

I've been thinking...



What Are We Waiting For?
February 2009

I've been thinking about waiting, workouts, and work-arounds.

None of us likes waiting. Well, I guess that depends on who's waiting for whom. Someone observed that there are two kinds of people in our lives—people we keep waiting and people for whom we wait. For example, at lunch today it bugged me when I had to wait for a table, then a waiter. Of course, it didn't bother me that the waiter had to wait for me to make up my mind (Don't they get paid to wait?).

At the end of my full day, I headed for the gym. Arriving at rush hour meant I had to wait 15 minutes for an exercise machine to come open. Finally stepping aboard a treadmill, two roads diverged, and I took the road most traveled. Having waited long enough, I opted for "quick start."

The road less traveled requires keying in weight, age, miles/hr, calories/min, forest walk or mountain climb, fat burn or cardiac, ad infinitum. "Having perhaps the better claim, I kept the first for another day!"¹ I was at the gym to work out, not to be delayed by technology.

Waiting on technology

Nurses tell me this is how they feel when bar-code-enabled point-of-care (BPOC) technologies are unreasonably slow while they are ministering to patients. Too much keying and scrolling followed by finger tapping while screens are painting has a way of nudging nurses to opt for "quick start." Of course, work-arounds are faster, but sometimes speed kills.

While the best BPOC technologies may require caregivers to take extra steps to ensure patient safety, caregivers should never take ways around best practices. At the same time, it is incumbent on automation vendors to remove as much complexity from their systems as possible, heeding Einstein's advice: "Make everything as simple as possible, but not simpler."

Facing the plethora of BPOC options stretching from one end of the complexity spectrum to the other, hospitals need to decide how much forced functionality they deem essential for achieving their patient-safety objectives. Again, wading through unnecessary information is wearisome and encourages work-arounds.

¹Robert Frost, *A Road Not Taken*.

Additionally, hospital IT departments should give high priority to ensuring rapid data flow between systems. Sluggish RF networks, for example, tempt nurses to circumvent critical steps in the interest of getting things done. By the way, caregivers tell me they find little comfort from IT folks who minimize their concerns by pointing out that their POC-devices download in just ten seconds instead of the 20 required with 1.0. It's hard to imagine anyone in IT tolerating ten-second wait times for dial tones on their telephones.

Waiting for technology

Truth is, most caregivers are still waiting for BPOC technologies to arrive in their worlds. They are patiently looking for final approval, funding, contracts, interfaces, or installations. "Patience may be a virtue," wrote Lawrence Peters, "but it will never help a rooster lay an egg." There comes a time when holy impatience is required to get the job done. For the sake of caregivers and patients, I encourage hospital leaders to press on for BPOC.

To date, the BPOC route is the less-traveled road. However, I am convinced that bedside bar coding is a matter of *when* not *if* and *sooner* rather than *later*. The 75 percent who have yet to implement bar coding are standing at a fork in the road. They may stay on the familiar highway or take the more demanding and more rewarding road toward bar coding. Those who have veered toward BPOC concur with Frost, "I took the one less traveled by, and that has made all the difference." It's hard to find a hospital that has regretted venturing down the BPOC highway.

Why wait?

Waiting can be dangerous. I know of at least one hospital whose foot-dragging cost several lives to errors that BPOC would have prevented. Yes, sometimes speed *saves* lives—to say nothing of careers, reputations, and settlements.

Now, if more waiting is in the cards, I suggest using today to prepare for a more rapid BPOC implementation when the technology arrives tomorrow.

Are you planning to take or are you already traveling the bar-code road? If so, I'd like to invite you to join several hundred of your colleagues who are committed to helping each other get BPOC done the right way. [The unSUMMIT for Bedside Barcoding](#) will convene for its fourth year May 6-8 in Tampa. Immediately following last year's meeting in Austin, a pharmacy director from Indianapolis wrote me, "This was without doubt three of the most productive days I've ever spent at a conference." I talked with him last week on the eve of his hospital going live with bar coding. He reiterated his sentiments about the value of The unSUMMIT and said he's planning on returning this year with several from his team.

Thinking of attending? Don't wait. Early-bird registration rates end February 28. But wait. There's more. Deduct an additional 20 percent by using discount codes from Novation, Amerinet, or MedAssets. You can save as much as \$350 and who knows how many lives. Check out The unSUMMIT brochure [here](#).

Can't wait to see you in Tampa.

A handwritten signature in black ink, appearing to read 'Mark Neuenschwander', with a stylized, cursive script.

Mark Neuenschwander

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