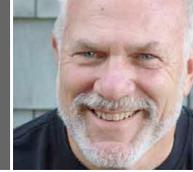


I've been thinking...



Dangerous Waters
May 2011

I've been thinking about sailboats, tug boats, and the technology needed for safely navigating medication-use waters.

Twenty years ago this month, *American Journal of Health-System Pharmacy* published an article by Gerald E. Meyer, entitled "The use of bar codes in inpatient drug distribution."¹ His opening line helped trim my sails for the tack my work has taken these past 18 years:

"Professionals entrusted with the delivery and administration of pharmaceuticals have a fundamental responsibility to identify and implement interventions that will improve patient quality outcome measures.... These interventions include the timely and judicious use of therapeutic and technological advances."

One year ago today (May 6, 2010), *The New England Journal of Medicine* published Brigham and Women's research summarizing evidence that bar-code technology reduces medication administration errors.² Interestingly, within two weeks, AboutLawsuits.com posted a brief of the study. Intentionally or not, the site that provides news and information about personal injury lawsuits provokes a question: Do victims of medication errors, which could have been prevented with bar-code technology, have cause to file suit?

In the late 1920's, a storm slammed the Jersey Shore causing two tugboats to lose the barges under their tow. The barge company sued the tugboat operators for negligence. They claimed the vessels were not seaworthy, citing their lack of radio sets with which captains could have picked up weather warnings and avoided danger.

I think it's but a matter of time before a plaintiff sues a hospital for injury or wrongful death from a medication error, charging the hospital with negligence because it lacked technology with which caregivers could have picked up warnings and avoided danger.

Legendary Judge, Learned Hand, found the tug company liable for not having radios on board, even though, at the time, they were neither required nor commonplace for tugs. In his summary, Hand observed that the whole tugboat industry may have "unduly lagged in the adoption of new and available devices." He also explained that "the industry may never set its own tests. Courts must in the end say what is required;" then concluded, "There are precautions so imperative that even their universal disregard will not excuse their omission."

¹ AJHP Vol 48 May 1991

² [Effect of Bar-Code Technology on the Safety of Medication Administration](http://www.nejm.org), N ENGL J MED 362;18 nejm.org May 6, 2010

Bar-code scanning is commonplace in our world. We meet it daily at brick-and-mortar points of sale, ballpark turnstiles, rental car returns, parking garages, airport security lines, boarding gates—to scratch the surface.

Furthermore, though not required, bar-code assisted medication administration (BCMA) technology is anything but an anomaly in today's hospitals. A 2010 American Society of Health-System Pharmacists Survey³ indicates that over one third (34.5 percent) of America's hospitals have implemented this patient-safety technology.

I wonder how many of the remaining two-thirds imagine they are safe in the majority?

Bar-code point-of-care systems are designed and proven to intercept errors before they reach patients. Used properly, scanning prevents caregivers from misidentifying patients and mismatching them with the wrong drugs, blood, specimens, and numerous other treatments.

Losing cargo is one thing. Losing patients, another.

Can the hospital industry afford to unduly lag in the adoption of new and available devices? Sooner or later bar coding will be viewed as a precaution so imperative that even its widespread disregard will not excuse its omission?

I'm just saying.

What do you think?



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³ [ASHP national survey of pharmacy practice in hospital settings: Prescribing and transcribing—2010](#) Am J Health-Syst Pharm—Vol 68 Apr 15, 2011