

# Computerized Drug Orders Cut Hospital Errors

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WASHINGTON — Aiming for computerization of physician order entry at health care institutions isn't the right course to take, Dr. Stephen T. Lawless said at a health care congress sponsored by the Wall Street Journal and CNBC.

"That's the wrong goal," said Dr. Lawless, who is chief knowledge and quality officer at Nemours, a Wilmington, Del., pe-

diatric subspecialty practice with about 1 million patient encounters per year. "The right goal is NPOE—no physician order entry. Just tell us what you want and we'll have the best person [enter] it for you."

With this caveat, computerized order entry still remains an important tool in reducing medication errors, said Dr. Lawless, who also is a professor of pediatrics at Jefferson Medical College, Philadelphia.

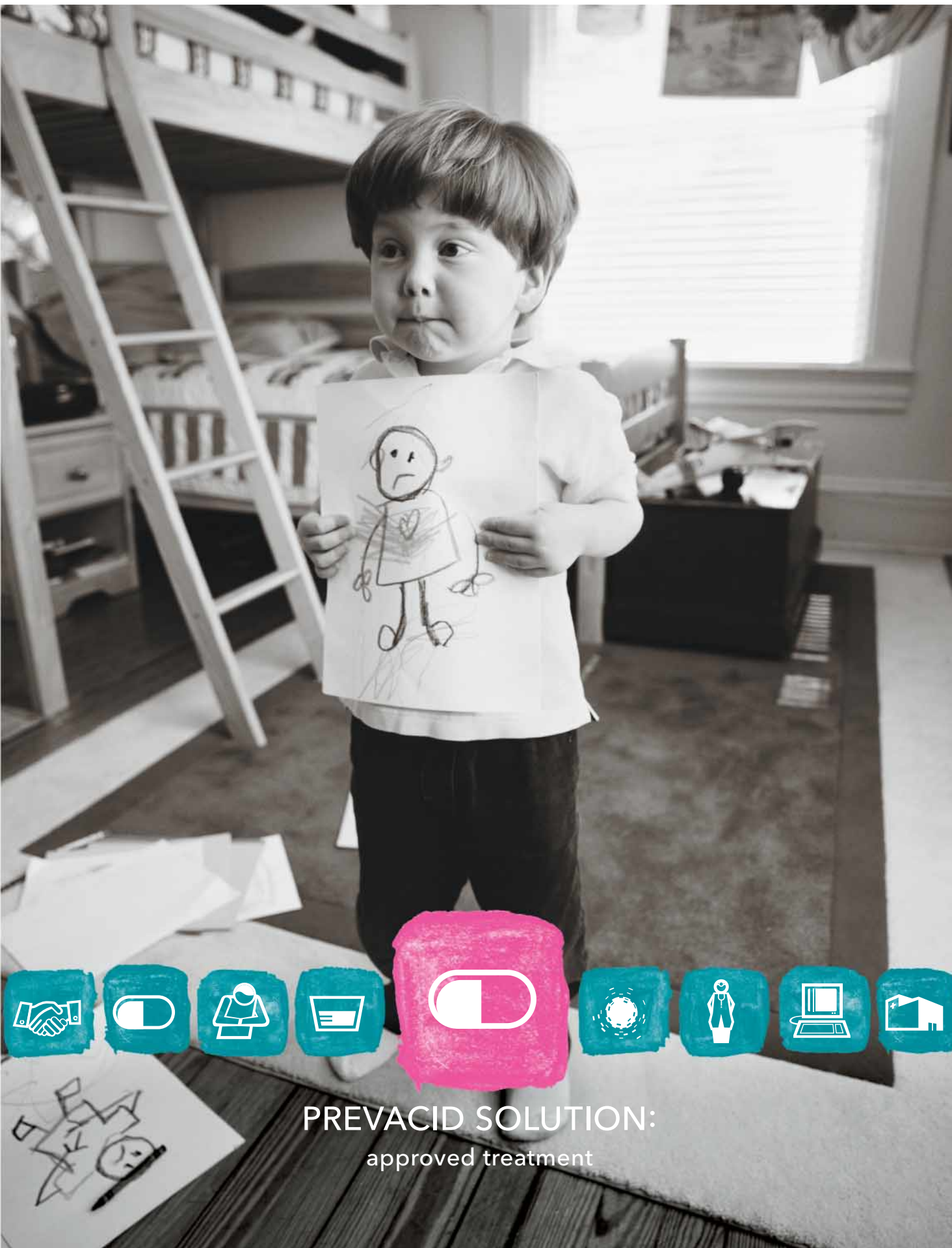
He said that the hospital where he practices—the Alfred I. DuPont Hospital for

Children, Wilmington—partnered with a large pharmacy chain and asked the pharmacy to find the errors in the hospital's handwritten prescriptions. Of the handwritten prescriptions, 35%-40% had errors, he said. "Of those, 53% had legibility problems, 36% had issues with completeness, and 11% had content errors."

The hospital's use of electronic prescribing has eliminated legibility errors, but that still leaves the other half of the errors to be resolved, he said. That's where the

"decision support" piece comes in, which has encountered some resistance from providers. "We're forcing people by saying, 'You've picked this drug at this time, at this dose, at this range. Thank you very much.' It's very hard to make people do that."

"Discipline" measures such as checklists are often resisted by the medical community because "we all think it's about health care professionals being industrialized. I say it's [about] health care craftsmen fighting being professionalized," he said. ■



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