

Inside Perspective

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New MEDITECH Advanced Clinical System initiatives should accelerate the adoption of patient safety solutions

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You can't pick up a newspaper today without reading about patient safety. The general public can cite the figures: "Medication errors cost the nation more than \$2 billion annually in terms of lost income, lost household production, and disability and healthcare expenditures." And "The average amount of a medication error malpractice award is from \$363,000 to \$668,000."

Virtually everyone in healthcare today recognizes that there is a vast selection of systems designed to reduce error and improve healthcare delivery. So, why the slow rise to invest in advanced clinical systems that are designed to save lives, improve healthcare, prevent injuries, and reduce costs?

It's probably fair to say that some events leading to the economic downturn in most business sectors have played a role. But we think there could be more to it than that.

Until now, no single vendor has been able to produce a plan that would justify and define the investments required to deliver, implement, and successfully use a fully integrated advanced clinical system. To date, no one has been able to deliver a fully integrated approach aligned with a strategic plan. And without such a plan, hospital boards and investors may have been hesitant to start making required investments—even with the promise of improved patient safety.

In the absence of such a plan, budget management, project management, and resource management are difficult to project, let alone deliver. Coupled with the prospect of facing a cultural overhaul in the midst of a national nursing shortage both here in the US and in Canada, the overall risk looms large and places even more of a premium on sound fiscal planning.

MEDITECH's new Advanced Clinical System brings a level of integration that delivers vastly improved management tools. It provides centralized communication platforms across multiple patient populations throughout the healthcare continuum. And, MEDITECH also brings with it implementation guidelines, as well as the prerequisites that will allow implementation on a timeline of three years or less (as outlined in Hoda Sayed Friel's article in our last issue).

For the first time, a fully integrated system is being brought to market with a strategic plan already in place—preparing hospitals to embark on the next evolution in healthcare involving bedside electronic documentation and bar code point of care technologies. This kind of planning reduces the financial risk by allowing hospitals to budget both dollars and resources. Bottom line? Cost justification based on clinical and business objectives, an implementation plan, and an integration strategy with timelines.

One of the more often-heard questions about Advanced Clinical Systems and patient safety has been the issue of ROI. You may recall from my article last September that some would compare it to the ROI of air conditioning: difficult to quantify, but everyone knows the value.

Many administrators want to know up front if IT investments will reduce FTEs. While that is often true, with Advanced Clinical Systems and patient safety, the objectives are entirely different. The idea here is to enable caregivers with the tools that ensure the safety of their patients. By nearly eliminating the possibility of error, health care organizations are less exposed to the high costs that can potentially result from employee error. Profit here will be measured by costs *avoided*.

There are tangible, as well as intangible, benefits. The tangible benefits include fewer medical errors, increased patient and practitioner satisfaction, greatly improved centralized communication tools, and more accurate and accessible clinical records. In addition, as early adopters of Advanced Clinical

Systems begin benchmarking current state and tracking the outcomes, more data will emerge to support the direction of healthcare informatics and the resulting returns.

And as hospitals begin to assess current practices in departments that will be impacted by Advanced Clinical Systems, they are likely to see other opportunities to address shortfalls or inefficiencies that directly affect the bottom line. For example, pharmacy, CPOE, and BMV. When looking at and preparing formularies for order sets to support CPOE, pharmacy inventories may very well be reduced; standardization will lower both inventory and operating costs.

As for intangible benefits, public recognition of healthcare's commitment to safety may be one of the larger payoffs. Healthcare organizations today should think about how to capitalize on their investments by letting their communities know what steps they have taken to accelerate safety standards and deliver the best possible care. The early adopters can leverage a competitive advantage in larger markets by setting the mark for higher safety standards.

We've been working closely with MEDITECH on their Advanced Clinical System and would welcome the opportunity to help you ensure a successful implementation. If you would like to talk further, email us at editor@jjwild.com.

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