



THE BUSINESS OF RFID WORLDWIDE™

AUGUST 2010



RF WAVESTM

Advocating... Patient Safety, Real Time Visibility, and Operational EfficienciesTM

Book Review: The Checklist Manifesto by Atul Gawande

By Emily Sopensky, co-founder RFID in Healthcare Consortium

The kitchen is the heart of the home. At least it was when I was growing up. Before I was old enough to ride a bicycle, I was already reaching for the measuring spoons and sifting the flour. Then, when out of college, working and living in a one-bedroom with a kitchen the size of a postage stamp, I served gourmet meals to friends. (Only the best of friends were invited for the handpressed duck citron, a two-day labor of love.)

Judging from the cookbooks that line my bookshelves, you might appreciate how much I enjoy cooking. You would be half right. I enjoy the adventure of cooking; I enjoy finding a good recipe. I enjoy anticipating the first taste as the food is cooking. I enjoy proof that the recipe works.

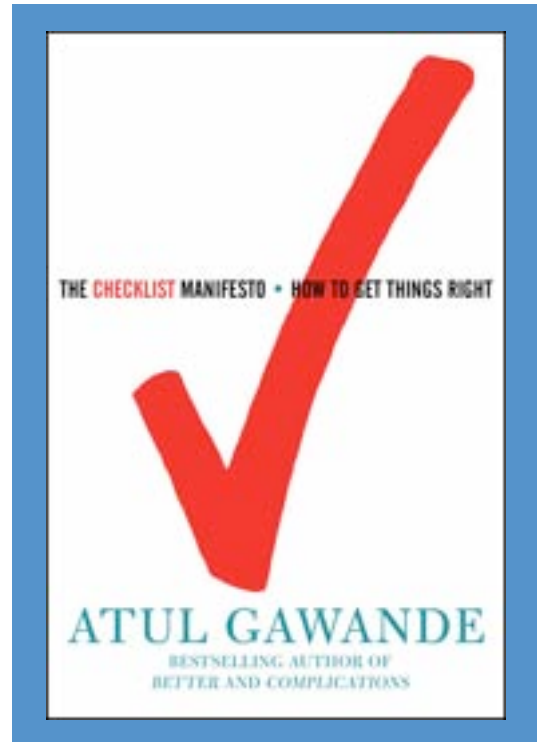
However, I'd rather not follow the recipe slavishly. After years of practice and experimentation, I am comfortable modifying a recipe on the fly. Rarely, does the cook go wrong.

<Ok. Maybe some experiments are trashcan doomed. But I confess, my experiments are solely self-inflicted. When I do cook for more than one, the cookbook is open.>

My fascination with controlling fate in the kitchen is matched only by my interest for Atul Gawande's best-selling, brilliantly focused treatise on checklists. Yes, that's right. Checklists.

Dr. Gawande's short book relates his exploration of a simple proposition in medically saving lives: We have an abundance of information but, as he writes in his book, "the volume and complexity of what we know has exceeded our individual ability to deliver its benefits correctly, safely, or reliably. Knowledge has both saved us and burdened us." For example, the World Health Organization classifies more than 13,000 different diseases and symptoms, and gives procedures for dealing with them. According to Gawande, research has consistently demonstrated that nearly half of the annual 150, 000 deaths following surgery are avoidable. Technology in the surgical suite adds another dimension of complexity.

Recognized as an expert in patient safety, Gawande was tapped by the World Health Organization to lead a global project to find ways to reduce deaths in surgery. Because many of the avoidable deaths occur because of miscommunications among the surgical team, Gawande focused on methods to ensure better communication among team members. The checklist was a natural solution. But in such simplicity lies complexity. Researching checklists that work, Gawande visited airplane manufacturers and construction sites, learning that there good checklists, like that in the cockpit are a melding of science and high art. He learned that checklists must allow for people to learn and adapt; to



balance "freedom and discipline, craft and protocol, specialized ability and group collaboration." While following a recipe slavishly is not interesting to most, saving lives is.

A prolific and well-respected surgeon with Harvard's Brigham and Women's Hospital, Dr. Gawande's credentials embrace the academic, surgical, public health and journalistic worlds. He is on the staff of *The New Yorker* and an associate professor at Harvard Medical School and the Harvard School of Public Health. He is the director of the World Health Organization's Global Challenge for Safer Surgical Care. As recent as April 15, 2010, the *THE CHECKLIST MANIFESTO: How to Get Things Right* (Metropolitan Books; January 4, 2010, was sixteen on the New York Times Bestseller Hardcover Nonfiction list. That's pretty amazing for any how-to book written by and for surgeons. (It dropped to 28 by the end of April.) His last book, *BETTER: A Surgeon's Notes on Performance*, was a New York Times bestseller and one of Amazon.com's ten best books of 2007.

Despite Dr. Gawande's star status, his research, initiative and experiments with checklists were rewarded only after following protocol experiments with adequate trials, (Trial sites included Tanzania, Delhi, and New Zealand.) but the WHO now has a basic checklist for operating theaters that is accepted by most who have worked with it.

For anyone who has worked with RFID systems, it is easy to see the value of a workable checklist. RFID systems require sophisticated knowledge of engineering, physics, psychology (people and how they interact and use a system). Underestimating the value of good planning can wreak havoc on a company's net profit.

As with any complex system, investing in a good systems integrator is paramount in ensuring that an RFID system works well and is reliable. Many successful RFID systems integrators often find themselves educating their clients, to the point that the cost of such on the spot education is embedded in the way they work. Understanding the technology and the systems, learning how to be a well-informed, engaged client is only good business for both the client and integrator.

Kitchens vary in design, utility, and personality, as do RFID systems. Let a successful systems integrator give you a recipe for your installations success. InCode

principal, Leo Rohlinger, writes in the next issue of RF Waves. See his checklist of what makes a good client.

***About the Author:** Emily Sopensky is co-founder of the RFID Healthcare Consortium. Emily began her involvement with radio frequency identification in 1996 with Texas Instruments (Dallas, Texas). As an active member of IEEE and board member of IEEE-USA, she chaired the first two international IEEE technical conferences on RFID. Currently, she is intrigued by the complex issues regarding the use of wireless devices, including RFID, in health care delivery.*
