

# Straight Talk

A weekly update from management on the issues that matter most

NCH

Healthcare  
System

October 30, 2008

Dear Friends and Colleagues:

Eight years ago, in 2000, we established the long-term goal at NCH to one day become fully computer-supported. Nine days ago, we began the **Computerized Physician Order Entry (CPOE)** program. As we say in long-distance running when we reach the halfway point, "*We are on the way in.*"

First, for the uninitiated, let me explain what CPOE is. Anything that happens to any hospital patient is done at the direction of a physician and implemented by or under the supervision of a nurse. In about 94% of all hospitals in the United States, the physician typically hand-writes an order, which is transcribed by a unit secretary or pharmacist, and then relayed to a nurse or other caregiver to carry out the directive. With each progressive "hand off," there is another opportunity for a translation error. Poor physician handwriting (like mine, for example!), abbreviations, interpretations, unintentional lapses, and other system breakdowns create an imperfect process.

Further complicating this process is the fact there are approximately 6,000 commonly prescribed medications. (In 1960, there were about 60!) Who can remember all the indications, complications and interactions of 6,000 medications? Moreover, who can always remember or warn a prescribing physician when a patient has some underlying kidney or liver compromise that will require a lower dose of medication?

This is where CPOE is such a potential lifesaver. CPOE allows a physician to directly enter into the computer both the medication and non-medication orders—diagnostic tests, therapeutic interventions, requests for consultations, etc. The computer doesn't get tired or distracted and is, thus, a great assist to the ordering physician. Indeed, the medical literature has shown that decreased handoffs lead to fewer errors and better patient outcomes.

That is not to say that computers are perfect. They aren't. Computers are merely tools to help us care for patients in a more sophisticated manner. In our first nine days of CPOE, physicians are spending more time ordering for patients than ever before. Obviously, transitioning from analog (handwriting) to digital (computers) takes time and experience. (Remember the first time you used an ATM or a cell phone or a new audio/visual system? You had to proceed up a learning curve.) So, these early days of CPOE may be difficult on physicians, whose primary resource is time.

Like any new process, CPOE at NCH has had its early creators who lead the way, with others coming along to work the "bugs" out. Among our "creators" are Lucia Campbell and the entire Clinical Informatics team under the direction of Susan Wolff as well as Kim Thorp, Russ Pardi and the Pharmacy team. The nursing staff and unit secretaries are also a very important and integral part of this process change.

Most deserving are our physicians. While I don't have space to thank them all, I would recognize Dr. Doug Harrington as an example of an intensivist caring for patients with complex orders who shared an inordinate amount of time and energy assisting in the start up of the project. Drs. Robin Roth, Mario Trance, Carlos Quintero, John Landi, Christian Ellis, Ron Garry, and Ken Bookman along with many surgeons and hospitalists have already made a difference.

The success of CPOE will require such teamwork among all of us. Ultimately, to be sustainable, CPOE must add value for docs as well as patients, caregivers, payers and the community. In the first nine days, 63,233 orders were entered by computer, which represents 23% of all orders entered. So CPOE is off and running and I have great confidence that "*we are on the way in.*"

Respectfully,



Allen S. Weiss, M.D.