16th Global
GS1 Healthcare Conference

São Paulo 16-18 March 2010

GS1 Healthcare US

Dennis Harrison

GS1 Healthcare US Background

- Formed 1/1/08
- 116 Members
- Focus – GS1 system implementation in the U.S.

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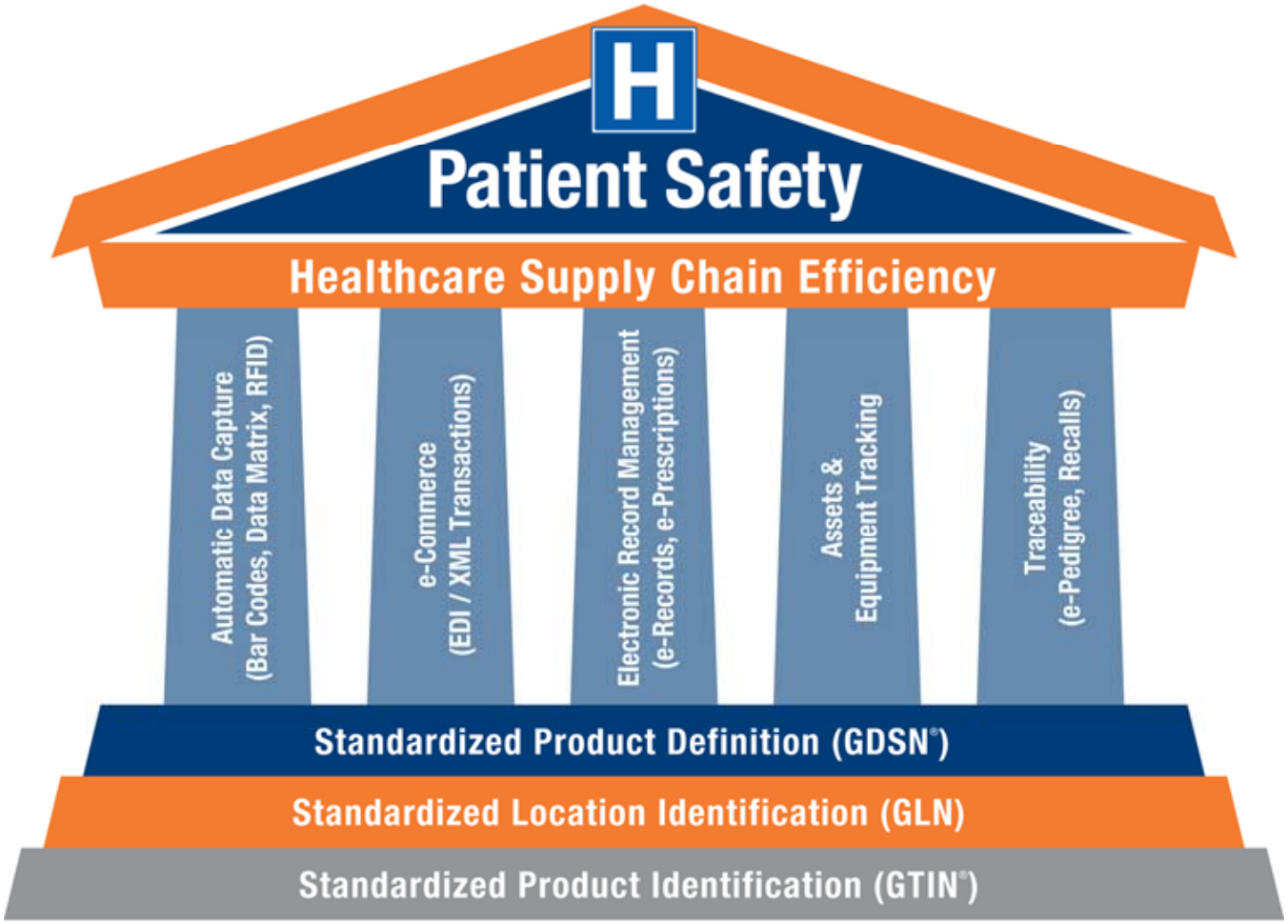
"Building Patient Safety"



Standardization → Interoperability

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GS1 Standards: U.S. Healthcare Adoption Strategy

Legislators / Regulators

- •UDI Act
- •FDA Pharma Act (Serialization - 2010)
- •California Board of Pharmacy (2015)
- •Buyer - Matheson Bill

GTIN GDSN GLN

Commercial Suppliers

GTIN GDSN GLN

Retail Pharmacies

GTIN GDSN GLN

Associations

Healthcare Providers

IDNs & Hospitals
(Integrated Delivery Networks)

GLN (Global Location Number)
Sunrise 2010

GTIN (Global Trade Item Number)
Sunrise 2012

GDSN (Global Data Synchronization Network)

Pharmaceutical Manufacturers

Distributors

GTIN
GLN
GDSN

Medical Device Manufacturers

Distributors

GLN
GTIN
GDSN

GPOs

GLN GTIN GDSN

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2010 GLN Sunrise

“Adoption of GLN in Healthcare by 2010*”

Global Location Numbers (GLNs)**

- GLNs are assigned by location owners
- GLNs are used in appropriate business transactions and processes between trading partners
- GLN hierarchy is defined and maintained by location owners
- GLN Registry for Healthcare® is used to facilitate correct location identification

**December 2010*
***Unique Location Identifiers*

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2010 GLN Sunrise Strategic Plan

Q1 2010	Q2 2010	Q3 2010	Q4 2010
Strategy: "Are You Ready for the 2010 GLN Sunrise?"	**Strategy: "We are Ready!"**	**Strategy: "Measures of Success"**	**Strategy: "Declare Success – Sun is Above the Horizon"**
• Publish 2010 GLN Sunrise Implementation Plan – Feb • Launch GLN Declaration of Readiness (GLN Ready User List) – Feb • Begin to populate 2010 GLN Sunrise Adoption Curve for publication and ongoing update • Obtain GPO readiness statements – Feb • Determine plan for establishing MMIS vendor GLN readiness (top 10)	• Issue GS1 HC US Leadership Team "Green Light" press release o Supported by Location ID (GLN) workgroup, GLN Registry User Groups • Begin to populate GS1 System Readiness Scorecard for publication and ongoing update • Obtain Distributor readiness statements • Obtain additional industry member statements of progress • Begin reporting MMIS vendor progress toward GLN Adoption	• Collect implementation metrics from industry leaders o 2008/2009 industry endorsers o Engage key associations to collect member data • Hold Media Dinner in conjunction with AHRMM 2010	• Publish success statistics (implementation metrics) • Promote successes from industry leaders • Publish next steps / beyond the sunrise
• Promote GLN Registry for Healthcare®			
• Promote industry use cases			
• Leverage industry events			
• Trade media outreach			
• Association communication			
• GS1 Healthcare US community outreach			
• Training / Web Seminars:			

Progress to Date

- 11 Providers – GLN Ready
- 2 Suppliers – GLN Ready
- Many more either GLN ready or close
- 26 trading partners using GDSN
- 2012 GTIN Sunrise progressing
- Preparing for 2015 Traceability

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GS1 Healthcare UK

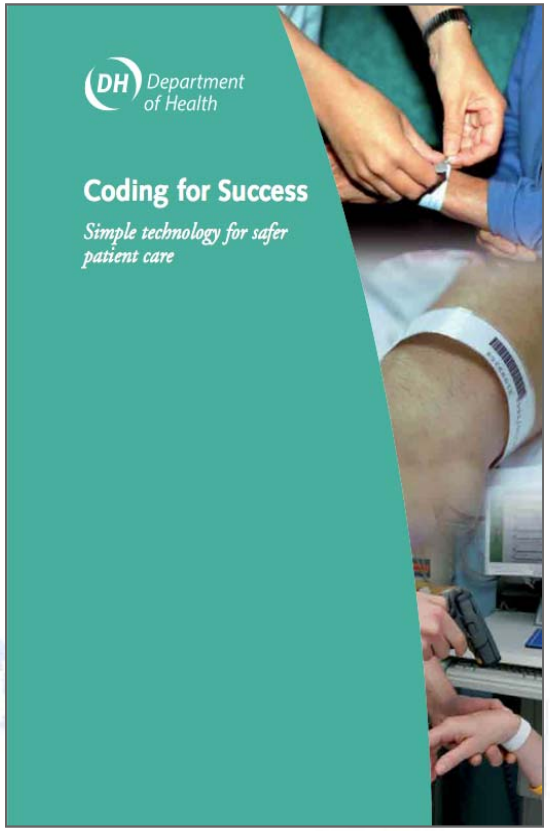
Roger Lamb

February 2007 Department of Health Announcement

Political - “We have recommended that the GS1 system should be used for coding in healthcare, both by manufacturers of medicines and devices, and by NHS organisations. This recommendation will be supported by co-ordinated action from a number of agencies” - *The Lord Hunt Announcement in February 2007*

Executive - “Connecting for Health have a key role to play in supporting NHS organisations in implementing coding solutions, working with GS1 UK to enable any NHS organisation to become a member of GS1 UK and to access technical support for using its coding standards and establishing demonstrator projects in a variety of settings” - *NHS CFH*

“Coding for Success – Simple technology for safer patient care” becomes a reality



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Black and white

Neil Lawrence, from the Technology Office, often sees patient care in a series of black and white lines. It sounds simple but it's improving patient care, helping to save lives and making the NHS more efficient as a business at the same time.

