

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



Thanksgiving Reflections on The Saline Prophecy
December 2010

What on earth was I thinking when I made the prediction? Eight years ago I said by the end of 2010, 80 percent of America's hospitals with 100 or more beds would have bar-code point-of-care (BPOC) systems in place for matching medications and IVs with patients before administering them.

When calendars turn 2011, BPOC will be at the halfway mark for achieving what I call my Saline Prophecy. Nostradamus' misfires come to mind.

Naysayers could argue the glass is half empty. But I wonder, would we even have embarked on this journey had we known the path would be so difficult?

Written on my office wall in No. 2 lead pencil there is a paraphrase of Karen Blixen's line from *Out of Africa*: "Perhaps God made the earth round so we can't see too far ahead."

How many life trails would we have avoided had we foreseen the trials ahead? Perhaps naïveté is a blessing. It certainly has been for me when parenting, schooling, and building were involved. I'm inclined to think most worthwhile endeavors are more difficult to achieve than what we project.

Actually, I still believe my Saline Prophecy was reasonable. Were it not for distractions along the way, I think we could have reached the 80 percent mark according to my timeline. It's as if hospitals had attention-deficit disorder—heading toward bar coding they were distracted by sparkling objects like computerized physician order entry, electronic medical records, and CMS Meaningful-Use measures. BTW, do hospital pharmacies carry Ritalin?

All said, we somehow managed to make substantial progress. I say the glass is half full. And, the water seems to be approaching the brim at an increasing rate. The research published this year out of Brigham and Women's, validating the efficacy of bar-coded medication administration, has tilted the pitcher; as has the proliferation of news on the progress and value of bar coding, not just in healthcare professional and trade journals but also in everyday news outlets. And it's pretty hard to find a hospital without BPOC that is not planning to add it in the next few years.

I've heard there are two kinds of people in the world: those who constantly divide people into two kinds, and those who don't. Identifying with the former, I believe there are two kinds of hospitals in our country: those who are bar coding at the point of care, and those that will. It's a matter of when, not if. Though the record exposes my lack of prophetic powers, I can't help myself. I predict we will finally reach the 80 percent mark during the early teen years of this millennium and achieve 100 percent before the end of 2020. If we do, I

will write then about my 20/20 Vision. Meanwhile, experience has urged me to draft a more vague prophecy this time around.

In any instance, every hospital added to the glass means fewer patients harmed, more lives saved, and greater numbers of caregivers protected from errors that crush hearts and end careers. To say nothing of cost-related savings.

Consider this assessment by Jonathan Perlin, MD, CMO of Hospital Corporation of American and Chairman of the HHS Health Information Technology Standards Committee:

The Institute of Medicine found that nearly one in seven hospitalizations are complicated by a significant adverse drug event that compromises the patient's condition, increases length-of-stay, and adds to cost. One third of these failures occur at the bedside.

Closed loop medication administration using technologies like bar-coding can eliminate errors in medication administration and assure the patient's five rights: The right to the right medication, for the right patient, in the right dose, by the right route at the right time.

Despite knowing that drug errors are harmful and expensive, only about a 35% of hospitals use these technologies. Beyond freedom from preventable harm that all patients deserve, it's time to acknowledge the business case for safety – Good safety is good business.

While writing this column on Thanksgiving weekend, my editor informed me that when she was hospitalized this week, caregivers scanned the bar codes on her wristband and medications to ensure a match. "Cheers," she said. I join her in being thankful for the progress that brought bar coding to a hospital near her. I'm also committed to a full glass.

To this end, I invite leaders from your hospital to join us at [The unSUMMIT for Bedside Barcoding](#) April 27-29 in Louisville. The unSUMMIT is designed for two kinds of hospitals: those that are heading toward bar coding and those who have already arrived but realize there's plenty of room for quality improvement. BTW—Jonathan Perlin (quoted above) is our keynote speaker.

What do you think?



Mark Neuenschwander a.k.a. Noosh

mark@hospitalrx.com
<http://twitter.com/hospitalrx>