Global Healthcare User Group
GS1 HUG™ ~ Berlin ~ January 2007
Communication & Coordination Support Team
Rich Hollander - Pfizer & Jim Willmott - Smiths Medical
Ulrike Kreysa, Nadège Mullier, Nora Kaci & Joe Horwood - GS1 GO

Hosted by:

BRAUN
SHARING EXPERTISE

The global language of business
www.gs1.org
Communication & Coordination Support Team

New Design Mark:
Objectives:

Lead and organise internal and external communications of the HUG to establish the HUG as the leading voice in the area of automatic data identification in the Healthcare Industry.

Scope:

• Identify key areas for which we establish recommendations and end-users to address
• Build Communication and Coordination infrastructure

Deliverables:

• Communication strategy
• Brochures
• Press Releases
• Technical Documentation
• Newsletters
• Structured, Informative and user friendly website
Communication & Coordination Support Team

HUG Website:

www.gs1.org/hug/
Communication & Coordination Support Team

HUG Website - Page Views (HUGs) & Downloads:

- Downloads
- Page Views (HUGs)
HUG Top Five Web Page Visits - 2006 Overall (excluding HOME page):

1. HUG Members List (www.gs1.org/hug/about/members.html)
2. HUG Work Teams (www.gs1.org/hug/about/news.html/hug/work_teams/)
3. HUG Membership Form (www.gs1.org/hug/about/news.html/hug/Membership/)
4. HUG News (www.gs1.org/hug/about/news.html)
5. HUG Meetings (www.gs1.org/hug/meetings/)
HUG Top Five Downloads - 2006 Overall:

1. HUG Brochure  
   (www.gs1.org/docs/patient_safety/hug_brochure.pdf)

2. HUG Newsletter 2 - Mar 2006  
   (www.gs1.org/hug/about/news/HUG_Newsletter_2_Mar_2006.pdf)

   (www.gs1.org/docs/media_centre/gs1_pr_220806_Global_HUGchooses_GS1.pdf)

4. HUG Newsletter 3 - May 2006  
   (www.gs1.org/hug/about/news/HUG_Newsletter_3_May_2006.pdf)

5. Minutes from HUG Brussels Meeting - Sep 2005  
   (www.gs1.org/hug/meetings/130905/Minutes_HUG_130905.pdf)
HUG Press Releases:

Healthcare Industry Works Together to Improve Patient Safety - July 2005

Patient Safety is the Focus of the Healthcare Industry and Regulatory Authorities - November 2005

Global Healthcare User Group Chooses GS1 as Sole System of Standards in Healthcare - August 2006

www.gs1.org/hug/about/news.html#Press_Releases
Communication & Coordination Support Team

HUG Newsletters:

The global Healthcare User Group (GS1 HUG™) - Newsletter No. 5

Welcome to the fifth edition of the GS1 HUG™ Newsletter! This newsletter aims 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 issues.

More information can be found on our website at http://www.gs1.org/hug.

The global Health Care User Group (GS1 HUG™) - New Governance and Roadmap

After more than a year of existence the GS1 HUG™ has now published their new governance charter and the approved roadmap for the next 18 months.

All stakeholders in the supply chain: suppliers, wholesalers, distributors, hospitals, pharmacies, associations, academic institutions, and regulatory bodies can be either voting or non-voting members of the HUG. Solution providers can apply to participate in the HUG. The full governance charter can be found at http://www.gs1.org/hug/about/charter.html and the application for membership can be made via the HUG Membership page.

The HUG roadmap describes the deliverables for the next 18 months and the HUG has restructured their Work Teams accordingly.

1st Date and Sedation, which kicked off in Paris. Details of the roadmap can be found at http://www.gs1.org/hug/about/roadmap.html.

Fifth conference of global Healthcare User Group (GS1 HUG™) in Elancourt near Paris, France.

The GS1 global Healthcare User Group, GS1 HUG™ met from 20 to 22 June 2006 for the fifth time to gather further input and business requirements while discussing global healthcare business requirements to improve patient safety.

For the conference, which was hosted by Tyco Healthcare at their Centre of Excellence in Elancourt near Paris, over 100 participants from 17 countries came from around the world to France. They experienced a conference programme full of interesting presentations, in the topic of improving patient safety, but also good opportunities for networking.

An important part of the conference was the Work Team meetings, in which important progress was made.

