

**Date:** 26 June 2009  
**To:** Health IT Policy Committee  
**Re:** Meaningful Use Comments  
**From:** Mark Neuenschwander

The following suggestions are humbly offered for your consideration when finalizing the HIT meaningful-use definitions.

RECOMMEND:

1. That The Joint Commission's (TJC) National Patient Safety Goals (NPSGs) be utilized to influence HIT meaningful-use definitions.

NPSGs are "specified actions that accredited organizations are expected to take in order to prevent medical errors."<sup>1</sup> The goals "highlight problematic areas in health care."<sup>2</sup>

Thus, TJC has identified positive-patient identification as the most problematic issue in hospitals. For the past eight years, the number one NPSG has been to "Improve the accuracy of patient identification."<sup>3</sup>

As good as the meaningful-use discussions and preliminary definitions are, they do not appear to address the TJC's greatest concern head-on. I believe it is crucial that early and final meaningful-use definitions give highest priority to rewarding hospitals for implementing HIT tools that will improve the accuracy of patient identification at all points of care (e.g., orders, specimen collection, blood transfusion, medication administration, surgery, etc).

2. That bar-code<sup>4</sup> point of care (BPOC) verification and documentation technologies be included in early and final HIT meaningful-use definitions.

In conjunction with the first goal, TJC states: "Wrong-patient errors occur in virtually all aspects of diagnosis and treatment."<sup>5</sup> The intent for this goal is two-fold; first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual."

BPOC technologies provide a more accurate two-way interface between patients and EHRs than manual systems.

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<sup>1</sup> Quality Check/Quality Report, Glossary of Terms, The Joint Commission.

<sup>2</sup> Joint Commission Fact Sheet, December 11, 2008.

<sup>3</sup> 2009 National Patient Safety Goals, "Hospitals" link.

<sup>4</sup> While the term "bar code" is used, it should be understood that other auto-identifiers apply to the discussion, including RFID.

<sup>5</sup> Including but in no way limited to medication administration.

a) From the EHR to the patient—Bar-code verification systems reliably identify individuals as the correct persons for whom services or treatments ordered by physicians are intended, avoiding error, harm, and death.

b) From the patient to the EHR—Bar-code verification systems document services and treatments rendered more faithfully and accurately than manual systems. This results in a more up-to-date and accurate EHR for all patients.

An accurate EHR is crucial for physicians during all aspects of diagnosis and treatment. Making decisions based on faulty information results in costly errors.

3. That the electronic medication administration record (eMAR) be treated as an essential element of a meaningful EHR in general and CPOE in particular.

It is hard to imagine how the EHR or a CPOE module can be meaningful without an electronic record of medications administered. Physicians using CPOE systems for ordering, continuing, amending, or discontinuing medications need access to accurate EHRs in general and eMARs in particular. The best CPOE system cannot heal inaccurate documentation. BPOC medication-administration systems help create and maintain more accurate up-to-date records than is possible with manual MARs. Closing the loop is not only critical for protecting nurses and patients. Without bar-code medication-administration systems, physicians are vulnerable to making medical decisions without vital information.

In summary: An inaccurate or incomplete EHR is not meaningful at best and harmful at worst. BPOC technology facilitates the completeness and accuracy of the EHR. This is important at every stage of EHR's developmental process. However many EHR modules may be active, each must be accurately populated with treatment and procedure data at the point and time of care. Likewise, at each point of care, caregivers must have access to EHR data in real time. BPOC technologies facilitate the vital connection.

Sincerely and Respectfully,



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