



Welcome to the 6th GS1 Healthcare User Group Conference in Berlin in the Langenbeck Virchow Haus

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Greetings

- The Langenbeck Virchow House, a historic site
- Bar-coding, RFID, ...some thoughts of a former controller





The Langenbeck Virchow Haus 1910-1945

- build from 1910-1915
- the property of the German Surgical Society (DGCH) and the Berlin Medical Association (BMG), from 1915 to the present day







The Langenbeck Virchow Haus 1945-1989

- occupied by the Soviet military authority until November 1949
- The Parliament of the German Democratic Republic (GDR), the "People's Chamber", is constituted in the auditorium in 1949 and convenes in the Great Hall until 1976

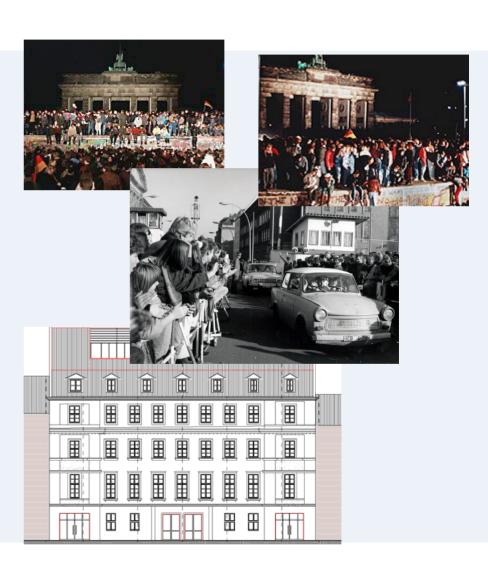






The Langenbeck Virchow Haus 1989-today

- 1989 opening of the "Berliner Mauer"
- after the building is given back to the owners in 2004 rebuilding starts with support of B. Braun
- in 2005 re-opening of the Langenbeck Virchow Haus
- hosting Aesulap
 Academy and B. Braun
 EXPERTISIUM

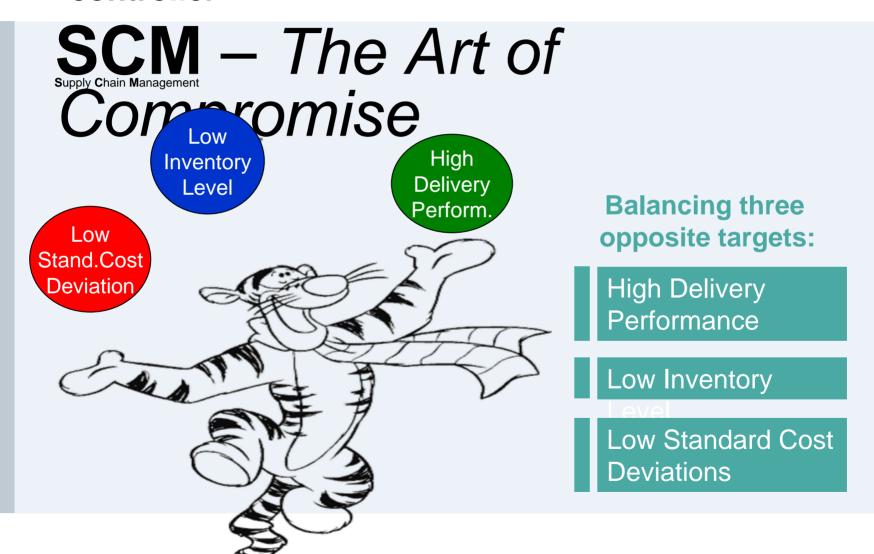
















What has that to do with bar-coding and / or RFID?





Why bar-coding and / or RFID:

- safe pharmaceuticals and medical devices
 - avoid mixing pharmaceuticals that should no be mixed
 - able to identify the origin of products (batch no)
 - secure to not use products out of shelf life
- cost saving
 - allocation of pharmaceuticals and medical devices to the patient
 - optimise hospital internal supply chain





Increasing demands to the industry

- having identification via barcode about product identification, shelf life and batch number, e.g. via Data matrix on the product
- country specific information

but parallel

cost pressure, constant reduction of prices for standard products





Full data matrix information for standard products means for the industry:

- higher production costs by e.g.
 - slower packaging lines
 - new packaging materials
 - investment in new labelling technology

Country specific products instead of products for several markets means:

- smaller production batches
- more complex and therefore more expensive supply chain
- higher inventory

-> Increase of product costs





We fully support every activity that makes the use of our products safer! We understand the possible value of allocation of high price products to a patient!

But we want to keep health care affordable!

- do we need the end of lifetime in data matrix form on an standard intravenous catheter?
- where is the added value of a full data matrix on a standard IV-Set for less than 50 €-Cent?
- does it make sense in a hospital to track a product with a sales price less than 10 €-Cents, like a standard syringe?
- what is the reason for low cost products with variable data in form of bar-coding?





Therefore if you are discussing the next days, think about global solutions and

please have in mind an old engineers wisdom:

To construct always

Nicht so gut wie möglich, sondern so gut wie nötig.

Not as good as possible, but as good as necessary.





Thank your for attention

Have a good and fruitful conference
Enjoy Berlin
Welcome in Germany!











Welcome to Berlin,

Welcome to the Langenbeck Virchow House

the home of the Deutsche Gesellschaft für Chirurgie, the German Surgical Society founded in 1872.

This house represents two different things:

- the great and important German history in being at the forefront of medical development
- a historic building that took part in the east west conflict just a few metres from the iron curtain

This house was build as home for the German surgical society from 1910 until 1915. After the second world war the Russian military took over the building, because in fact we're here ????m east of the iron curtain.

In 1949 the east German communist government took over the building and it served then 27 years as the Volkskammer, the parliament of east Germany.

To keep control about what happened here the east German secret service had secret microphones at every single seat in the room. So be careful what you're saying, because we're not sure if all microphones have removed properly.





Nevertheless if we're talking about our topic for the next three days, identification of pharmaceuticals and medical devices there should be no secret.

Therefore I want to make no secret about myself. I responsible for the logistic and supply chain of B.Braun including the B. Braun coordination point for all GS1 related topics. I have a own small history about EAN, because shortly after I started working for B.Braun 16 year ago I respresented Braun in a EUCOMED about EAN.

controller history

Where is the beef

is the a added value in putting batch information of end of lifetime information on a single product whos production costs are below 1€ like an IV-Set of below 10 €-Cents like a standard syringe

no doubt for pharmaceuticals

makes sense for expensive products I want to allocate to the patient

if allocations costs more the the product itself where is the sense

2 dimensional matrix increases production costs

global demand in developed market to reduce health care costs

avoid everything the increases costs

Not as good as possible, as good as necessary Nicht so gut wie möglich, so gut wie nötig!