

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



Lessons from Grocers for Hospitals
February 2010

I've been thinking about product ID, apples, priests, and rabbis.

Don't you hate it when you snag an apple from the fruit bowl and bite into a sticker? I find it even more annoying if stickers are missing from apples when I get to the self-checkout lane. It's easier and quicker to key in sticker numbers than to look up apples by alphabet and pictures on the touch screen. Keying numbers is also more accurate, especially when you can't remember which look-alike you grabbed—Fuji, Gala, Pink Lady?

This week I learned that the FDA is on the verge of approving [laser labeling](#) for fruits and vegetables. Lasers burn harmless but readable calluses (e.g., Fuji, Gala, Pink Lady) into apple peels. This patented process that *TIME* called one of the best inventions of 2005, will make it harder for shoppers to confuse Granny Smith organics with those bathed in pesticides.



Better yet, Albertsons' fruit and vegetable stickers now include GS1's new reduced-space machine-readable [DataBars](#) along with human-readable wording and numbers. Unlike scanning UPC bar codes, which register per-item pricing, scanning DataBars register per-pound pricing. After a scanner reads the electronic code on a zucchini, you simply place it with your bag of zucchini on the scale and the system calculates the total.

So this guy goes into a church and heads for the confessional.

"Father, I have sinned."

"Make your confession."

"At WalMart this morning, I took the bar-code sticker off of a cheap mattress pad and put it on an expensive memory foam during self checkout."

The priest, reeling from a poor night's sleep and thinking about his sore back and small salary, quietly slips out of the confessional and heads to the nearest WalMart.

OK, so I made up most of the story. But the seminal idea was inspired by a headline story from [The Huffington Post](#). A priest was arrested last week in southern Illinois while pulling a mattress heist. With video monitoring he was caught switching a \$145 tag with a bar-code that registered \$31 at checkout.

Generally, I find it trite to compare bar-code point-of-sale (POS) processes in grocery stores with bar-code point-of-care (BPOC) applications in hospitals. But, once in a while a lesson or two from the grocery world can be interesting to hospitals on their BPOC journeys.

Lesson One: Everything does not have to be bar coded to get value from implementing BPOC for medication administrations.

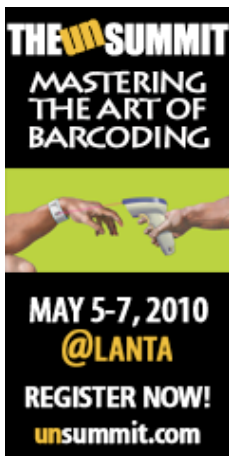
Bar coding at the point of sale has proven invaluable to grocery stores for over 30 years—even though fruits and vegetables have had to be manually entered because they didn't have bar codes.

Hospitals should do everything possible to ensure that all drugs are bar coded. However, 100 percent is not a requirement for realizing significant safety gains.

There will always be outliers requiring unique solutions. Grocers, for example, still haven't come up with a way to apply bar codes, let alone laser etching, to leafy greens.

Lesson Two: Even as bar-code limitations have been resolved in the grocery industry, they will continue to be resolved with BPOC applications in hospitals.

The grocery industry has been at bar coding much longer than healthcare. Nevertheless, BPOC systems, supporting technologies, and workflow



processes are maturing. Hospitals should not wait until everything is fully mature. At the same time, every effort should be made to master the art of BPOC as quickly as possible—precisely why The TerraPharma Project is reconvening The unSUMMIT for Bedside Barcoding on May 5-7 in Atlanta. Check out the [meeting brochure](#) and join us.

Lesson Three: Some items call for interim measures.

Even though keying in numbers has about a 1-in-10 error rate, compared to a one-in-millions error rate for scanning bar codes, the interim step of keying in numbers has proven to be more accurate and efficient than cashiers flipping through laminated cheat sheets.

Similarly, some items in hospitals will require finding interim solutions, which, if not as good as bar coding, are still better than previous data-entry methods.

Lesson Four: Workarounds are not an argument against bar coding at points of care any more than an erring priest is an argument against bar coding at points of sale.

Whether intentional or unintentional, users will find ways to work around the system. Technology forcing functions, workflow design, user training, and addressing noncompliance must come to play. We need to make using BPOC systems as easy as possible and workarounds as near to impossible as is possible. More reason to attend The unSUMMIT.

A final thought:

The other day, the Chief Rabbinate in Israel announced a [technology solution](#) for a religious problem. The religious leader explained how during Passover, grocers cover shelves holding foods not kosher for consumption on the holy days. However, he explained, "At times irreligious people take products from the covered shelves and the cashiers don't usually notice." To solve this problem, products not kosher for Passover are now earmarked in grocers' computer systems. When forbidden items are scanned at checkouts clerks are alerted and sales are aborted.

Can you imagine what might happen if healthcare and grocers got together? After scanning Costco's family pack of rib eye steaks, the cashier says, "Mr. Neuenschwander, according to our interface with Group Health, your cholesterol level is 242. I'm sorry, I can't sell this to you. Could we interest you in a barrel of tofu?" I'm afraid I'd need a confessional.

What do you think?



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