



FRENCH HOSPITALS INITIATIVES

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A GROUP OF 51 U AND NU HOSPITALS

We are now 51 – 31 university hospitals and 20 very big hospitals – with a final target of 55 or 60 U and NU hospitals, but no more.

Because we consider that we are very similar about purchases, procurement and logistic (except for very specific university activities), and then able to plan common projects and to focus on the same processes and organizations

The 31 U.H. constitute 35 % of public purchases, and 20 % for public and private hospitals. With the 20 very big NUH hospitals, the first rate is about 45 %



E PROCUREMENT REVIEW

We are now 18 university hospitals

The pilot with 3 UH is now finished

The solution has been operative since June and has been deployed in 3 others hospitals. I propose to demonstrate it at a next meeting

We have now to deploy it in 7 hospitals in 2006 and 5 in 2007, during the first six months

The first target is now to increase the number of users in each hospital, on the mains fields of the programme (drugs – medical devices – laboratories [reagents and accessories] – supplying for patient housing), and also to extend the number of suppliers and directories



E PROCUREMENT REVIEW

This part of the programme is coordinated for all of the 18 hospitals, in order to optimize the action of each supplier

Because, since the beginning, our global strategy has always been to propose to our suppliers a critical mass, to interest them and to justify the development of electronic directories, through the market place, which is the cheapest solution for purchasers and suppliers

Since quite a few months, electronic directories have been begun to be required by our hospitals, as public markets conditions; but with a logic of negotiation and adjustment, to let our suppliers the time to produce their directories and to organize themselves. At present, there is no penalty

We also have a target of re engineering and productivity, and we are sure that we will be able to create value together

→ The savings will have to be shared between hospitals and their suppliers. It's because we want to work together with you

We know that this programme is a first motive for adopting between our hospitals a common system of references and standards, shared with our suppliers



PROGRESS OF STANDARDS

In Rome, I have explained that we were on the point to choose a system of common references and standards. Because each U.H. has its own system of

- (word) list /nomenclature/ dictionary
- classification
- codification

→ Very difficult to compare and to exchange

→ between U.H

→ with their suppliers

→ The translation has a cost and checks the increasing in exchanges and the inter operability between purchasers and suppliers



PROGRESS OF STANDARDS

Through several workshops
(Managers – Suppliers – Chemists – Logisticians – Specialists
in systems of standards),

Our target has been to use international and the most shared
systems of references and standards.

Our choices are now confirmed for word lists, classifications and
codification, in U and NUH purchasing mains fields (Drugs –
Medical Devices – Laboratories – Patient housing)

The U.H suppliers board has confirm this choice in April 2006

**The U.H general managers board has just made the same
decision in July. This decision is valid for the 51 hospitals**

**We will try to have the same action by the ministry for the
other hospitals, for example as a recommendation**



PROGRESS OF STANDARDS

Our choices are confirmed:

Technical data → Technical forms

- . “Europharmat” for medical devices
- . “RPC” for drugs

Classifications →

- . “ATC” for drugs
- . “Cladimed” for medical devices
- . “UNSPSC” or “GPC” for the other fields

**For the codification system, the choice is clearly EAN.UCC
with GS1**



PROGRESS OF STANDARDS

Then, we have been very satisfied to learn that the Global Healthcare User Group has chosen GS1 as the sole system of standards. For us, it is the parallel of our decision, at the same time. It prove that we have now something to build together, in our common interest, and to work with you for the progress of standards.

In order to progress,

Our hospitals have now to go into GS1 France (I want to thank them for helping us, and especially Valérie Marchand)

Our strategy is to use systematically GS1 standards, in every hospital, for every new project with tracking, traceability, processes, organization and logistic, for example on the model of Dijon

Then, we also need you and ask you to increase the codification of your products. You can be sure now about your return on investment



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