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GS1 HUG™ : The 6th Conference in Berlin Gives the Floor to Hospitals

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*On 16th February 2007, the Department of Health in the UK decides to join GS1 for all the NHS activities. In France a similar approach is currently in deployment by University Hospitals.

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	Identi- fication	Classi- fication	Nomen- clature
EAN_UCC			
HIBC			
UNSPSC			
NHS-eClass			
ATC/ DDD			
GPI			
EGAR			
GMDN			
UMDNS			

The 6th conference of the GS1 HUG™ (Healthcare User Group) took place in Berlin from 30st January to 1st February. About 160 delegates came from all over the world to be informed about GS1 HUG's progress and to exchange information with hospital representatives from several countries.

More than 40 presentations were made to the delegates. User's perspectives (manufacturer of pharmaceuticals or medical devices, wholesalers, health authorities, hospitals) were first highlighted. The components of the GS1 system, used in the healthcare industry, as identification, authentication, data synchronisation or classification have been detailed by specialists.

Objectives and ongoing work-fields at the GS1 HUG were commented upon by their respective leaders. Then national GS1 organisations informed everyone about the involvement of local users in their area.

Here are some highlights from this meeting.

Hospital needs Unit of Use Marking

Hospital representatives explained that patient safety can be enhanced by a last check before drug administration, so-called "bedside scanning". Dr Albert Lenderink (Tilburg Hospital, Netherland), Frankie Meulemann (Hospital St Jan, Bruges, Belgium) and Dr Pascal Bonnabry (University Hospital of Geneva, Switzerland) shared their experience with the floor. The two first made pioneering work in this field, developing their experience for more than 10 years. To achieve their goal, they implemented processes to re-pack and/or re-label the drugs in a way which becomes compatible with what the suppliers start to supply. When drugs are supplied with their unit of use bar-coded according GS1 (DataBar (RSS) or Data Matrix), the repackaging process in the hospital becomes unnecessary as the hospital uses the same system as its suppliers.

Geneva provides a newer experience with a similar approach. The University Hospital of Geneva has decided to use the GS1 system with its own productions, the preparation of cytostatics being the first step.

Although the implementation is much more recent than in the two other hospitals, Dr Bonnabry has additionally made a cost-benefit analysis. This demonstrates that RFID or Data Matrix labelling to allow bedside scanning, is cost-efficient compared to any single medication error avoided.

The three speakers asked manufacturers to label the units of use with GS1 barcodes, as their IT environment is ready to make use of these at the patient bedside. Marking units of use during the manufacturing process is the most secure way, compared to re-packaging or relabelling, both being additionally expensive and a possible source of error for the hospital.

As a representative of the German Hospital Pharmacists Association, Werner Kittlaus explains that his colleagues at the European Hospital Pharmacists Association work on a common memorandum. This will request the pharmaceutical manufacturer to label the units of use with GS1 marking (Data Matrix), including product identification, lot number and expiry date. The memorandum will be published during the first half of 2007.

Hospital Supplies and the GS1 System

Several delegates from Spanish regions visited the Berlin conference. Representatives of Andalusia, Cataluña and Galicia explained how the hospital supply chain, with the suppliers, and within the hospitals, can become more efficient with the GS1 System. This enables automatic data capture of identification, lot or serial number and expiry date. Combining optical labelling and electronic messaging (EDI, electronic data interchange), both standardised, the GS1 System facilitates traceability.

These three regions may be the most dynamic in the Spanish peninsula; other regions share the same vision and work in the same directions. Not only is GS1 labelling requested from the suppliers, it is becoming a pre-condition in the tendering processes.

The combination of labelling and EDI for purchase orders, despatch advices and invoices is built on the same identification keys and has demonstrated its adequacy and efficiency in the retail sector for many years*.

To maximise the potential, product catalogues have to be set up and managed directly by the suppliers. According to one of the suppliers, the product catalogue in a given region should be exhaustive for any supplier concerned by a tendering process.

During a strong debate with the floor, hospital purchasers and logisticians stress their need to address cost containment requirements from public bodies. Hospital suppliers expressed their concern about the short delay they have to comply with the rules imposed by their customers, this includes non-coordinated product catalogues which are cost-intensive to keep updated.

In this context, the contribution of Comparatio Health is welcomed by all. Comparatio Health is a common organisation for German university hospitals, and one of the most dynamic participants of the GS1 HUG™.

For Frank Brüggemann, CEO Comparatio Health, there is a real need for a uniform product-information source. This is crucial in regards to the over 1,000,000 medical devices on the market, often with a fast renewal cycle.

But not only the large number of devices or different languages challenge the hospital purchaser. The classification of healthcare products is very complex, as there are several classification scheme and nomenclature systems, none of them covering the whole product range. Frank Brüggemann invites all parties to adapt one global solution, to which the existing classification scheme will be linked.

A new Work Stream has been set up by the GS1 HUG™ to respond to this need. Obviously, manufacturers are not only facing requirements from Spanish Regions, but also from other places (Australia, South America, etc.), where catalogues are planned. The kick-off meeting, in February, is ahead of the working program the GS1 HUG™ presented last September in Paris. It belongs to GS1 HUG™'s vision to anticipate market needs, to facilitate the deployment of one single and global standard in the healthcare industry across the world.

The GS1 HUG™ Work Streams

AutoID Data Work Team

The team, set up in September 2006, is lead by representatives of Pfizer and Tyco Healthcare. It is collecting business requirements from all parties in the healthcare industry. All healthcare products (pharmaceuticals, vaccines, biologicals, medical devices) are within the scope: from the end of the manufacturing process, to the administration, to the patient. The team is grouping around 30 participants in weekly conference calls, to analyse, validate and classify business requirements, according to their impact on patient safety and AutoID relevance. One of the difficulties has been to collect user's needs. To address this, a web-questionnaire has been developed in 8 languages (including Chinese and Japanese), and submitted to users all around the world. 117 responses, representing about 250 hospitals and 244,000 hospital beds have been

received, analysed and presented at the Berlin conference. It allows the Team to understand that hospital representatives concentrate their interest in product identification, lot number and expiry date, whilst serial numbers are important for surgical instruments and implants. The Team will deliver its report in Spring 2007.

Serialisation Work Team

Serialisation of healthcare products – pharmaceuticals as a priority - responds to several needs noticed by the manufacturer. One of the needs is to fight counterfeiting. Lead by representatives from Merck and GlaxoSmithKline, the team started work recently. It analyses needs, capacity and structural requirements for serial numbers. It further integrates similar concerns addressed in the US, as some US regulations require authentication across the supply chain (Pedigree). This leads to item serialisation.

This Team collects user's needs by sub-market and by user-group. These will be presented in a single report, after validation and semantic cleaning.

GS1 in Healthcare – Implementation is in Your Hand

After 24 months, the GS1 HUG™ confirms its position. First, the validation and evolution of the GS1 Standard progresses fast and with large industry support. On the other hand, communication with local users has been set up in several countries, by implementing local GS1 HUG. It becomes obvious that the GS1 standard is not limited to hospital supplies and logistics, but concerns also clinical processes, when bedside scanning becomes reality.

The number of hospitals using the GS1 System will now grow fast across the world. The ultimate goal is to contribute to patient safety.

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