For some of the former Work Teams like Yacine & Egotrips and Instruments & Insulins, they have now joined the new Work Teams; Auto-

www.gs1.org/hug/about/news.html#Newsletters
Richtiger Patient, richtiges Produkt, richtige Dosierung

Konferenz der GS1 Healthcare User Group

Zwar wurde die HUG von fürhenden Herstellern von Arzneimitteln und Medizinprodukten sowie von pharmazeutisch tätigen Unternehmen der EU initiiert, um den Krankenhausprozess zu optimieren. Die Konferenz war geplant, um diejenigen im Gesundheitswesen zu erreichen, die den Blick für eine optimale Patientenversorgung haben und die Möglichkeit haben, sich auf das Monitoring von Medikamenten und Medizinprodukten einzulassen.

Mit freundlicher Genehmigung der GS1 Healthcare User Group.
HUG Articles:

Pharmaceutical & Medical Packaging News

UDIs: Where’s the Risk?
-Daphne Allen

FDA wants to keep a better eye on the medical devices you package. The agency shared its plan in November to strengthen postmarket monitoring of medical devices. It includes “pursuing the development of a unique identifier system to identify a device and the information associated with that device throughout its lifetime.”

read more...

PMP News ePackage Newsletter

Dehumanizing Drug Dispensing

Just how common are pharmacy errors? It may be a hard question to answer. However, recent reports about such mistakes out of San Antonio, TX, paint an alarming picture. And this was just one city in one month.

KSAT.com San Antonio reported that a nine-month-old San
**UDIs: Where’s the Risk?**

FDA wants to keep a better eye on the medical devices you package. The agency shared its plan in November to strengthen post-market monitoring of medical devices. It includes “pursuing the development of a unique identifier system to identify a device and the information associated with that device throughout its lifetime.”

The idea of mandatory unique device identification (UDI) hasn’t been widely popular. AdvaMed is working with FDA to identify a standardized data structure and content for a unique device identifier system,” says AdvaMed president and CEO Stephen J. Ubl. “However, we continue to believe that such a system should be voluntary, except in cases where there is a well-documented patient safety issue that could be best addressed through use of a UDI.”

Basing UII requirements on risk certainly has its merits. “Differentiating them according international accepted risk classes (Classes I – III) could be a suitable method of resolution,” argues Volker Zoinar of B.Braun. Zoinar shares his perspective in this issue’s roundtable.

Risk concerns Joe Pleasant, chief information officer for Premier Inc. Every month, hospitals served by Premier Inc. get several recalls for medical devices that can only be tracked through manual chart reviews. For “every patient . . . [there] is a period of time that we don’t know that we can track that back,” he explained. Pleasant spoke during FDA’s CDRH public meeting on UDI.

And tracking recalls after procedures isn’t the only challenge. “A significant risk to patient care and safety is the possibility of implanting an outdated device or using an outdated device,” he said.

Differentiation by risk class would keep it simple. The greater the risk a device presents (and, most likely, the more it costs), the stronger the case for justifying the cost of UDI.

But more than class risk may be involved. “One large health system was recently adversely affected by three very public Class I recalls,” Pleasant said. “We have seen documentation around what they went through . . . having to spend time trying to track those patients down.

Perhaps the usual risk presented by a particular device cannot always be directly correlated to the risk of not finding that device in the event of a recall. When I was an editor for PMJ News’ sister publication MD&DI in 1994, sponges and other cotton-based devices were found to be contaminated by Pyronema domaticum. Imagine the difficulty of tracking those sorts of low-risk, ubiquitous products whose contamination could have presented more than a low risk. (Although, Pyronema is not recognized as a human pathogen and no infections were reported, this episode raised serious concerns about current sterilization practices and potentially resistant microorganisms.)”

Pleasant says that UIIs would help. “In terms of adverse-event reporting, accurate and reliable device tracking would enable all of us in the supply chain in healthcare to be able to better track potential device defects and be able to take a look at those adverse affects on our patients,” he argued.

Basing UII rules on device class risk is a sound approach. But other risks must be still considered. And infection presents even more risk.

Daphne Allen
Editor
HUG Articles:

Unique Identifiers for Medical Devices

Should bar codes—or other means of automatically identifying medical devices—be required?

