

Global identification standards for medicines: from logistics to risk management



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During the last 15 years, the hospital pharmacist's role in Switzerland has changed fundamentally. No doubt this change has occurred, or is in progress, also in other countries. Allow me to describe this evolution in three steps and then comment how it impacts the use of global identification standards.

Hospital pharmacist: an evolution in three steps

The first stage sees the hospital pharmacist participating in medication selection, negotiating with suppliers and providing the necessary drugs in his/her institution. Hospital pharmacies often manufacture drugs, even if offered ready-to-use on the market. As a whole, the hospital pharmacy is considered as part of the institution's expenses.

The second stage can be observed in Switzerland in the context of drug price deregulation; institutions centralise their purchasing competences; the hospital pharmacist becomes the expert consulted in medication selection at institution level. Hospital pharmacies consider promoting their added value, to change their positioning from a cost to a service provider to the institution. This second stage sees the hospital pharmacist interacting as a clinician with difficult or critical drug choices with personal involvement on the wards. Manufacturing activities in the hospital pharmacy are reconsidered; as the cost of some commercially produced pharmaceuticals reduces, stronger regulations make in-house production more expensive. As costs become more transparent, new drugs appear with high prices, more stringent storage requirements and short shelf lives, stock management gains in importance.

The third stage will be when the hospital pharmacy is positioned as a valuable service provider to the institution: clinical competences are appreciated, specialised medications are prepared for paediatrics, oncology, etc., and the pharmacist's competences embrace the medication process up to administration to the patient. The hospital pharmacist is concerned with the whole process and is strongly involved in the achievement of the five Rs (the right drug for the right patient with the right dosage the right route of administration at the right time).

The role of (international) identification standards

When cost calculations entered hospital pharmacy, it had to review previous processes and learn logistics from other markets. Logistics in the retail and food market has been built over the last 30 years on an international standard managed by a not-for-profit organisation (GS1, previously known as EAN International). This standard allows stock management and traceability (both built on the combi-

nation of bar codes and electronic data interchange). As the pharmaceutical market is nationally regulated, the opportunity for hospital pharmacies to implement logistics processes with that standard varies from country to country. Nevertheless, hospitals have initiated contacts with suppliers to adopt the common tools offered by the GS1 system for better logistics. This was recently illustrated by Mr Raymond Wong, Head of Business Support Services at the Hospital Authority in Hong Kong, who invited us to understand Supply Chain Management (SCM) as "Supplier Collaboration Mandate" [1].

When the five Rs rose to the top of the agenda, hospital pharmacists became prepared to adopt techniques that would secure the administration process. The question became not so much technical, but to convince drug suppliers to label single doses so that automatic identification and data capture (AIDC) can become possible at the bed of the patient. Convergence can be observed across Europe; whilst the US FDA has already mandated unit-of-use marking for AIDC, hospital pharmacists from Germany, the Netherlands, Switzerland and the UK have made valuable contributions to the debate which is revealed in a Council of Europe report [2] or in the Resolution the EAHP adopted last year.

Whilst logistics has been addressed locally, e.g. in the Spanish regions, risk management is coming to the whole of Europe in harmony with the global market. In a contribution to safer medication processes, the use of a common, global and international standard is now understood as the only way to implement bedside scanning. A new field is starting here for healthcare professionals, as bedside scanning is only possible with the involvement of all parties. An interesting report was delivered last year to the New Zealand Ministry of Health to support the vision and indicate how return on investment can be expected by such implementations [2].

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References

1. GS1 Healthcare Conference, Granada, Spain, February 2008.
2. Obtainable from the author.