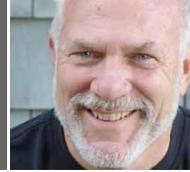


I've been **thinking**...



Clear Eyes. Full Hearts. Can't Lose. Part I
September 2010

I've been thinking about hospital game plans for improving the accuracy of patient identification.

The Joint Commission's (TJC) number-one [National Patient Safety Goal](#) (NPSG) for 10 years running expects hospitals to "improve the accuracy of patient identification." "The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual."

Currently, the goal does not require utilizing positive ID technology. However, when matching blood products with patients, an accompanying note in the most recent "standards of performance" reads: "If two individuals are not available, an automated identification technology (for example, bar coding) may be used in place of one of the individuals."

Bar coding has slipped, almost unnoticed, into The Joint's playbook. However, I believe it won't be too long before bar coding will be moved from an example to an expectation for fulfilling the first NPSG. In the meantime, I anticipate that over half of our nation's hospitals will have voluntarily implemented bar coding at the point of care (BPOC) before TJC actually presses the issue. We're somewhere near the 30 percent mark today.

So, what is your hospital doing to improve the accuracy of patient identification? Does your game plan include implementing BPOC?

I like the locker-room [mantra](#) Coach Taylor delivers just before his Dillon Lions take the field on NBC's *Friday Night Lights*: "Clear eyes. Full hearts. Can't lose."

I've discovered that winning BPOC initiatives result from having clear eyes (vision) and full hearts (passion). This month I want to think out loud about vision. I'll save passion for next month's musings.

Though unintentional, it seems that too many technology decisions are driven by vendor pitches or silo prejudices rather than based on clear, hospital-wide vision.

There are a lot of auto-ID technology options out there, and no one company has all the products a hospital needs. For some vendors who hawk screwdrivers, everything seems to be a screw. This is understandable since a salesperson's job is to sell his company's "solutions," not to make sure his client's vision is clearly defined and fulfilled. For this reason, I suggest that

my clients consider clarifying their broader vision before bringing vendors in to demonstrate specific solutions.

Likewise, there are many preferences inside the hospital. Too often one department draws up its own plays without conferring with the others. It's worth the time and trouble to pause and make sure the larger BPOC vision has been clarified by *all* the stakeholders before purchasing begins.

Clear vision requires *depth perception*—the deeper the understanding of the hospital, the better. For starters, ask:

- What are *all* the points where patient ID is essential?
- Which involve the greatest risk?
- Where do we experience the most problems with accurately identifying patients?
- What positive ID technologies do we have? How are they working? Any keepers?
- What do we lack?

Clear vision also requires *breadth perception*—the broader the understanding of the market options, the better. For starters, ask:

- What BPOC systems and support technologies are available (truly)?
- What is working well out there? What isn't?
- What's on the horizon?
- Where might we benefit from synergy between applications?
- What are the advantages of going with integrated vs. stand-alone BPOC applications?

Be warned, a good vision exercise is a bit more complex than finding an x/y intersection or identifying the overlapping portions on a simple Venn diagram or two.

Thorough investigation reveals complex integration of:

1. Patients requiring ID bands: NICU, surgery, med surge, ER, etc.
2. Practitioners requiring ID badges: nurses, students, physicians, respiratory-care therapists, phlebotomists, etc.
3. Applications essential for processing medication administration, specimen collection, blood transfusion, glucose monitoring, mother's milk tracking, meal delivery, etc.
4. Products requiring bar codes, which are
 - Administered to patients: medications, IVs, chemo, inhalers, blood, stem cells, milk, meals, etc.
 - Collected from patients: specimens, samples, blood, stem cells, bone marrow, milk, glucose levels, vital signs, etc.
 - Utilized on patients: medical devices—from CT scanners to smart infusion pumps and more as the FDA marches forward with UDI (unique device identifiers)
5. Procedures: surgery, implants, transplants.\

6. Devices: for accessing and collecting data, scanning bar codes, storing and dispensing medications, administering IVs, etc.
7. Networks: ADT, billing, clin-doc systems, RF
8. Paper: documents, forms, records, reports

All this requires 3-D thinking since the parts interact more like a living organism than a flat PowerPoint graphic.

By bringing the whole picture into focus, it's possible to identify synergies and uncover redundancies, to discover which products could serve multiple positive ID functions and which vendors and systems play well with others, not to mention revealing which pieces have to be in place before others can be implemented.

Once identified, the technologies to be implemented must be prioritized—listed in order of importance to the organization.

Then comes the task of sequencing—borrowing triage principles to determine the next technology to implement.

What could be done next?

What should be done next?

What things can we do now that will work with whatever we do in the future?

What are we ready to do?

How implementations are scheduled will be impacted by budget, vendor readiness, network installations, and more. It may not be possible to implement priority one before three.

Failing to clarify vision before making purchasing decisions results in procuring products that are never used, jerry-rigging, rework, end-use workarounds, systems that don't play well together, and users that want to throw them across the room.

Clear eyes. Full hearts. Can't lose.

What do you think?



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