 2005 in Princeton. More than 60 experts from healthcare manufacturers, wholesalers, hospital groups, regulatory bodies,

GS1 member organizations and the GS1 Global Office staff discussed the situation in healthcare today and the development of global GS1 standards.



Although the primary focus of the group is on automatic product identification the whole GS1 product and service portfolio was discussed and business managers from GS1 BarCodes, GDSN and EPCglobal attended the meeting.

Paul Pandiscio, VP Global Supply Chain welcomed the participants in the name of **Johnson & Johnson**. He outlined the importance



of the supply chain in healthcare – it is essential to know where the product is and where it is not. He sees significant prospect and

potential in the global Healthcare User Group and supports its goals.

The HUG work team leaders from B.Braun, Medtronic, Johnson & Johnson Medical Devices and Pharmaceuticals, Baxter and Pfizer gave detailed information about the objectives and first results of their groups.

Canadian Pilot Project for Vaccines

Lisa Belchak from the **Public Health Agency of Canada (PHAC)** informed the HUG participants about their Automated Identification of Vaccines Pilot (AIVP) Project, which was established to test the feasibility of using bar coding technology to quickly, accurately and automatically transfer

vaccine-specific information from a national database to an electronic patient record.

The pilot took place at two sites and the participants embraced the new technology, indicating that scanning bar codes off vaccine packages saved them time and facilitated good medical practice.

The quantitative and qualitative results from the pilot, in 2005, were very positive and strongly support the implementation of the bar coding technology for vaccines. The recommendation in moving ahead is to use GTIN's¹ to uniquely identify vaccines in a GS1-128² structure including expiry date and lot number, either in a linear or a Data Matrix symbology. A vaccine database will hold all related information and link to the patient records.

The Public Health Agency of Canada (PHAC) has joined the HUG to develop not a local but a global standard for the identification of vaccines and to contribute with their experience.

New Work Teams

As a result of the discussions above, a new work team was created to develop global guidelines for **vaccines and biologicals** with agreed data elements and data carriers. This work team is lead by two industry experts – **Stephen Hess** from **Merck** and **Bruce Cohen** from **GSK**.



Stephen Hess,
Merck



Bruce Cohen,
GSK

Two other new work teams were setup as the result of presentations and workshops.

David Buckley from **GS1 GO** presented the **GTIN Allocation Rules**, which need interpretation and review for pharmaceuticals and medical devices. In going forward to develop these rules, David supports the work team leaders **Mark Walchak** from **Pfizer** and **Mark Hoyle** from **Tyco Healthcare**. The group is working on the first draft to be presented at the next HUG meeting in Rome

¹ Global Trade Item Number

² Previously defined as EAN/UCC-128

and would like more interested members to support their work. More volunteers are most welcome and needed.



Mark Walchak,
Pfizer



Mark Hoyle,
Tyco Healthcare

The new work team **Instruments and Implants Marking**



will be lead by **Volker Zeinar** from **B.Braun**, until the final leader will be determined at the kick-off meeting. Process descriptions, industry baselines, technical framework / obstacles (manufacturer and user side) and recommendations are the deliverables of this group.

Patient Safety and Supply Chain Efficiency



Dennis Byer, Chairman of the **Coalition for Healthcare eStandards (CHeS)** and Senior Director of IT for **Consorta**, a group-purchasing organisation (GPO) with a membership that encompasses more than 2,400 care sites with

over 78,000 patient care beds, reported about their three main standardization activities:

- International Product Classification (UNSPSC)
- Global Supply Chain Identification (GLN)
- Global Product Management (Product Data Utility - PDU)

The aim is to accelerate the adoption, implementation and active usage of industry-wide data standards for improving efficiencies throughout the healthcare supply chain.

Already 90% of the 1 million items in the Consorta catalogue are today coded with the United Nations Standard Products and Services Code (UNSPSC).

By using the Global Location Number (GS1 GLN) as one globally unique number for each location customer-pricing errors will be eliminated, trading partner relationships are enhanced and administrative costs reduced.

Advantages of product data alignment, through data synchronisation are e.g. improved accuracy in product sourcing, increase in patient safety, due to accuracy of product information, and rapid access to information for new, discontinued, replacement and recalled products.