In a nutshell what is your job?
I am the Programme Lead for automatic identification and data capture (AIDC) technologies in the NHS. I am responsible for delivering the five patient rights set out in the Department of Health's Coding for Success - making sure "the right patient is given the right treatment in the right dosage through the right method at the right time."

Some people describe you as the 'barcode king' – is that fair?
Yes and no, the most familiar form of AIDC is the good old barcode but there's also Data Sync, E-commerce, E-business, radio frequency (RFID) and real time tracking. I'm also the link between the health service, the agencies, the manufacturers and industry, the supply chain and GS1, who are the global standards organisation for AIDC.

Give us some examples of where AIDC is really working:
The main focus at the moment is about patient identification. NHS CFH and GS1 have published a standard, in line with the National Patient Safety Agency, for coding and printing the NHS number onto wristbands to ensure we always have the right patient before treating them. Bearing in mind that, when reviewed, an NHS trust was only checking they had the right patient 17 per cent of the time; we have pushed this up to 81 per cent. We have also started trials in NHS document libraries and the ability to instantly track and trace notes and records through RFID technology. We are also using the technology for pharmacy, sterile services and decontamination, supply chain, blood tracking and asset tracking.

Don't you think it's quite alarming the NHS is 'losing' or misidentifying patients which often leads to the wrong treatment?
I think it's terrifying; the fact that patients are at risk from some kind of error through misidentity, mistreatment and, most worryingly, wrong site surgery is completely unacceptable. If you imagine all the complex interventions that happen during a patient journey that could be solved with simple coding it seems to be a no brainer.

What are your biggest day-to-day challenges?
The orchestration between all interested parties can be quite difficult at times, luckily with GS1 having such excellent multi-sector influence it has been easier to get industry and the manufacturers to join in and work with us.

And what gives you the greatest pleasure about your work?
Getting to travel all over the world speaking to audiences who want to launch their own projects and change things in their health system.

You're just been to New Zealand, Washington DC and Hong Kong. Does this mean we're world leaders in this field?
I think so yes. Part of the reason I get invited to speak abroad is because we are so far ahead of the other health services. In the AIDC field our work has enabled the US, New Zealand, Australia, Canada and various European countries to launch their own patient safety projects.

What's the next big thing? Where do you see the NHS in 5-10 years' time? GS1 compiled a study with the Royal College of Nursing which found that nurses waste on average two hours per shift looking for things such as drips, wheelchairs, results and so on. That equates to over a £1billion a year in wasted time. We can improve that massively through asset and document tracking projects and allow nurses more time for nursing.

Outside work what do you like to do – please don't say scanning barcodes in the supermarket?
My time tends to be split between my kids and football. Having two young sons is hard enough but when added into the football calendar it certainly keeps you on your toes. And no, I am not a Newcastle fan before you ask…

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GS1 numbers in Hospital Pharmacies

- Southlands Hospital repackages and labels common prescription drugs for other hospitals
- 700 product lines
- 50 customers
- Southlands Hospital managed to implement their standardised bar coding system within 3 months.
- Bar codes using GS1 standards enable the hospital's customers to facilitate the use of automated dispensing and ordering processes, improve stock control and match patient records to the right medication

Case study

Worthing & Southlands Hospitals NHS Trust – Southlands Hospital Pharmacy Production Unit

Southlands Hospital Pharmacy Production unit, part of Worthing and Southlands Hospital NHS Trust, implements GS1 bar codes to uniquely identify re-packaged and labelled medicines and improve patient safety.

Introduction

The pharmacy production unit of Southlands Hospital, in Shoreham-by-Sea, West Sussex, has implemented GS1 standards for its new bar coding system to uniquely identify medicines. The process of bar coding repackaged and labelled medicines at Southlands Hospital was driven by growing demand from its customers who had implemented robotic dispensing units at their facilities. The pharmacy production unit's customers include NHS hospitals, private hospitals and community pharmacies.

Southlands Hospital repackages and labels common prescription drugs for its customers. With this service, pharmacies and dispensaries are able to dispense the drugs to patients more quickly and free upstaff for patient care. Pre-packed drugs also enable out-of-hours doctors, who have no access to pharmacies, to prescribe and dispense direct to the patient immediately after treatment or diagnosis; ensuring patients are able to start treatment without delay. With 700 product lines serving 50 customers, Southlands Hospital managed to implement their standardised bar coding system within 3 months.

The Implementation

In response to the needs of its customers, Southlands decided to implement GS1 bar codes on its repackaged and labelled medicines at their pharmacy production facility. This decision was further reinforced by the Department of Health's Coding for Success initiative which recommended the use of GS1 bar codes on all medicines used within the NHS.

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NHS ISB Ratification for GS1 on all NHS Medicines

Information Standards Board
for Health and Social Care
IMPLEMENTABILITY INTEROPERABILITY SAFETY

The deployment of the GS1 standards in the manufacturing unit environment will be driven by the timescales and priority given to implementation by the relevant party. However, when the standard is fully accepted by ISB we would see stipulating a timescale for its mandatory implementation, hopefully by the end of 2010

Our Thanks to..

Philip Aubrey
Medicines Procurement Specialist - London and East of England
London Procurement Programme P&MM Operational Lead

Tim Root
Specialist Pharmacist, Clinical Governance & Technical Services East & South East England Specialist Pharmacy Services

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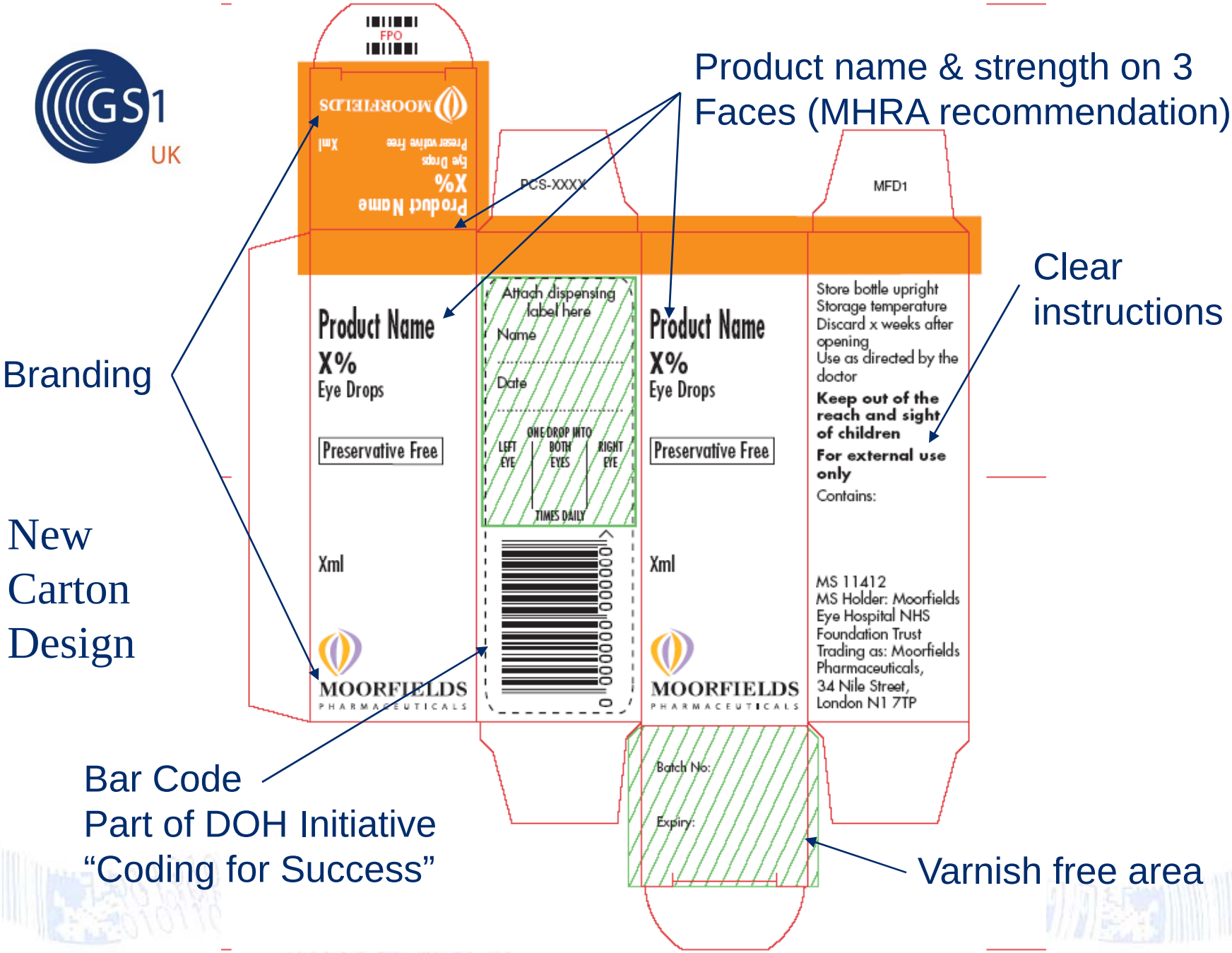
MOORFIELDS PHARMACEUTICALS

