

# Standards Development

**Brainstorm Discussion Notes** 

29 Nov – 1 Dec, 2005

Princeton, NJ, USA

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#### **Initial Process**

- Requirements definition stage
- Who submits request? Use templates?
  - Individual/company
  - HUG
- Need an individual as champion to follow through process
  - Needs to be a knowledge expert
  - May be drawn from HUG membership for HUG submissions
- Use HUG Communications Team to advertise/sell/publicize submission in healthcare community
- HUG to be a review layer with a periodic review process
  - Work program assessing the portfolio of submissions



#### **Business Justification**

- Document regulatory impact (any risks?)
- Document business drivers
  - Manufacturing/Channel/End Users impacted by proposed standard
    - Financial, effort/resources, etc.
  - Patient safety impact
  - Track & trace impact
  - Sustainability impact
  - Insurance/payment mechanism impact
  - Geographic impact of proposed global standard in the regions
- Focused direction to preempt scope creep



### **Technical Development**

- Generally follow existing process for technical review with special considerations for heathcare issues
  - Examples:
    - Small size packaging
    - Direct part marking
    - Stability
    - Sterile fields
    - Regulatory requirements/impact
    - Intellectual Property
- When prepared, prior to voting:
  - Potential of pilot data justification
  - Capture appropriate stakeholder voices
    - Manufacturing, Channel Partners, End Users, Regulators etc.



### Voting/Implementation

- Final HUG evaluation of submission prior to voting
- Voting to include Healthcare voice
  - Exclusive to healthcare?
    - Non-healthcare specific stakeholders (distribution, retail etc.)?
  - Voting body to be defined by HUG
    - Fixed or flexible? Need the appropriate number of voters
    - Minimum expertise required for vote
      - Expertise in technology
      - Knowledge of the submission and supporting information
    - Cross-section of stakeholders with considerations on size, scope, impact of potential standard

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#### **Publication**

- Documented by appropriate body
  - AIM etc. for technical standards (eg. new barcode symbology)
  - GS1 for application standards
- Final draft evaluation by HUG prior to publication
  - Facilitate policy writing within HUG membership organizations
- Communication to other standards organizations as appropriate
  - ISO, BSA, CSA, ANSI etc.

### Lifecycle Management

- Monitor/measure adoption of standard and uses of standard
  - HUG to facilitate data collection
- Implemented standard review cycle
  - Process and participation of review body?
- Enable decommissioning





## Process Optimization Input – Other Factors

### Scope

- Not necessary to divide healthcare industry for development process (eg. devices/pharma, implants/devices etc.)
  - Start with one process and "wait and see" if changes are necessary
- Global in scope
  - Any exceptions to global scope will require critical review

### **Exception Handling**

- Appropriate for healthcare standards
- Added to standards publication
  - Parallel path for exceptions review to ensure standard is processed as quickly as possible
  - Included in assessments by ISO etc for further ratification
- Exceptions will require a separate rigorous review process





## Process Optimization Input – Other Factors

#### **Enforcement or Audit Mechanism**

- Appropriate for healthcare standards
- Certification for healthcare industry companies and suppliers
- Additional costs/resources will be required
- HUG to create expectation in the healthcare industry to acknowledge audit results and/or certification

#### **Medical Error Reduction**

- Process may be independent of HUG goals
- Implemented standard lifecycle management and HUG review will consider HUG goals

### Time

- Approximately 1-2 years for process (submission to publication)
- Sunrise dates for healthcare for adoption decided by HUG

GS1 HUG



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