Dr. Richard Croteau from the **Joint Commission**, who has recently started an initiative for patient safety together with the WHO³, reported about their programme and efforts.



For 2005, the three most important topics were

1. Patient identification,
2. Communication among caregivers
3. Medication safety.

One of their main topics for 2006 is the safe and secure identification of patients with at least two identifiers (not the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.

Another is to eliminate wrong-site, wrong-patient, wrong-procedure surgery (Universal Protocol) amongst other requirements, prior to the start of any surgical or invasive procedure, conduct a verification time out to confirm the correct patient, procedure and site.

A Case for Data Synchronisation

Kathleen Garvin from the **Department of Defense**, USA provided insight into the DoD data synchronisation programme, in which they have partnered with the Department of Veteran Affairs, to develop a single federal catalogue. They received significant government funding for this project and expect to improve supply chain efficiencies and reduce cost of healthcare delivery. In partnership with industry stakeholders, a "proof-of-concept" pilot has been started, where in a centrally maintained Product Data Utility (PDU) standard data elements are held - transaction related and focused on medical/surgical products. The core data attributes are matching the Global Data Synchronization Network elements (GDSN). E-collaboration is starting with common data standards, accurate, timely and synchronized data are needed. The following benefits will be derived:

- Accelerated identification of new item data
- Reduce pricing errors
- More accurate invoicing
- Increased E-Commerce sales
- Better order fulfilment
- Improved readiness
- Preparation for RFID

Automatic Product Identification in Support of Wholesale Distribution

Representatives from **McKesson** and **Amerisource Bergen**, large American wholesalers, gave an overview of automatic product identification in support of wholesale distribution. In the USA a lot of effort goes, at present, into the introduction and pilots of EPC/RFID technology.

Amerisource Bergen is one of the three largest wholesalers in the USA, which covers 90% of the market, and handles 34,000 customers with daily, multiple shipments. They mainly concentrate on distributing pharmaceutical products but are also re-packaging for pharmaceutical companies.



Walt Berghahn reported about their strong involvement in the work of EPCglobal via the HLS

³ World Health Organisation

BAG⁴. They see their major goals as expense reduction, productivity improvement, inventory reduction, improved inventory management, better asset tracking and increased reliability of repackaging and believe that RFID is the technology, which will help to achieve these objectives. Another interesting application for this is, in their opinion, the Cold Chain to increase visibility of items and their status. Still unclear is how RFID would work for automated storage and retrieval, as the existing systems are based on bar codes.

McKesson is another large distributor with 24,000 employees, active in Canada, Mexico and the USA. Their VP **Ron Bone** demonstrated the impressive fact that in their warehouses no paper is used, everything is bar coded and scanned, and every process is confirmed by scanning. Today, 3 million scans are performed per day. Current issues are the printed quality of labels and the availability of necessary data.



McKesson is also very active in the work of EPCglobal, supporting the efforts to control counterfeiting with the e-pedigree. Florida will be the first State where the e-pedigree law will be implemented (July 2006). Until this date a lot of technical issues have still to be resolved, to be able to fulfil the requirements and to meet the deadlines.

McKesson supports EPCglobal in finding the appropriate solutions by participating in their work groups and being part of their leadership team.

“If standardisation is applied globally, systems to improve patient safety will be developed and implemented quicker than if individual countries were to pursue separate solutions.”

Richard Hollander, Pfizer

GS1 Activities in South America

Members from several GS1 organisations presented the activities in the healthcare sector in their countries.

Healthcare in Brasil – experience and success



GS1 Brasil, for many years, has been very active and successful in the healthcare sector. **Roberto Matsubayashi** reported about their close cooperation with ANVISA, the National Health Surveillance Agency.

With the GTIN being mandatory on pharmaceuticals and, in the future, also on cosmetic products, the authorities are now looking into traceability by including the serial/lot number for pharmaceuticals. In a first phase, logistics unit identification with GS1-128 is planned for trading between industry and distributor, then lot number and expiry date will be bar coded on the pharmaceutical package, down to the unit-dose level.

In cooperation with the hospital Santa Catarina and four suppliers, Hypofarma, ASTER, Cristalia and FURP – São Paulo State Laboratory - a pilot for unit-dose identification using RSS composite was done. It showed the benefit in stock management and control of the supply chain. Santa Catarina's Hospital has expanded automation in the last few years, throughout their hospital, to achieve total control over all movement of material.