The “Old”


Product name & strength on 3 Faces (MHRA recommendation)
Clear instructions
Branding
New Carton Design
Bar Code
Part of DOH Initiative
"Coding for Success"
Varnish free area
FPO
MOORFIELDS
Product Name
X%
Eye Drops
Preservative Free
Xml
PCS-XXXX
MFD1
Attach dispensing label here
Name
Date
ONE DROP INTO
LEFT EYE
BOTH EYES
RIGHT EYE
TIMES DAILY
Store bottle upright
Storage temperature
Discard x weeks after opening
Use as directed by the doctor
Keep out of the reach and sight of children
For external use only
Contains:
MS 11412
MS Holder: Moorfields Eye Hospital NHS Foundation Trust
Trading as: Moorfields Pharmaceuticals,
34 Nile Street,
London N1 7TP
Batch No:
Expiry:
MOORFIELDS
PHARMACEUTICALS

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MOORFIELDS
PHARMACEUTICALS

The “New”

GS1 Numbers for surgical instruments

The centralisation of decontamination services by 5 hospitals from 4 acute NHS trusts including Wythenshawe Hospital into one new facility run by Synergy Healthcare

69,000 surgical operations every year with 85,000 surgical instrument trays

“Having properly decontaminated and sterile surgical instruments for an operation is an obvious requirement, but tracking using a standardised coding system, is essential to allow traceability from one patient to another in the unlikely event of a recall procedure,” says Caroline Robinson.

Case Study: University Hospital of South Manchester NHS Foundation Trust – Wythenshawe Hospital

Introduction

Wythenshawe Hospital have implemented a bar coding system using GS1 standards to uniquely identify, track and trace its trays containing surgical instruments. This system was implemented following the centralisation of decontamination services by five hospitals from four acute NHS trusts including Wythenshawe Hospital into one new facility run by Synergy Healthcare plc.

The University Hospital of South Manchester is a major acute NHS Teaching Trust located in the South of Greater Manchester providing general and specialised services to a population of 570,000 people. The Trust's largest acute site is Wythenshawe Hospital. The hospital handles approximately 69,000 surgical operations every year with 85,000 surgical instrument trays used at its site for a wide variety of specialty services such as plastic surgery and burns.

The project

The Department of Health (DOH) National Decontamination Programme, launched in 2003, has been encouraging NHS Trusts to work together to develop a shared sterile services solution for their area. Effective cleaning and sterilisation of surgical instruments represents an essential service for the efficient running of many NHS establishments. The programme has been working closely with NHS Trusts in England to provide guidance and training on standards and best practice for the decontamination of surgical instruments. As part of the programme, the DOH aims to set up new supercentres throughout England to centralise decontamination services.

In parallel to this project, the DOH recommends that NHS hospitals code their surgical instruments and trays using the GS1 System of standards.

Following recommendations by DOH, University Hospital of South Manchester NHS Foundation Trust together with North Cheshire Hospitals NHS Trust, Christie Hospital NHS Trust and Trafford Healthcare NHS Trust have worked together to set up a centralised decontamination facility (supercentre). The new facility, a joint venture with Synergy, was opened on 5 November 2007, with Wythenshawe Hospital as the first customer. The remaining 4 hospitals completed their transition to the new service on 11 February 2008. The decontamination facility has the ability to process 268,000 DIN sterilisation baskets each year and it is GS1 standards compliant.

Preparation before implementation

Before Wythenshawe Hospital were able to start implementing the GS1 System, the hospital needed to prepare its staff for the transfer of services; ensure that hospital theatre staff understood the new process; set up and create receipt and dispatch points for its surgical instruments; write communication procedures and protocols and; review and submit the trusts' audit of trays specification.

The Trust's IT department also needed to be engaged in the process to take ownership of its responsibilities on issues such as internet restrictions (firewall) and testing to prove the IT systems can work with the new process in place.

In the run up to implementation, Synergy and the hospital also provided training for staff on the importance of scanning and tracking surgical instruments and on the implementation process.

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Technical Memorandum (101) March 2009

Institute of Decontamination Sciences

- As a policy position, **DH recommends the use of the GS1 scheme** for the identification of individual instruments and related items
- NHS Connecting for Health has worked with GS1 UK to ensure that all acute units in England can apply for **GS1 membership with the cost covered centrally.**
- Care must be taken to ensure clear identification of those **instrument groups that are intended for use with children** within the operating theatre and during all stages of the decontamination process. This may be done by the use of colour codes on sets/groups or **by barcode identification using the GS1 standard** or other means including the use of well developed RFID systems.
- The IDSc suggests anyone who handles medical devices in the UK **familiarises themselves with the GS1 system.**

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UK National Patient Safety Agency

*"The **NPSA** believes that the use of automatic identification and data collection technologies such as **barcodes throughout the NHS** is fundamentally important to **improving patient safety**. This strategy is fully in line with **Department of Health** policy as detailed in the recently published **'Coding for Success**' document. As such, the NPSA is very pleased to endorse these **GS1 Guidelines** for Patient Identification on the Wristband and look forward to their wide adoption by hospitals"*

Martin Fletcher
Chief Executive
National Patient Safety Agency

NEWS ROUND-UP

GS1 UK launches coding guidelines for automatic positive patient identification on the wristband

GS1 UK has published a guideline for early implementations of GS1 standardised bar coding and Radio Frequency IDentification (RFID) on patient wristbands in hospitals for safe and certain patient identification.

Between February 2006 and January 2007, the NPSA received 24,382 reports of patients being mismatched to their care, with more than 12% estimated to be related to wristbands and their use. Standardising the design of patient wristbands, the information on them, and the processes used to produce and check them, will improve patient safety.

With the support of National Patient Safety Agency (NPSA), the guideline entitled 'Patient identification on the wristband – Coding for Success' has been published to support the Department of Health's Coding for Success policy document and provide guidance for hospitals that are starting to implement the GS1 coding system on patient wristbands. It is currently being trialled by University Hospital Bristol Foundation Trust and other potential sites are being sought.

According to Chris Berrington, Systems Development Manager at University Hospitals Bristol, "The adoption of a machine readable standard for patient identification will deliver huge benefits both to patient care and the adoption of IT systems within our Trust and the NHS. The GS1 standard has been very easy to implement and we look forward to seeing the long term benefits through its use."

For more information on GS1 guidelines, please contact Roger Lamb, GS1 UK Healthcare Business Manager at roger.lamb@gs1uk.org or 020 7092 3578

Spring Issue 2006 7

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GS1 Numbers for Patient Identification

National Patient Safety Agency
Safer Practice Notice No.24
provides guidance for a
Standardised Patient wristband.

To comply with the NPSA's requirements and meet the deadline for the adoption of standardised wristbands,
Airedale NHS Trust has started implementing GS1 DataMatrix bar codes on its patient wristbands in 27 wards.

Phase two will link the patient's unique GS1 identifier with the trust's pathology department providing traceability of blood sample. It will also be utilised in the prescribing of medication.

Case study

Airedale NHS Trust implements GS1 bar codes on patient wristbands to deliver the right treatment to the right patient

Airedale NHS Trust has followed national guidelines for patient wristbands from the National Patient Safety Agency's Safer Practice Notice (SPN) by implementing a system that not only identifies patients at their bedside but will in the future ensure accurate labeling of blood samples and also medication prescribing.

Background

Airedale NHS Trust provides acute, elective and specialist care to a population of over 200,000 people from a widespread area covering 500 square miles within Yorkshire and Lancashire. The trust treats 25,000 inpatients, 22,000 day cases and 104,000 out patients every year. Its A&E department treats over 47,000 patients and 2,300 babies are born in the hospital each year. For the second time in three years, it has been named 'Small Trust of the Year' in the Dr Foster Hospital Guide which identifies and analyses performance across the English NHS against selected indicators.

Standardising wristbands to improve patient safety

Between February 2006 and January 2007, the NPSA received 24,382 reports of patients being mismatched to their care. It is estimated that more than 2,900 – or 12% - of these are related to wristbands and their use.

