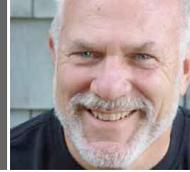


I've been thinking...



Global Warming to Scanning at the Point of Care Scanning  
March 2011

**I've been thinking** about windmills, butterflies, and the global warming I am witnessing toward bar-code scanning at the point of care.

This morning I'm in the Netherlands on a train to Utrecht. Behind in Brussels, GS1 is concluding its Global Forum. It was my honor to address this gathering of bar-code leaders representing 85 of its 108 national organizations. Out my window, one of Holland's enduring windmills slowly rotates in the fog. Don Quixote comes to mind—the seventeenth century knight-errant who set out on horseback in Spain to slay windmills, which he imagined were “ferocious dragons.”

Today, a new kind of windmill is sprouting up on land and along shorelines. Scraping the clouds at seven hundred feet, these sleek, powerful turbines help reduce global warming by harvesting energy from wind versus coal and crude.

In 1972, chaos theorist Edward Lorenz gave a talk to the American Association for the Advancement of Science entitled “Does the flap of a butterfly's wings in Brazil set off a tornado in Texas?” Hmm. Quixote tempts my imagination. What does the flap of three-hundred-foot propeller blades set off?

Any chance enough turbulence created by propellers could speed up or slow down the earth's rotation? I'd vote for the later. I don't want the world to stop so I can get off, but it would be nice if things could slow down a little bit—as long as its not our momentum toward a safer point of care.

I'm amused at how the *butterfly effect* gets cobbled together on the fly. The Lepidoptera (sometimes it's a moth) seems to have tenure, but the locations vary from Toronto or Tokyo to Timbuktu as do the consequences from hurricanes or droughts to epidemics. While beginnings are seldom traceable, we all know that small changes in obscure places can trigger a series of events that lead to large-scale effects around the world. Not just with weather; it happens with fashion, economics, and politics, too. Recently, a young man's decision in Tunisia has already set off coups in Egypt and Libya—not to mention sent up the price of gasoline and groceries.

The bar code, patented in 1949, had been lying dormant for a quarter century when George Lauer tweaked it in 1972—morphing various-width concentric rings into parallel bars. This relatively small change set off a tsunami of bar-code scanning that forever changed the way the world does business from points of manufacturing and distribution to the point of sale.

In 2006, the FDA flapped its wings in Washington, DC by issuing a regulation requiring manufacturers to include bar-code labels on all immediate drug packages. This relatively small requirement triggered a series of events, which is resulting in large-scale changes. Today, the winds of bar-code scanning at the point of care (BPOC) are blowing through

giant hospitals in America's alabaster cities to tiny rural hospitals among amber waves of grain and through all-sized hospitals between our two shining seas.

In Belgium, I heard how the wind has reached other continents. Numerous delegates articulated their homelands' visions and missions. Each included perfecting bar-code standards for healthcare as well as commerce (i.e., for tracking goods from manufacturers to retailers and scanning at the point of sale and for tracking medications and medical devices from manufacturers to and through hospitals before matching patients with products at the point of care).

The way 35 percent of American's hospitals have implemented and are perfecting BPOC is exemplary for these countries. Our FDA's bar-code packaging regulation is being held up as a template for other nations' regulatory bodies. And international advocates for BPOC are pointing to the widespread availability of unit-dose packages from America's drug manufacturers as worthy of emulating.

You can imagine what I think about this global warming toward bar-code scanning at the point of care.

Incidentally, because many of these countries have unified-health systems, when their BPOC dominos fall, full scale adoption could happen more rapidly than we have experienced here in the U.S.—given our array of stand-alone systems.

Having said that, it's difficult to find hospitals in America that are not planning for, implementing, or improving BPOC. Whatever your hospital's stage—here in the U.S. or elsewhere in the world—I invite you to attend [The unSUMMIT for Bedside Barcoding](#), April 27-29 in Louisville, Kentucky, where our theme is "Catching Errors at the Point of Care," and our goal remains learning how to do BPOC and do it better.

Experience The unSUMMIT's butterfly effect in your place of care.

What do you think?



Mark  
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BTW: It will be my pleasure, in the closing session, to interview inventor George Laurer and his sidekick, IBM marketer Bill Selmeier, who wrote [Spreading the Barcode](#).

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