GS1 Chile – Central catalogue for product information

Eduardo Rodriguez from GS1 Chile presented the Auge-Plan, developed by recently formed working teams with members from the health ministry, the central distribution center in the public sector, Cenabast, several hospitals and 40 suppliers. The plan shall provide benefit for the public sector through:

- Efficiency and a safe and secure supply chain
- Improved stock management
- Traceability of products
- Increased patient safety
- Better information through common product catalogue including classification

⁴ Health & Life Science Business Action Group

- Unique identification for each product, using the supplier code

One work team is defining and implementing a unique standard classification scheme and another one the standardisation of the product code scheme, based on the GS1 system along the supply chain.

In the first phase of the plan, coding of boxes and units with the lot/batch number [AI(10)] and expiry date [AI(17)] is in the scope, as well as the electronic message of dispatch advice.

In the second phase, unit-dose marking of ampoules and blister packages are in the planning. At the moment, discussions are going on as to which symbology to choose for this; RSS/Composite or Data Matrix.

GS1 Chile would appreciate active support from the HUG members for their local initiative.



Eduardo Rodriguez, GS1 Chile

GS1 Colombia – Patient Safety in Hospitals

Giovanni Biffi presented the work of GS1 Colombia with a public and a private hospital. They work on implementation of automatic identification of unit doses and patients, with bar codes. The scope of the projects is:

- Streamlining the purchase processes
- Facilitation of receipt in the warehouse
- Re-packaging of pharmaceuticals into unit-dose, due to lack of industrial packages.
- Controlled application of medication to the patients through automatic identification of patients and hospital staff.
- Best practices to efficient handling of inventory in the different warehouses from storage to delivery.



The challenges of the projects are the increased costs for the readers through the use of RSS and the software, which is not ready to handle the captured data.



The hospitals are evaluating, with the support of GS1, a business model for the process changes.

GS1 Mexico – Stock Management at Hospitals and Pharmacies

In cooperation with the Mexican Social Welfare Institute (IMSS), the largest social welfare organisation in Latin America, GS1 Mexico works on a project to reduce the “out-of-stock” in pharmacies and medical units.



Thelma Gonzalez Franco and **Miguel Angel Peralta** introduced the objectives of the project: Improvements in stock management by sharing information of sales and stock between the trading partners.

Suppliers will agree with the social security institute the necessary minimum and maximum level of stock in a hospital and get a monthly and daily information about the movements of their products, in order to manage their deliveries. It is planned, after an introduction period, that suppliers will be penalised in cases of out-of-stock or over-stock at medical units and pharmacies.

Next steps will be the automatic identification of nurse, physician, patient and prescription, the automatic identification of drugs on a unit-dose-level and the usage of GLN's for hospital and pharmacy identification. Further, a centralized drug database and the broad introduction of electronic messages for orders and invoices is planned.

First HUGLIT launched in Switzerland

The first HUG Local Interest Team (HUGLIT) was launched in Switzerland in February.



Under the leadership of **Christian Hay** from GS1 Switzerland, participants from Sanofi-Avantis, Pfizer, Amedis-UE, B.Braun Medical, ZLB Behring, Alloga Schweiz, Galexis and Novartis Pharma Schweiz came together for this meeting. Matthias Britz from Pfizer Global Manufacturing represented the global

HUG and informed the group about the goals and objectives. It is planned to enlarge the group progressively to include all relevant supply chain stakeholders.

The objective of this HUGLIT is to gather local and specific requirements, submit them to the global HUG, review global guidelines in process and promote the global standards on a local level, including regulatory bodies and associations. The HUGLIT will also support local implementation and create case studies.

Next HUG Meeting in Rome, Italy

The next GS1 HUG™ meeting will be hosted by GS1 Italy and sponsored by **Pfizer** and takes place **in Rome from 21 to 23 March 2006**. The Italian Ministry of Health will welcome the participants and contribute actively to the event. The agenda and other details can be found on the GS1 HUG™ website.



For more information on the GS1 HUG™, please visit the website <http://www.gs1.org/hug/> or contact Ulrike Kreysa at ulrike.kreysa@gs1.org



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