NPSA's SPN No.24 provides guidance for a standardised patient wristband throughout the NHS in England and Wales. The notice calls for all NHS organisations that use patient wristbands to only use wristbands that meet the NPSA's design requirements and to include the following core patient identifiers: last name, first name, date of birth and NHS number by 18 July 2008.

The guidance states that wristbands should allow the incorporation of new technologies that may be used to assist patient identification e.g. RFID tags or bar code technologies, whilst still fulfilling NPSA's requirements. In addition, by 18 July 2009, all NHS organisations that use patient wristbands should generate and print their wristbands from hospital demographic systems, such as a Patient Administration System (PAS). Printing should wherever possible be at the patient's bedside or next to the patient (i.e. not done in advance of the patient's arrival).

The Department of Health also recommends that the GS1 coding system should be adopted throughout the healthcare system in England, both for manufactured products and for coding systems used within healthcare settings, including patient identification codes on wristbands.

Implementing GS1 standards

To comply with the NPSA's requirements and meet the deadline for the adoption of standardised wristbands, Airedale NHS Trust has started implementing GS1 DataMatrix bar codes on its patient wristbands in 27 wards.

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NHS ISB Ratification for GS1 Patient Identification

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IMPLEMENTABILITY INTEROPERABILITY SAFETY

- NHS organisations and those organisations delivering NHS commissioned services deploying bar coding systems for patient identifiers on the identity band will need to implement a bar code system that will enable them to print bar codes to GS1 standards on the identity band. This will require the procurement and installation of a software and hardware system at all points in the hospital where a patient wristband is printed e.g. at patient registration, together with the implementation of procedures to manage the system."
- Submission of the Full Standard to ISB is planned for 01 July 2010. If approved, the related DSCN will be issued with a mandate for full compliance across the NHS by 01 July 2011

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Auto ID Patient Safety National Oversight Group

- To embed Coding For Success into wider health policy programmes including the quality framework and world class commissioning, and to ensure it complements work to promote innovation, improve productivity and prevent ill health.
- To understand better how Auto-ID technologies are currently used and how they might be used to make service provision more effective, across the whole pathway (from supplier to patient).
- To identify key current and future barriers to progress and collectively draw up an advisory plan of action to overcome these.
- To assist taking forward a review of implementation of *Coding for Success* (to be led by the Department of Health).
- To consider and advise on international policy considerations (e.g. the Global Harmonization Task Force's (GHTF) work on unique device identification) and 'translate' European policy developments impacting on patient safety.

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Nurses lose a third of each day hunting for items

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Page last updated at 00:05 GMT, Saturday, 14 February 2009

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Missing kit wasting nursing time

More than a third of nurses waste up to two hours a shift searching for missing medical equipment, a survey suggests.

Missing equipment is a daily frustration

This equates to 40 hours a month and £900m of NHS wages a year spent hunting for missing pumps, drip stands, thermometers and drugs cupboard keys.

Of the 989 nurses surveyed, nearly all had spent up to an hour locating kit.

The not-for-profit data standards group GS1 UK, which commissioned the study with Nursing Times, said bar code scanning could solve this.

Bar-coded kit could be scanned in and out of a ward and nurses could then track the equipment's whereabouts by computer.

> **"Some days it feels like I spend all day looking for things"**
>
> One of the nurses surveyed

Nine out of 10 respondents in the survey, which spoke to nurses from England, Scotland and Wales, said they would be prepared to use a computer to hunt down missing items if the information was accurate, with a similar amount willing to

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Leeds Teaching Hospitals: 2009 European Supply Chain Excellence Innovation Winner

- Modernising the procurement profession: the Catheter Labs use manufacturers bar codes and swipe products as they are used next to the patient.
- A computerised inventory management system has been introduced which operates along similar lines to systems available in major supermarkets. As goods are used, they are passed in front of a bar code scanner and the stock is adjusted accordingly. From this point, the system is totally paperless and orders are scheduled and then encrypted and sent via the internet, directly to the many suppliers necessary to support the Catheter Labs.
- Loan Component Identification
- RFID Tags on loan components within kits
- Automatic generation of purchase orders
- 100% Invoice Matching of loan kit consumables

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NHS Supply Chain join GS1 UK Data Pool

!! Now Open for Business !!

Improving product information

GS1 UK, the independent global supply chain data standards and solutions organisation, has announced that NHS Supply Chain has signed up to the GS1 UK Data Pool to synchronise product data with its suppliers.

Using Global Data Synchronisation (GDS), the NHS Supply Chain aims to improve patient safety and customer service by offering its customers accurate, additional product information to help them save money and reduce errors.

The first phase will involve implementing GDS and the GS1 UK Data Pool to exchange product information with key ready meals suppliers.

"Our aim for the initial implementation is to establish a nutritional database to support promotion and sales of ready meals products across the NHS and simultaneously improve patient safety," explained Paul White, IT director, NHS Supply Chain (pictured).

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GS1 Healthcare Japan

Michio Hamano

Trigger for establishing local group

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GS1 Healthcare Japan launched

- The first general assembly of the GS1 Healthcare Japan took place on May 28, 2009.
- Around 100 attendees from MoH, METI, healthcare companies, hospitals, associations and solution providers.
- Membership; as of Mar. 1, 2010
  - Regular Member (Healthcare Companies) – 45
  - Individual Member (Doctors, Professors, etc.) – 15
  - Association Member (Industry Associations) – 13
  - Supporting Member (Solution Providers) – 23

Professor Sigekoto Kaihara
Chairperson of GS1 Healthcare Japan

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Chairperson & Executive Council Members

Chairperson & Vice-Chairperson

Chairperson: Professor Sigekoto Kaihara
(Dean of International University of Health and Welfare Graduate School)

Vice-Chairperson: Dr. Chikayuki Ochiai
(Chief Executive of Kanto Medical Center NTT EC)

Vice-Chairperson: Mr. Takaaki Matsutani
(Vice-Chairperson of The Federation of Japan Pharmaceutical Wholesalers Association)

Vice-Chairperson: Mr. Kenichi Matsumoto
(Chief Executive of Sakura Global Holding Co., Ltd.)

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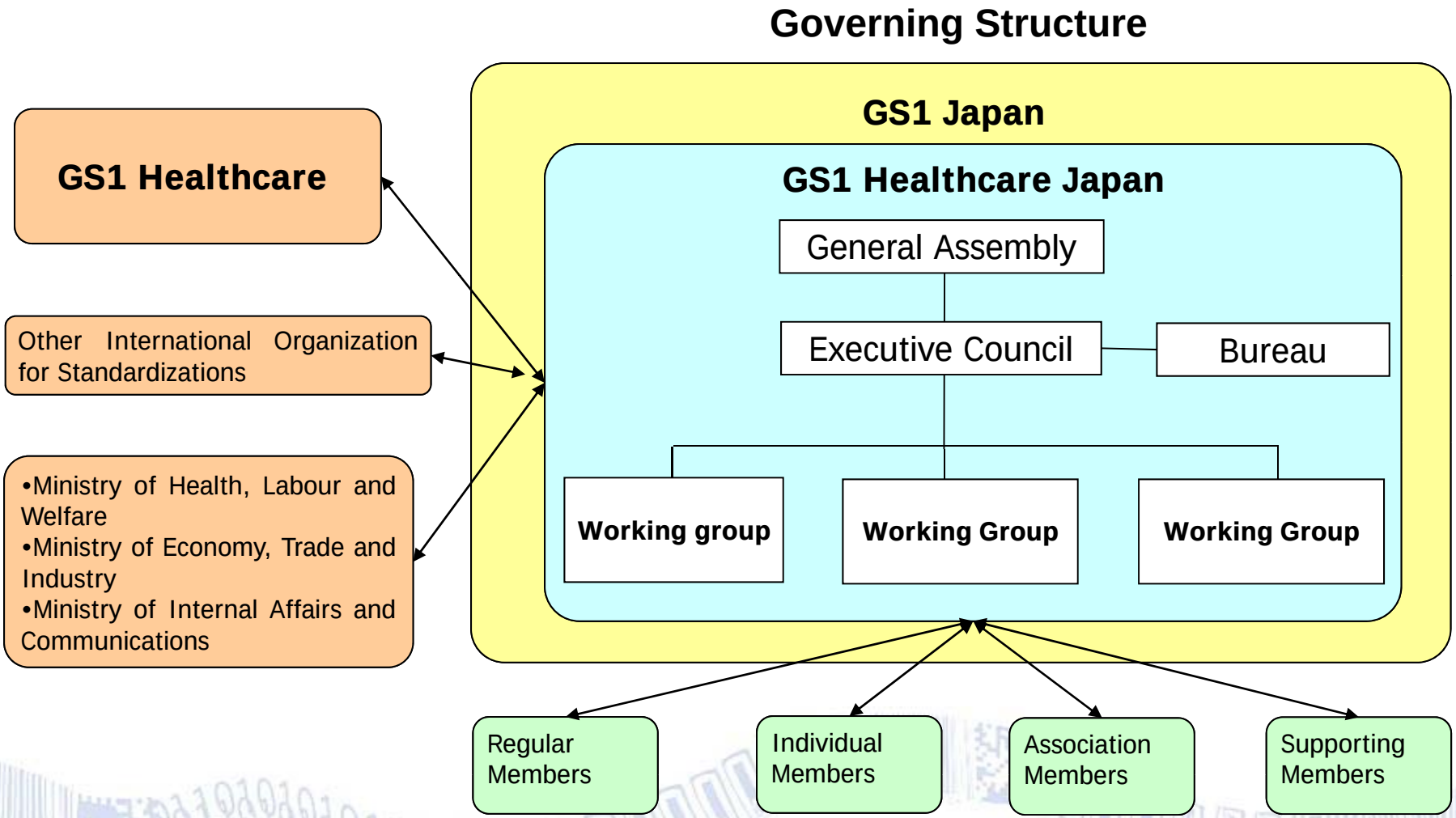
Organizational Chart of GS1 Healthcare Japan