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The GS1 global Healthcare User Group (GS1 HUG, www.gs1.org/hug) is a voluntary and open group formed by 10 leading pharmaceutical and medical device companies, wholesalers, hospitals, and trade associations from around the world. They have come together to develop automatic identification standards specific to the needs of the healthcare industry. Given FDA’s recent implementation of unique medical device identification (UID), there is a need for industry leaders involved in GS1 HUG. Maher Zaino, a member at GS1 HUG, argues that UID can improve patient safety, enhance health care’s safety culture, and reduce medical errors by reducing the risk of adverse events.

Why is (or why isn’t) unique medical device identification necessary?

Zaino: Unique device identification could reduce adverse events and improve patient safety. However, all bar code systems are not equally helpful. Medical devices are extremely diverse in size, shape, location, and complexity. There is a large range of products, from small, handheld devices to large, multi-functional equipment.

Communication & Coordination Support Team

Roundtable

What technologies are viable?

Tomiczek: Printing and direct part-marking technologies currently offer the most prevalent and standardized technologies for implementing and managing direct identification of these types of products and packaging, including standard bar codes or symbolics. RFID is feasible for some applications and is being investigated for others.

Zeina: For marking of packaging, linear bar codes and two-dimensional codes should be used, depending on the technology, especially laser technology, for marking directly on the product. Data Matrix or codes can be added through laser etching, laser ablation, lenticular, or ink jet. RFID tags could also be added directly to the product.

Should the pharmaceutical industry serve as a model?

Zaino: There are many likely many practical applications and business cases for various stakeholders. It will depend on how each stakeholder has to use it.

Are the current systems being used for medical device identification appropriate for unique identification?

Tomiczek: Appropriate systems are in use today. However, in these cases, the technology is the automation and the global standardization of those approaches. I believe that the Global Trade Item Numbers (GTINs) following GS1 HUG allocation rules could be a suitable method of evolution.

Tomiczek: For patient safety, unique medical device identification may not be necessary in all circumstances for all products, but can be made available for the values in certain circumstances. Unique medical device identification will be helpful in some cases. There is no one-size-fits-all solution, regardless of the technology used.

Zeina: GS1 offers tools for managing systems, their care, and their components. This will ensure that the device is working as intended, and that it is properly maintained. GS1 HUG adoption of the highest standard will be the key to the successful implementation of the technology.
HUG Articles:

Striving Toward a Global Code

To stop counterfeiting and to control medical errors around the world, auto-ID standards need harmonization.

A utomated identification technologies minding bar codes and RFID are being looked at as powerful approaches in the fight against counterfeiting, diversion, and medical errors. PDA in particular has revolutionized bar codes for drug supply to hospital and is pursuing RFID to develop an electronic drug pedigree. But given the global nature of the pharmaceutical industry as well as the worldwide threat of counterfeiting and diversion, PDA work may not be enough. Global standards shared throughout the healthcare industry may be the key to identifying and authenticating products.

The GS1 Healthcare User Group (HUG), www.gs1-hug.org is a volunteer group of suppliers who have come together to develop automatic identification standards specific to the needs of the healthcare industry. In this exclusive roundtable discussion with HUG’s new officer Michelle Allen, several of the GS1 Healthcare leadership team members and work team leaders discuss the group and its hopes to establish an automatic identification standards throughout the world.

Participants include Steve Hess, director of electronic packaging technology for Merck; Rich Hollands, senior manager, healthcare systems, GS1 Solutions; GS1 Global Officer Peter Tomicki, global packaging project manager for ESPEC; and Valickis, senior manager, global package technology and training, GS1 France.

Can you explain a little bit about GS1 HUG and what some of the current tasks at hand?

Hollands: The GS1 HUG was formed about a year ago to bring together the medical device and pharmaceutical product communities to understand how to best apply automated identification tools in addressing issues involving patient safety. When we talk about patient safety, we are talking about everything from preventing dispensing errors to signaling to monitor the authentication, tracking, and tracing of high-risk products subject to counterfeiting. In the past year, we have met three times formally—once each in Brussels, Philadelphia, NJ and Rome. During that time we have worked to understand the specific requirements for patient safety around the world. Not just from a product perspective, but also from the rest of the supply chain.

Are you talking the framework that was already established by the Uniform Code Council Inc. (UCC), and EAN International and developing it into global standards?

