



Implementation of GS1 from a manufacturers point of view

9-11 November 2010, Singapore

Claes Wallér

Vice President Cook Medical

Board Member of Eucomed



USA



COOK INCORPORATED
750 Daniels Way
P.O. Box 489
Bloomington, IN 47402-0489 USA
Websites: www.cookincorporated.com
www.cookcriticalcare.com
www.cooksurgical.com



COOK IRELAND LTD.
O'Halloran Road
National Technological Park
Limerick, Ireland
Website: None

AUSTRALIA



WILLIAM A. COOK AUSTRALIA PTY. LTD.
Brisbane Technology Park
95 Brandl Street
Eight Mile Plains
Brisbane, QLD 4113, Australia
Website: None

EUROPE



WILLIAM COOK EUROPE ApS
Sandet 6, DK 4632
Bjaeverskov, Denmark
Website: None



9 SBU's

Aortic Intervention, Critical Care, Endoscopy, Interventional Radiology, Lead management, Peripheral Intervention, Surgery, Urology and Women's Health





380.000 different Catalogues Numbers





How we started

- Standardize
- Bring down articles from 380.000
- Decide for one Global system
- Use Computer Part Number (CPN) instead of explaining Part numbers.
- The CPN should equal GTIN
- Use GTIN from Order to User
- We started 10 years ago



First Challenge

The track and trace started with retail and not from Manufacturers.

This is a global hurdle to overcome. When that request was pushed to the manufactures the hurdles they have to overcome, is to decide at what point to demand that their suppliers also transact using GTIN numbers.



First Challenge

On the reverse of this concept, hospitals are not jumping on to the GTIN bandwagon very quickly. Very few hospitals have the capability to track inventory by GTIN number and to trace materials ALL the way down to the patient chart. There is very little demand in the industry for it.



First Challenge

Government agencies are the enforcers, however there is a placid attitude in the industry for the deadlines for utilizing GTIN's throughout the order fulfillment and patient care process.

The drop dead date isn't a reality for a lot of people yet.



Second Challenge

Which numbering system should be used

Two (2) Major systems HIBIC & GS1



BPS8.0-38-120-ST-12S-LEV6

Material

Size

Guide Wire

Length

Connection

Number of Side Holes

Configuration



Third Challenge

Explaining Catalogue numbers.

Each manufacturer has to decide how they will assign those numbers to products based on GSDN standard rules and regulations for assigning GTIN's

With the GTIN format of product, the number almost becomes generic and electronic transfer of data and more descriptive information on the product fulfills the needed explanation on the configuration of the part



How we started

- We decided to go for GS1
- We started the standardization of products in 2001
- We choose GS1 128
- Assigning global localization numbers (GLN) to each company by the end 2010 which allow us to go for the GTIN
- Being able to transact orders electronically using GLN's that our customer provide us is huge. i.e.
- It means that we associate each order with a specific location to deliver the product to. This impacts the shipment and transport of that product to it's final destination
- We have implemented a global product file that contains all the vital information about the product and the patient (hazards, Warnings, Handling, Etc.) 2006 full implementation 2008
- This gives us the ability to give the required information





- Global Data Synchronization Network (GSDN) allows us to connect hierarchy of the product packaging.
- We work through the framework of GS1 to create partnership with the different stakeholders to help develop the systems that communicate the info on products.
- We do see several bottle necks



- GTIN among Suppliers and Distributors.
- We have been in a training session for 10 years.
- The onerous task of tracking each product to each stakeholder that the stakeholder wants to receive is very tedious. We now have, even with the standardization, 25.000 products available.
- So, we have to upload into the GSDN a record for each product in each country where that product is available in and for which we have a stakeholder that wishes to receive the information.
- Then we have to create another transaction with that stakeholder to promote the specific product to them. There is no magic software available to do this tracking. Everyone is scrambling to create internal processes and software systems to help manage this mountain of information.



- With the same commitment from the opposite side (Hospitals) they have to start now.



- Making medical device information available through the GSDN and transferring information seamlessly down to the patient who a device is used on and implanted into can affect many things:
- Better inventory controls, reduction cost of inventory, better ability to control pricing
- Better visibility of products in the supply chain.
- All of which can reduce costs for both manufacturers and hospitals.



- But it does something else.
- It provides better patient care because it presents us with the ability to trace recall information better.
- To record (barcode scanner/RFID) accurate.
- Mistakes at the patient care level can be greatly reduced.
- Mistakes that in the past have caused traumatic injury or loss of life.



- Even though there is an investment cost for implementing this standard, the results are a good ROI.
- It will save lives because better information is available to the healthcare providers providing them the ability to also gain efficiencies in patient care.
- Cook has not added to the cost of their products through the implementation of GDSN.



- Granted, it has cost the company money to implement, but that has not been a factor in product pricing.
- Information is free.
- Supply chain costs are reduced.
- Everyone benefits from the transfer of information.
- It will benefit the patient.



- Claes-H. Wallér
- Vice President
- Cook Group Europe
- Tel. dir. +46 31 748 09 64
- Mobile +46 708 92 05 44
- Fax: +46 31 748 09 71
- claes.waller@cookmedical.com
- Stora Ävägen 19 A
 - 436 34 ASKIM
 - SWEDEN