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F&S UNI Management
Fukuda Denshi Co., Ltd.
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Mediceo Paltac Holdings Co., Ltd
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Sakura System Planning Co., Ltd.
Sentient Health Japan K.K.
Smiths Medical Japan Ltd.
St. Jude Medical Japan Co., Ltd.
Sun Medical Technology Research Corp.
Terumo Corporation
Toho Pharmaceutical Co., Ltd.
TOYO Medic
Tyco Healthcare Japan
YAGAMI Co., Ltd.
YAKULT HONSHA CO., Ltd.

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WGs of GS1 Healthcare Japan

★Kick Off Meetings of 3 WGs were held on Nov. 24, 2009

AIDC WG (39 members)

To investigate standardized barcode solutions for drugs & medical devices supply chain from manufacturers, wholesalers to hospitals.

RFID WG (30 members)

To explore a model of RFID applications for healthcare logistics and hospital management

International WG (26 members)

To collect and share the information concerning international standardization activities in the healthcare sector

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Recent activities of GS1 Healthcare Japan

- Healthcare Survey Mission to Europe and United States
  - Aug. 26 ~ Sep. 6, 2009
  - Visiting NHS, FDA, 5 hospitals, 1 GPO and GS1US
  - 15 participants
- Participation in GS1 Healthcare Hong Kong Conference
  - Oct. 5 ~ 9, 2009
  - 6 participants
- Briefing Session on Healthcare Survey Mission & GS1 Healthcare Hong Kong Conference
  - Dec. 1, 2009
  - 90 participants
- Hospital Visit (Kanto Medical Center NTT EC)
  - Dec. 4, 2009
  - 63 participants
- DC Visit (Eizai Pharmaceuticals Logistics Co.)
  - Jan. 26, 2010
  - 40 participants

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Activities of GS1 Healthcare Japan

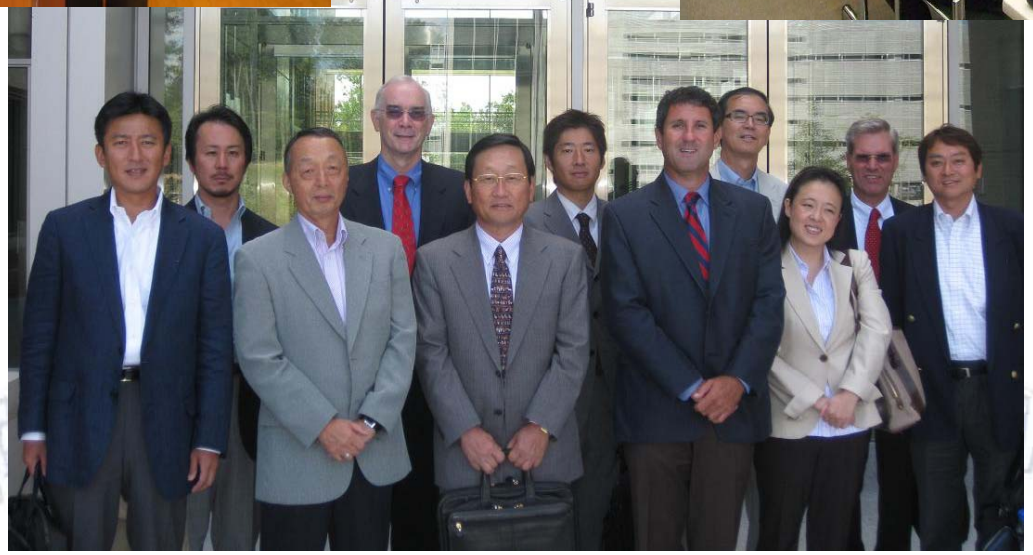
http://www.dsri.jp/gshealth/

GS1Healthcare Hong Kong Conference

(Oct. 7, 2009)

Briefing Session

(Dec. 1, 2009)



Survey Mission visiting FDA

(Sep. 2, 2009)

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GS1 Healthcare France

Christian Hay

GS1 Healthcare in France

GS1 France Healthcare board :

- Pierre Fabre
- BBraun
- L'Oréal
- Hospital of Aulnay
- Hospital of St Egrève
- GCS UNIHA
- Anti-cancer centers

Define the strategy to implement GS1to ensure supply chain efficiency and have a common language on the whole supply chain

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GS1 Healthcare Main actions

- Actions for 2010 – 2011
  - Get more hospitals members of GS1 France
  - Get more GS1 implementations (“critical mass” to involve suppliers)
  - Define “performance indicators” for hospital managers
  - Get more relations with institutions
  - Link all the actors of the supply chain to reduce the “traceability breaks” in the supply chain

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Drug regulation - marking

The Drug regulation takes place in January 2011

To ensure drug traceability the secondary package must be printed with a GS1 Datamatrix including :

- NTIN (National Trade Item Number) : the market authorization code with 13 digits starting with a prefix allocated by GS1 France to the CIP
- Lot number
- Expiry date

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Drug regulation - EDI

The regulation also requires to send deliveries information in a electronic Dispatch advice from suppliers to logistic providers, pharmacies and hospitals.

Wholesalers and hospitals are already asking for SSCC on logistic unit and electronic Dispatch advice (DESADV EANCOM V.D96A / D01B)

GS1 Healthcare user group will deliver a guideline for implementing SSCC and DESADV in the next months

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Hospital Implementation

14 hospitals member of GS1

(potential : 1000 public hospitals and 2000 private)

3 university hospital logistic platforms (new one opening in 2010) using GS1 standards to trace internal deliveries with GLN, GRAI, SSCC, GTIN, lot, expiry date for drugs and medical devices

One hospital tracing deliveries with identification of means of transports

3 hospitals tracing surgical instruments using GS1 Datamatrix at the unit level

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GS1 Healthcare Brasil

Ana Paula Maniero

The GS1 Brasil activities in Healthcare

Working with different stakeholders locally and globally

GS1 Healthcare

ANVISA*

Trading Associations

Member Companies
1305 members

**** Brazilian Health Surveillance Agency***

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GS1 Healthcare ANVISA & Regulations Bodies

ANVISA*

- **Cosmetics**
  - Resolution (RDC) nº333/2003 – Mandatory use of GTIN
- **Pharmaceutical Products**
  - Ordinance Nº 801/1998 – Mandatory use of EAN-13
  - New Act Proposal 6.672/2002 - Traceability of pharmaceutical products
  - Public Consultation 08/2008
- **Law 11.903/2009**
  - Establishment of National Drug Traceability and Authenticity System
    - Tracking
    - Unique identification
    - Capture Technology
    - Storage
    - Electronic data transmition

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GS1 Healthcare Industry Working Groups

More than 200 registered participants

Trading Associations

Member Companies

- **Hospital and Pharma WG**
  - **Unit dose coding with GS1 DataMatrix**
  - **Secondary Package coding with GS1 DataMatrix**
  - **Logistic Unit with GS1-128**
- **EPC WG**
  - **Use of RFID/EPC to control bedding products**
- **Traceability WG**
  - **Traceability System Pilot Project**

Supporting Trading Associations

::ABAFARMA – *Brazilian Pharmaceutical Products Wholesalers Association*

::ABCFARMA – *Brazilian Pharmaceutical Retailers Associations*

::ALANAC – *National Pharmaceutical Labs Association*

::INTERFARMA – *Pharmaceutical Industry Association of Researching*

::SINDUSFARMA – *Union of São Paulo Stated Pharmaceutical Industry*

:: .....

