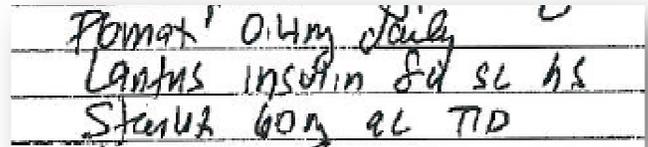


## Critical Junction

We are at a critical junction. Healthcare is endangered by unaffordable runaway costs and unacceptable outcomes of quality of care. In contrast to our strengths as a Healthcare industry in developing technological breakthroughs with diagnostics and therapeutics such as MRIs, coronary interventions, and robotic assisted surgery, we have done relatively poorly in improving the nuts and bolts of how basic care is delivered.

We have all heard that preventable medical errors in hospitals cause 40,000 to 100,000 deaths each year and an estimated \$25 billion of additional costs from the expense of required additional care, lost productivity and disability. As a profession with the oath of "do no harm", it is no wonder there has been a loss of trust and as well as decreased satisfaction of both patients and providers.

The errors documented by *Leape* are as relevant today as they were in 1993. Some of relatively simple errors such as illegible hand written orders can have devastating consequences, such as a patient receiving 80 units of insulin rather than the prescribed 8 units.



Computerized Patient Order Management (CPOM) is one of the most powerful tools we can employ to ensure reliable safe patient care but it is also one of the most challenging tools to deploy. It changes everyone's work and practice.

For ordering Providers, rather than hand write orders quickly and rely on secretaries, nurses, pharmacists, lab techs and others to translate those orders so that they get carried out, CPOM requires them to directly and completely enter the order themselves. Without a doubt this increases the time it takes to enter orders and warrants caution. Some studies from the 90's documented errors from fragmented views within the electronic medical record and the increased likelihood of placing orders on the wrong patient.

Although a time-motion study confirmed that order entry takes longer with CPOM, overall rounding time is reduced. Time is spent on patient care rather than tracking down charts, medication records, labs and other reports. (*JHIM Volume 22 Number 4 Fall 2008; Amusan et. al.*) Other studies have documented 50% reduction in pharmacy calls to providers for order clarification. Not only is rounding improved but interruptions reduced. Patient care delivery is also expedited with improved turnaround:

- Lab times decreased by 80 minutes,
- Radiology turnaround for orders reduced from 1 hr to 15 minutes in one study and by 19 hours in another,
- Medication order to administration reduced by 40-80 minutes.

Across CHRISTUS Health our core values of Dignity, Integrity, Excellence, Compassion and Stewardship commit us to eliminating systematic errors. We are committed to transforming the nuts and bolts of health care delivery with advanced clinical technologies so as to demonstrate respect of patients, achieve high standards of service and performance and foster stewardship of our valuable resources.

One key to our success is the broad executive commitment behind this effort. We must also always remember that this is about improving patient care and not about simply implementing another computer system. Embracing change, especially difficult change is never easy. And I know that with our collective effort we will emerge far better than when we started.

*Source: Leape et al. Preventing Medical Injury. Qual. Rev. Bull. 19(5) 144-149, 1993  
JHIM Volume 22 Number 4 Fall 2008; Amusan et. al.*