GS1 Healthcare Conference, Tokyo
International Conference Held to Promote Implementation of GS1 Codes

The GS1 Healthcare Conference, Tokyo, sponsored by the GS1 and Distribution Systems Research Institute (GS1 Japan) opened on October 28 to discuss global standardization of identification codes that play a key role in ensuring the traceability of and protection against accidents involving the use of drugs and medical devices/materials. At a meeting for the press on the opening day of the session, Michel van der Heijden, President of GS1 Healthcare, made an appeal for promoting the use of GS1 System identification to improve patient safety in the use of drugs, medical materials and devices. The Conference will continue until October 30.

GS1 is a global not-for-profit organization that aims to standardize barcodes and RF tags used in supply chain. GS1 is headquartered in Brussels, Belgium, and has member organizations representing 108 countries/areas.

Currently, identification codes on pharmaceuticals and medical devices often vary from country to country. At the press meeting, Michio Hamano, COO and Executive Director of the Distribution Systems Research Institute, said that the purpose of holding the Conference in Tokyo was to enable healthcare-related industries, hospitals and governmental organizations to use globally standardized identification codes as much as possible to prevent accidents caused by the misuse of drugs/medical devices and ensure patient safety. “In September 2005 the Ministry of Health, Labor and Welfare (MHLW) issued a notification recommending the use of GS1 system on pharmaceuticals” said Mr. Hamano.

According to Mr. van der Heijden, as many as 80 countries now place GS1 standard barcodes on pharmaceuticals. “Globally used GS1 standard codes can ensure traceability not only inside but also outside each country. We strongly advise global enterprises in particular to use GS1 standard identification as much as possible because their plants are often located all over the world,” Mr. Heijden noted.

“Bar Coding also benefits the management of medical organizations.” -- Kenji Kinoshita, Director of Economic Affairs Division, MHLW

At the opening day (October 28) session of the GS1 Healthcare Tokyo Conference, Kenji Kinoshita, director of the ministry’s Economic Affairs Division, talked about the advantages of placing standard barcodes on pharmaceuticals and medical devices. “It is well known that the use of standardized coding ensures patient safety as it prevents medical accidents. But the use of standardized coding offers other advantages as well,” said Mr. Kinoshita. He pointed out current issues that need to be solved at medical organizations, such as careless management of medical materials which could cause unused medical materials to be mistakenly disposed of, or the improper disposal of a stock of pharmaceuticals with its shelf life expired. In other words, he pointed out a lack of proper inventory control and management in medical organizations. He stated that promoting the use of standardized coding has a beneficial effect on the proper management of pharmaceuticals and medical materials and that it would improve the overall management of medical organizations.

To ensure safe medical treatment and improve the efficiency of distribution, MHLW has made the use of barcodes mandatory on prescription drugs beginning in September. The ministry also intends to promote the placing barcodes on medical devices.
Mr. Kinoshita stated that the advancement of medical technologies and innovative pharmaceuticals could have a serious adverse impact on the life and health of patients when used improperly or mistakenly. “Placing codes on pharmaceuticals and medical devices can play a key role in minimizing the occurrence of medical accidents,” said Mr. Kinoshita, noting the significance of standardized coding.

He emphasized the benefit that using standardized coding brings to the management of pharmaceuticals and medical materials. “It is important to strengthen the sense of participation in management by staff in the field by, for example, monitoring tasks done in the hospital to identify which medical department wastes resources like medical materials,” said Mr. Kinoshita.