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GS1 Healthcare GS1 Brasil Solutions

Quality Solutions

Bar Code Certification

Compliance with Weights and Dimensions

Data Quality Audit

GDSN

Traceability Conformance

EANCOM Messages Certification

VGAP – Global GS1 Party Information Registry

Consulting

Solution Providers Registry

Education: Training and Seminars

Virtual Library

Newsletter

SGN – GS1 Keys Management System

SMEs

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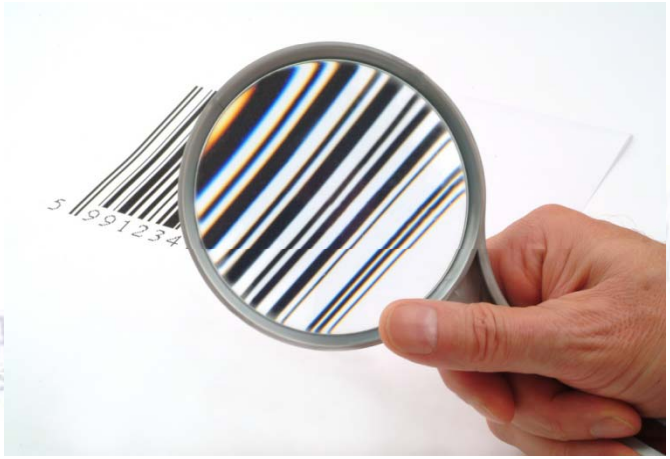
Bar Code Certification

Bar Code Certification: ensures that bar code will be scanned with a 100% performance in the first read, therefore improving the efficiency of hospitals, retailers, distributors and manufacturers operations.



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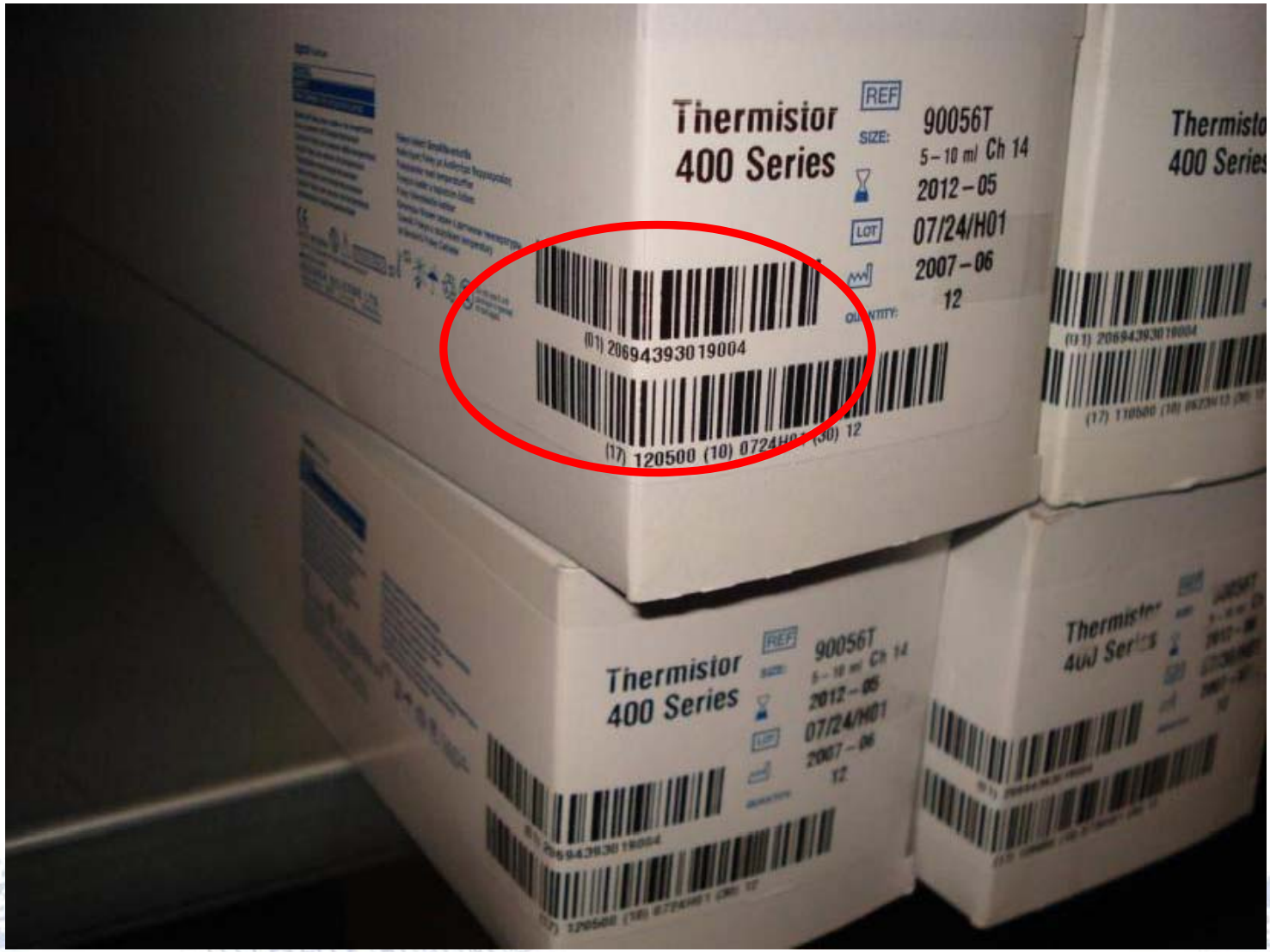
Readability of GTIN ?



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What do we have here??

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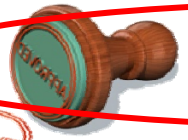
GDSN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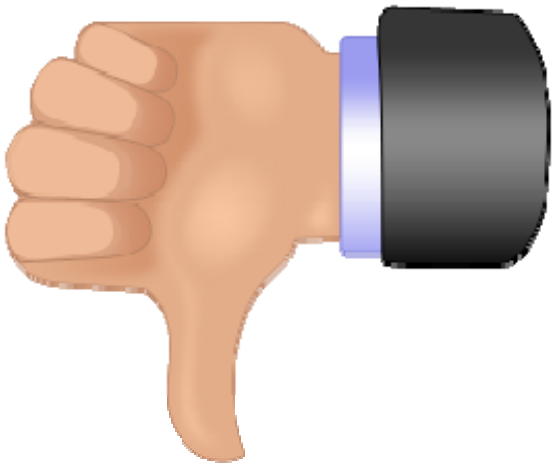
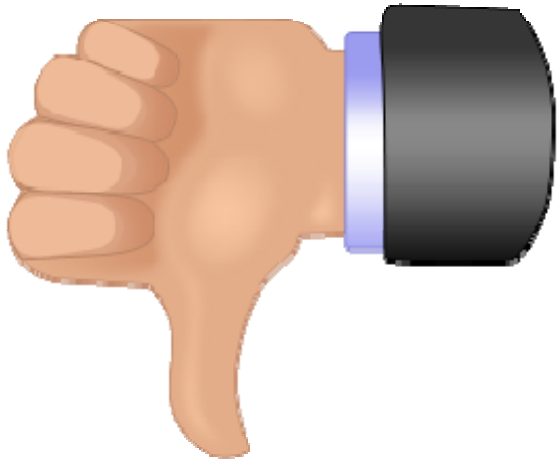
Traceability - misunderstood