Ryeas: EAN International and UCC came together 1 year ago and formed this new organization GS1. This is a really global organization where there have been different members of organizations around the world in more than 100 countries, all with different names. The biggest ones are UCC and some member organizations in Europe and Japan. They all have decided to focus on these global organizations called GS1.

How one thing that attracted me to this organization was the approach to try to leverage the existing efforts of GS1 technologies. The HUG was not formed solely on using a single technology to solve all problems. Also, there are lots of other initiatives that are very US-centric, but I was attracted to the HUG's global approach. I think that is a plus point.

How will this mean that there will be new harmonized approach in bar coding or electronic product coding for healthcare products?

Waldnich: One of the things that we are trying to do is to have a standardized system for assigning numbers that will be used from a unit-dose form to assign GS1 numbers to those different types of products. That working group will produce a model that makes sense and is manageable within our supply chain.

Ryeas: Examples of some of the issues we face are for the same product you might have different languages, volumes, or software. A key question in GS1 is to define all the terms that make sense and assign GS1 numbers on a uniform basis. It makes sense to align healthcare as as industries as we can so that it is not

GTINs within our own systems and according to the healthcare industry, GTIN allocation rates. This would enable global GTIN standards and infrastructure to take care of them, removing manual exceptions.

Waldnich: There are different countries that have different ways of assigning the numbers that are to be used for healthcare items. In the ideal world, the way they assign these numbers would fit into the GTIN system. Some of them do not, and we will have to be aware of that, and there will be certain specific that need to identify regulatory requirements and one that is a GS1, but I think most sources will be aligned.

Are there any medical healthcare products that will be a challenge to get into this system?

Waldnich: One of the biggest issues we start in the medical device area. There is such a broad range of items and we have a committee that is way up to come a system.

Tomicki: The GTIN allocation of devices is going to be one of the most significant challenges. There are many different permutations and possibilities or scenarios for assigning numbers here to assign GS1 numbers to those different types of products. That working group will produce a model that makes sense and is manageable within our supply chain.

Tomicki: The HUG is addressing the issue in a very unique way. It is creating the models that are going to be in the GS1 systems that are going to be harmonized. This allows us to move forward with the GS1 systems.

Waldnich: The biggest issues we start in the medical device area. There is such a broad range of items and we have a committee that is way up to come a system.

Medical errors?

Hollands: The GS1 HUG was focused on developing global standards in the pharmaceutical industry when it comes to automated identification and as the drug flows for the healthcare industry, we have to find to make it safer. Ultimately, for those that are systems areas we want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code to appropriate data elements. We want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code to appropriate data elements. We want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code to appropriate data elements. We want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code to appropriate data elements. We want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code to appropriate data elements. We want to use the group to help us define the appropriate data elements such as the GTIN or the electronic product code.
Communication & Coordination Support Team

HUG Articles - Previous Publications:

WHAT WE NEED IS...

A global auto ID standard can help solve counterfeit issues

By Erik Halvorsen

A lack of properly traceable products is a major problem in the pharmaceutical industry. One of the most significant challenges of counterfeiting in the pharmaceutical industry is the lack of proper identification mechanisms. Without proper identification, it is difficult to track the origin and distribution of a product. The lack of proper identification also makes it difficult to trace back the origin of a product in case of a recall or an adverse event.

There are several global auto ID standards that can help solve counterfeit issues. One of the most widely used standards is the GS1 standard. The GS1 standard is a global, open standard that is used by businesses in more than 100 countries to streamline their supply chain operations. The GS1 standard is based on the use of barcodes and electronic product codes (EPC) to uniquely identify products.

The GS1 standard is supported by numerous organizations and government bodies, ensuring widespread adoption and enforcement. The GS1 standard also includes tools and services to help businesses implement the standard, such as GS1 GSK, which provides implementation guidance and training.

The GS1 standard has been shown to significantly reduce counterfeiting and improve supply chain transparency. The adoption of the GS1 standard has led to increased trust and confidence in the pharmaceutical supply chain, contributing to improved patient safety and reduced healthcare costs.

The GS1 standard is a key component of the global effort to combat counterfeit pharmaceuticals. As more countries adopt this standard, we can expect to see continued progress in reducing counterfeit products and improving supply chain transparency.
Communication & Coordination Support Team

HUG Others:

Time Best Inventions of 2006: Hug Shirt

The Hug Shirt has been nominated as one of the Best Inventions of 2006 by Time Magazine!!!

