

Expert Urges 'Baby Steps' to Electronic Records

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — Physicians who are too nervous to completely convert their offices to electronic health records can start the process with a few "baby steps" to make it less intimidating, Dr. Daniel Sands said at a health care congress sponsored by the Wall Street Journal and CNBC.

Physicians are often reluctant to leap into an electronic health records (EHR) system because of its complexity and the expense involved, said Dr. Sands of Harvard University, Cambridge, Mass. "If you're a doctor, what do you do? How do

you get that [EHR system] if you can't take the one big leap?"

One way to start is by using electronic communications with patients and with office staff, he said.

"Why don't you get rid of those stupid yellow Post-It notes you use for phone messages? A simple step like that is a good way to get people engaged with technology."

Electronic prescribing is another way to bridge the gap, said Dr. Sands, who is also

chief medical officer of ZixCorp, a Newton, Mass., company that sells electronic prescribing software.

Medications can be prescribed using various electronic devices, including desktop and laptop computers, handhelds, and even mobile phones. Since studies have shown that electronic prescribing can reduce medication errors substantially, "this should be the standard of care," he said.

Another baby step physicians can take is

to use online clinical reference materials, Dr. Sands continued.

"We have lots of data showing that physicians are often faced with questions when taking care of patients, and they can't find the answers because they don't have time, so they just move on. And that's really scary."

Rather than looking for answers "in a book that's out of date as soon as it's printed, maybe looking online would be a great place to start," Dr. Sands said. ■

Readback System Eliminates Errors At Ohio Hospital

SAN FRANCISCO — Using a simple system of reading back medical orders reduced the error rate from 9.1% to zero in an inpatient pediatric unit, according to a poster presentation at the annual meeting of the Pediatric Academic Societies.

"Although this was a small study, these results are very encouraging," Dr. Michael Vossmeier of Cincinnati Children's Hospital Medical Center said in a statement.

At Cincinnati Children's Hospital, rounds are conducted inside patients' rooms. The attending physician or chief resident communicates the order orally, and the resident physician enters it into the computer system.

For the study, baseline data were gathered on 5 consecutive days. Each day, all orders entered during rounds were audited after rounds by an attending physician without the knowledge of the residents. Of 77 consecutive orders, 7 were found to contain errors. Most of the errors were in dosages that would not have affected patient safety, but in two instances, the resident wrote down the wrong drug.

Then Dr. Vossmeier instituted the new process. Before leaving the patient's room, the resident would read back the orders to the attending physician, and the attending would sign the orders only if they were correct. The procedure added less than 90 seconds to each patient visit, and it was well accepted by the staff. Once again, data were collected on 5 consecutive days without the knowledge of the residents. Of 75 orders, there was not a single error.

"We're doing a follow-up study to determine if the results are sustainable and the process is reliable, but they appear to be very generalizable," Dr. Vossmeier said in the statement. "That's particularly important for tertiary patients, such as children with organ transplants, where proper doses mean so much."

The meeting was sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics.

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Reference: 1. Meinking TL, Entzel P, Villar ME, Vicaria M, Lemard GA, Porcelain SL. Comparative efficacy of treatments for pediculosis capitis infestations. *Arch Dermatol*. 2001;137:287-292.

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