I HAVE BAR CODE

SO

I HAVE TRACEABILITY

I HAVE TRACEABILITY

BUT

I USE PROPRIETARY IDENTIFICATION

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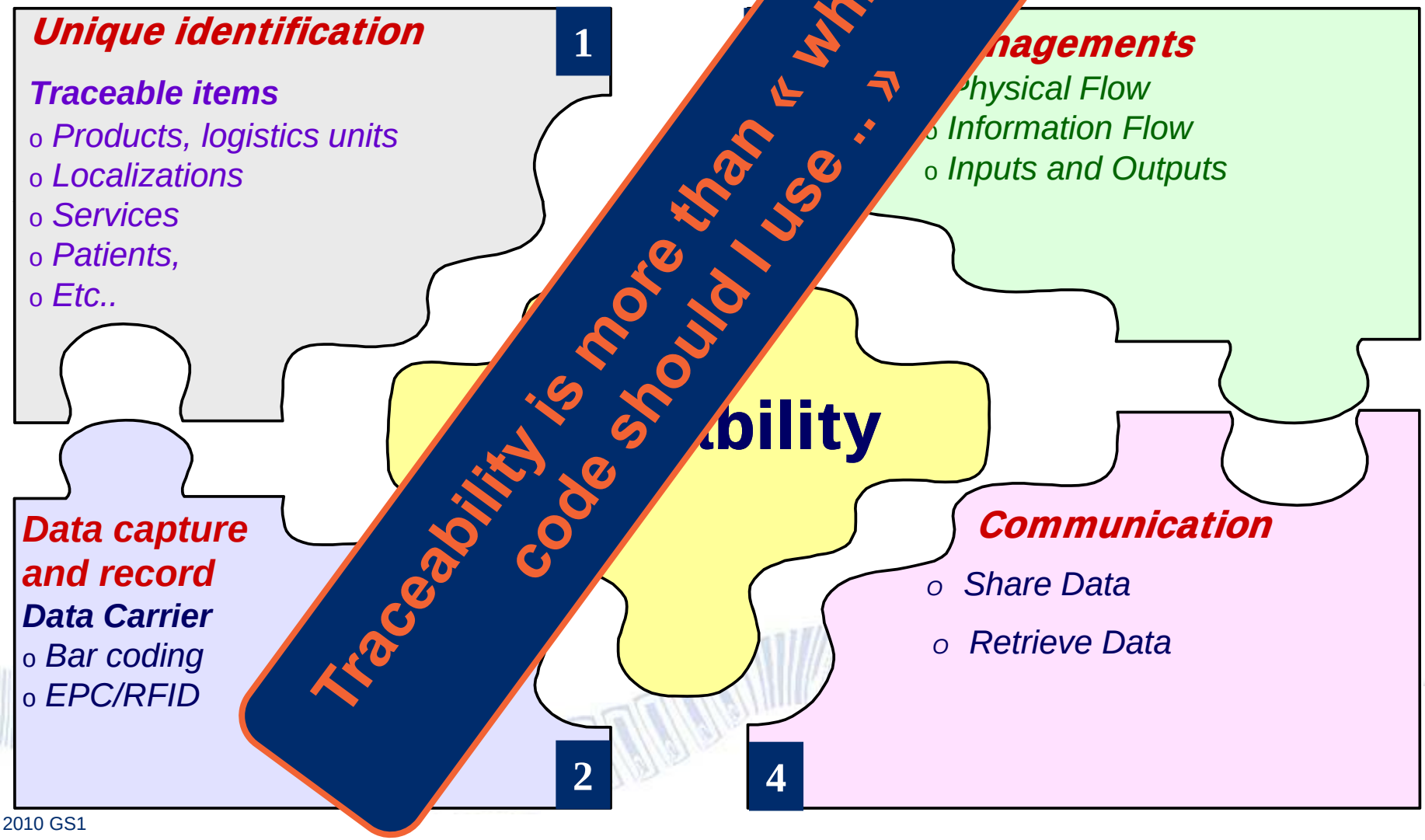
GS1 Healthcare Traceability bu locks



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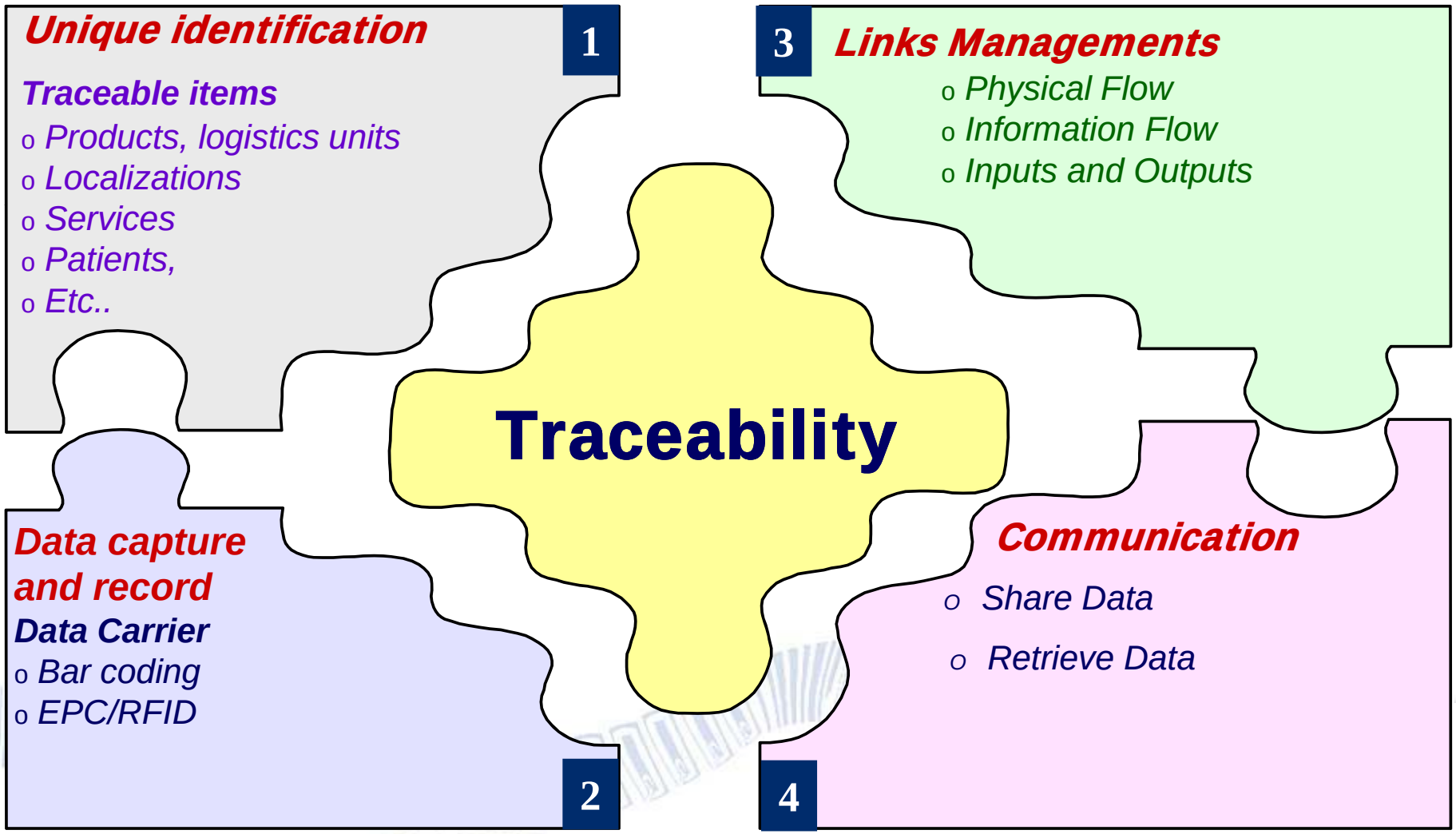
Traceability building blocks



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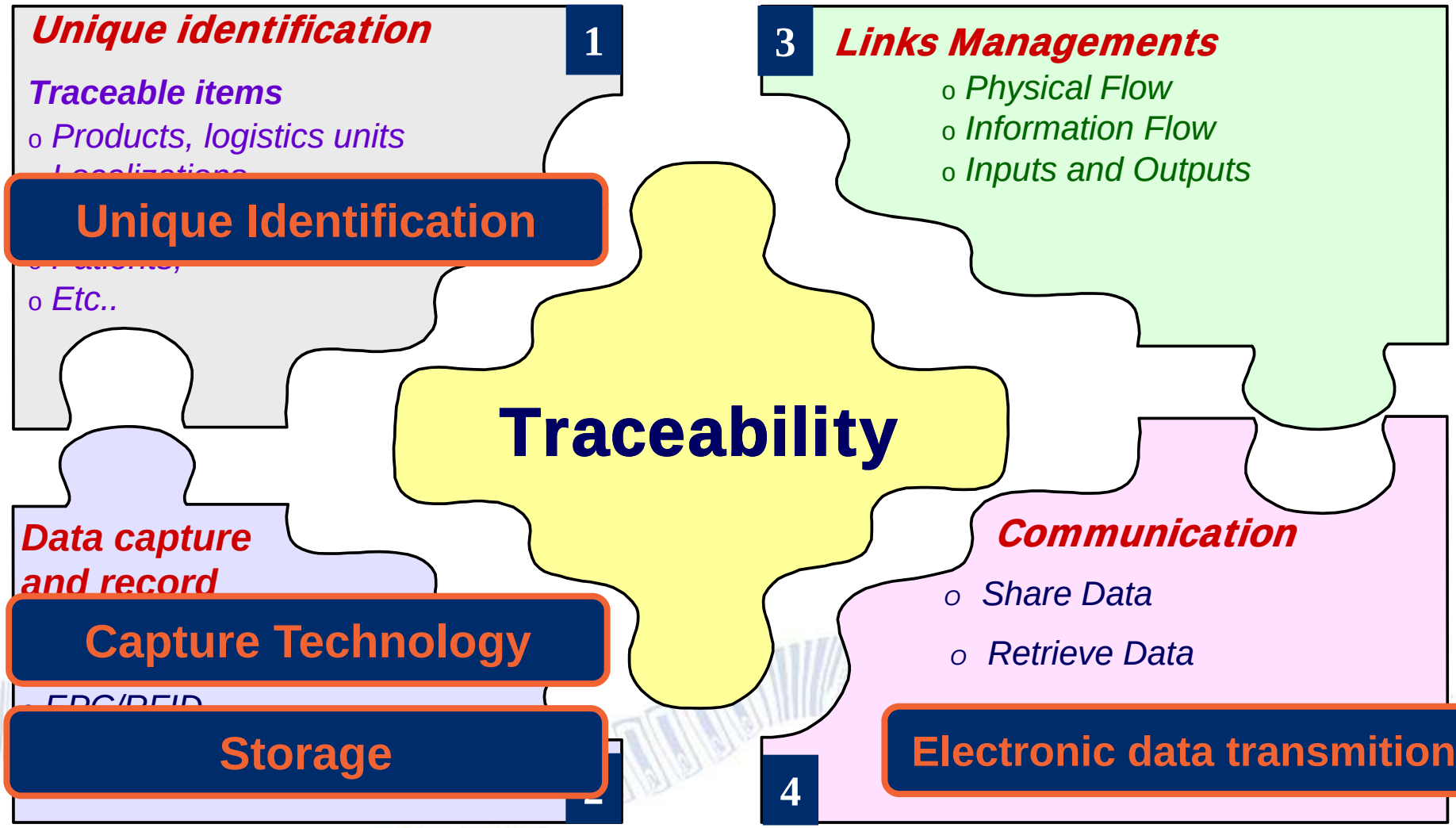
Traceability building blocks