Finally you can see the new Hug Shirt that was presented at Wired NextFest in New York last month. The new design features a very comfortable mix of smart textiles, cotton and micro-fiber that make it very soft and pleasant to wear. And yes! Is completely washable! More images of the new Hug Shirt will be available soon on the Hug Shirt webpage.

Time Best Inventions 2006

This entry was posted on Tuesday, November 7th, 2006 at 4:24 pm and is filed under CuteCircuit News. You can follow any responses to this entry through the RSS 2.0 feed. You can leave a response, or trackback from your own site.
Communication & Coordination Support Team

HUG Technical Material:
Thank you for correcting the translation.
Now I understand better what I intended to say!
HUG Technical Material:

Healthcare GTIN Allocation Rules
GS1 global Healthcare User Group
(GS1 HUG™)
issue 3.3 November 2006
HUG Brochure Update:

The GS1 Global Healthcare User Group - GS1 HUG™
Working together to improve Patient Safety

Version 2 - January 2007
This version of the HUG brochure is only available as a download

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HUG Brochure Update:

What is the GS1 HUG™?

Leading global companies from the pharmaceutical and medical device industry have formed the GS1 Global Healthcare User Group (GS1 HUG™). It is the first time that the healthcare industry is aligning around a global solution to enhance automatic product identification for the benefit of patients worldwide.

The work of the HUG will help to improve the efficiency of the healthcare supply chain for pharmaceuticals and medical devices through the collaborative development and endorsement of recommended voluntary GS1 standards and best practices.

Mission and Vision

The mission of the GS1 HUG™ is to lead the healthcare industry to the effective utilization and development of global standards with the primary focus on automatic identification to improve patient safety.

The vision of the GS1 HUG™ is to become the single source for regulatory agencies and trade organizations (manufacturer, wholesaler, distributor, hospital and pharmacy) to seek input and direction for global standards in the healthcare industry.

“I am delighted that GS1 standards will be used to improve the safety of patients worldwide while simultaneously increasing the transparency and efficiency in the healthcare supply chain. GS1 standards are already used in many countries worldwide and for many different products and services in the healthcare sector, but with the industry leadership of the GS1 Global Healthcare User Group (GS1 HUG™) we will see wide implementation and improvement globally.”

Miguel Lopez, President & CEO of GS1.
HUG Brochure Update:

HUG Leadership Team

The HUG Leadership Team is responsible for the activities of the HUG. It comprises a minimum of 7 and a maximum of 12 full members. The seats are split by region: 5 North America, 5 Europe and 2 Asia/Pacific region. The Leadership Team selects two Co-Chairs. Qualifications to serve as a Co-Chair include prior experience in the GS1 HUG™ Leadership Team. The Co-Chairs provide representation from all healthcare sectors and an attempt will be made to keep geographical balance. The Leadership Team holds regularly scheduled teleconferences to monitor progress, discuss issues and meet in person in connection with the HUG conference, which are held in various geographical locations. Further face-to-face meetings are organised as required.

HUG Work Teams

The HUG Leadership Team Initiates Work Teams to work on clearly defined global requirements, with expertise provided by HUG members and, where necessary, support from GS1. Each Work Team works to a defined scope, objectives and deliverables. Since the formation of the HUG in May 2000, a number of Work Teams have already completed projects or the teams have been merged with other teams to work on enlarged requirements (e.g. Instruments & Implants Marking, Standards Development, GS1 Allocation Rules, Standards Implementation, Regulatory Affairs and Voice & Biologic). Work Teams will continue to evolve, depending upon changing or new requirements.

HUG Support Teams

Within the HUG Leadership Team are two Support Teams: Membership and Communication & Coordination. These teams are led by Volker Zierer, Bill Ream & Rich Hollander, Pifer and both supported by Jim Wilmutt, Smith & Medical.

The objective of the Membership Support Team is to organise HUG membership to progressively include all stakeholders.