Law 11.903/2009



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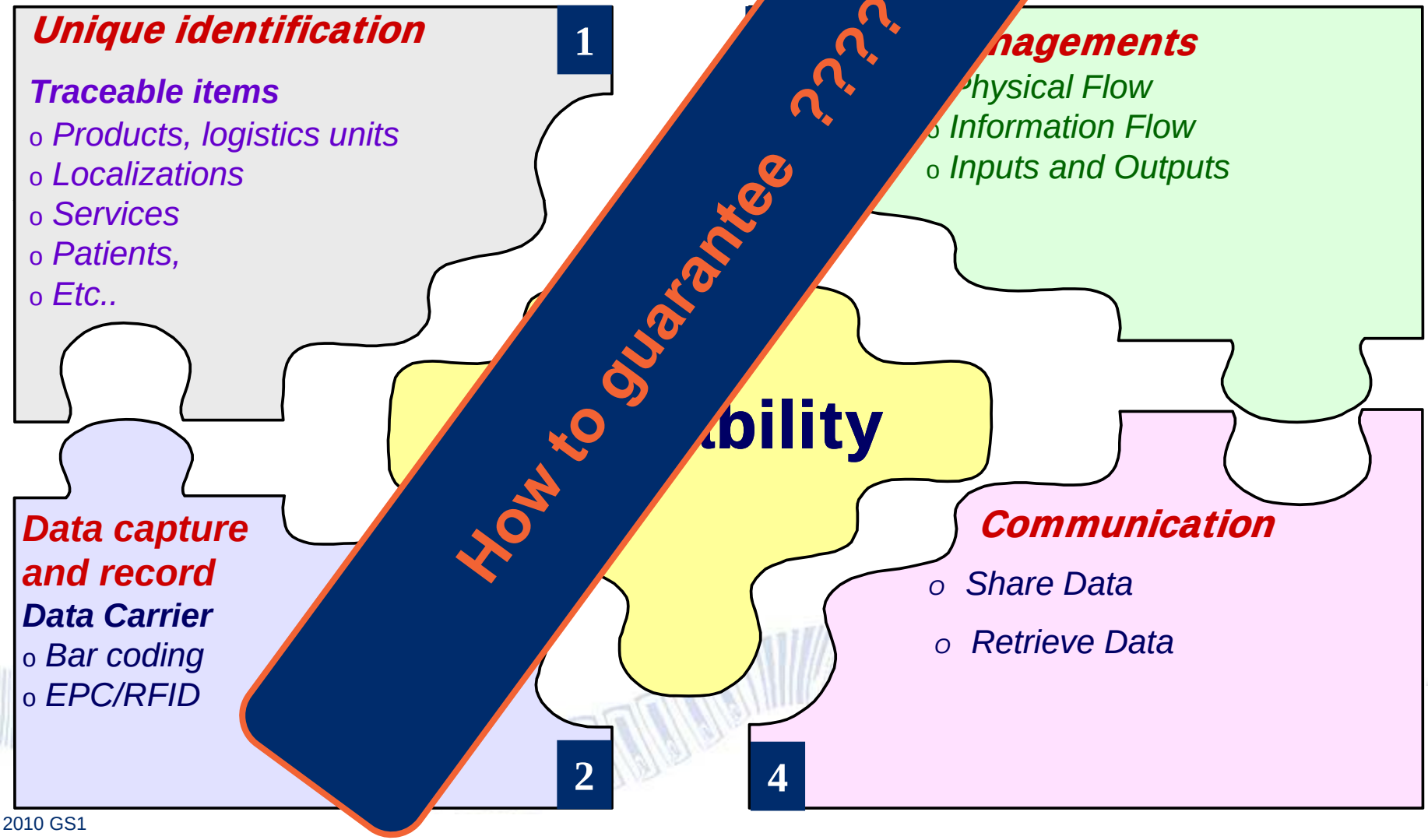
GS1 Healthcare Traceability bu locks



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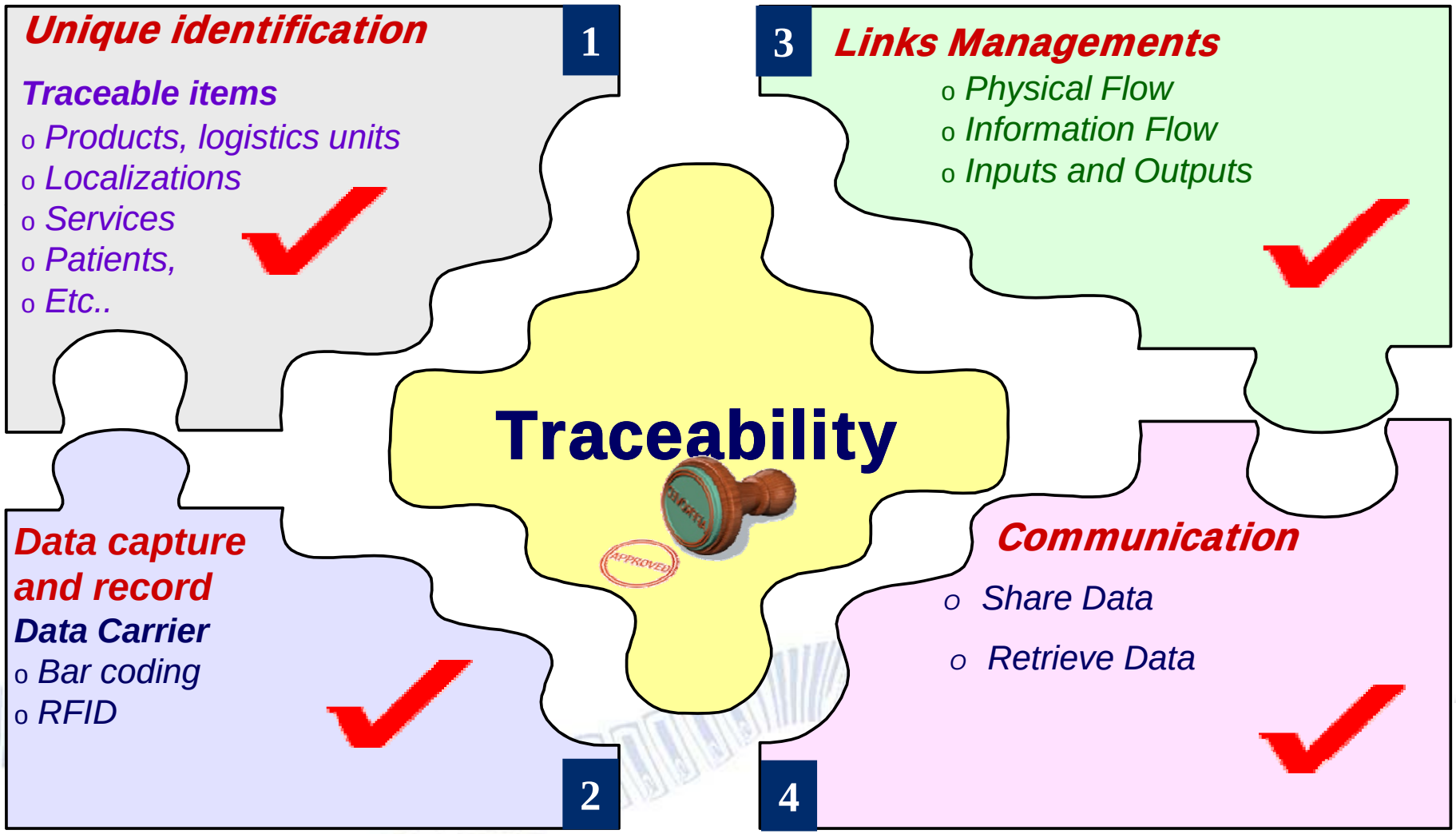
GS1 Healthcare Traceability building blocks

GS1 Traceability Conformance Program



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Local GS1 Healthcare

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How can I be part of the group?

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