The objective of the Communication & Coordination Support Team is to lead and organise internal and external communications of the HUG and establish the HUG as the leading voice in the area of automatic data identification in the healthcare industry. This includes Press Releases, Articles for Publications, Newsletters, Formal Communications, Structure & Content of the HUG website and support for the Work Teams and Local Interest Teams (HUG Local). The Support Teams work very closely with the HUG Leadership Team and the GS1 Global Office, Marketing Department.
HUG Brochure Update:

HUG Work Teams:

- **Business Case**
  
  Scope: International (global) coverage of all patients, regulatory bodies, supply chain participants. It includes healthcare providers as well as first and third party payers.

  Objectives: Develop a compelling business case to demonstrate the benefits of using a GS1® global standard for automatic identification in healthcare. The case will be applicable to both GS1®-128 and GS1®-12. The case will be based on direct, first-hand data gathered from the international environment.

  Deliverables: A full report of the findings for printing and internet publication. From the report, an executive summary will be prepared for top management and electronic presentation material for regulator and general audiences. The executive summary will include details of benefits that are important to high-level management.

  Leaders:  
  - Ed Dowell - Johnson & Johnson
  - Dr. Hugh Mackett - MGI School of Packaging

- **Public Policy**
  
  Scope: International. To include all GS1® service offerings (barcoding, RFID, numbering systems, GS1®-128, GS1®-12, GS1®-128, etc.) and data synchronisation.

  Objectives: Identify regulatory, technical, commercial, and process barriers to implementing GS1® standards in the global healthcare sector. Develop strategies to overcome barriers and speed adoption.

  Deliverables: Maintain database of regulatory agencies and auto identification policies. Develop database of GS1®-128®-member adoption status. Identify three (3) target markets and strategies to drive adoption.

  Develop publication “Global Guidelines for Automated Product Identification of Non-surgical and Medical Devices”

  Leaders:  
  - Jackie Rawthorne - Medtronic
  - Tom Wirthwein - Johnson & Johnson
HUG Brochure Update:

HUG Work Teams:

- **Auto-ID Data**
  
  **Scope:** To handle data in 'real time' from manufacturing through to patient treatment.
  
  **Objectives:**
  - Improve patient safety by standardizing the data content for healthcare applications.
  - Identify data requirements and implement a data capture system.

- **Serialisation**
  
  **Scope:** Define a serialisation scheme for healthcare products, with product traceability as a key priority.
  
  **Objectives:**
  - Provide data consistency across the supply chain.

- **Data Carrier**
  
  **Scope:** Identify the data carriers for healthcare products packaging and storage.
  
  **Objectives:**
  - Standardise data carriers for healthcare products.
Communication & Coordination Support Team

HUG Brochure Update:

Healthcare Industry

Industry Status

The Healthcare industry sector in Australia is a major part of the economy with total public and private expenditure on health care exceeding approximately 10% of GDP and with over 53,000 million dollars spent on Healthcare per annum.

Healthcare is a complex industry sector where patient safety is paramount but where other drivers - such as the ability to authenticate pharmaceuticals and medical devices, track and trace products from manufacture to the patient, and supply chain improvement - come a close second.

There are more than 1200 public and private sector hospitals in Australia. The majority of doctors, including GPs, are self-employed with a small proportion consisting of salaried employees of Commonwealth, State or local governments.

The import and supply of medicines and medical devices is regulated by the Australian Therapeutic Goods Administration (TGA), in order to ensure the quality, safety and effectiveness of the products.

Medicines, or pharmaceuticals, prescribed by doctors and dispensed in the community by independent private sector pharmacies are directly subsidised by the Commonwealth Pharmaceutical Benefits Scheme (PBS)

HUG Local/Regional Teams:

- Australasia
  GS1 Australia (www.gs1au.org/home.asp)
  GS1 New Zealand (www.gs1nz.org)

- Chile
  GS1 Chile (www.gs1chile.org/default.asp)

- Switzerland
  GS1 Switzerland (www.gs1.ch)
HUG Brochure Français:

Communication & Coordination Support Team

Le GS1 Global Healthcare User Group* - GS1 HUG™
Travailler ensemble à l'amélioration de la sécurité des patients

*GS1 HUG™ - Groupe International Santé

Now available in: French/Français
HUG Conference Attendees:

- Kick-Off: 0 attendees
- Brussels: 20 attendees
- Princeton: 40 attendees
- Rome: 60 attendees
- Minneapolis: 80 attendees
- Paris: 100 attendees
- Berlin: 180 attendees

19 Months
Any questions for ‘anyone’ in the Communication & Coordination Support Team?

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