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F.A.C.T. (First-time Aggie Contact Team) involves faculty, staff, & student leaders in contacting new Aggies. F.A.C.T. will welcome you to the University and check on how you are doing during your first semester at Texas A&M University.

REMEMBER TO UPDATE YOUR LOCAL PHONE NUMBER AND ADDRESS AT HEATON HALL OR ON BONFIRE SO THAT WE CAN GET YOU ON OUR V.I.P. LIST.

Aggie Orientation Leader Program STUDENT LIFE Department of Student Life Student Life Orientation



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THE BATTALION

Thursday, September 13, 2001

Hospitals using expensive technology to reduce medication blunders

TRENTON, N.J. (AP) — At Cooper Hospital in Camden, patients do not have to worry about a misread doctor's chicken scratch giving them the wrong drug or dose. Prescriptions are typed into a computer.

At the nation's veterans hospitals, bar code scanners identify the patient's medicine and also ensure that it won't cause any harm.

And at Jersey Shore Medical Center in Neptune, a pharmacy robot reads electronic medical charts, pulls bar-coded medicine from stock shelves, makes labels and sorts them into labeled bins, eliminating human error.

Under the microscope after a damning 1999 report about errors killing thousands of patients each year, hospitals across America are testing a wide range of solutions. They are trying everything from better training and new medication-handling procedures to installing sophisticated, multimillion-dollar technology meant to catch mistakes that harried doctors and nurses sometimes miss.

"I think all hospitals are trying to do something to make the use of medication safer," although many still have not laid out the money for pricey, high-tech solutions, said Dr. David Classen, a consultant and hospital internist.

The most complex systems can cost up to \$5 million, plus millions more for customizing,

staff training and maintenance, said Classen, who works for First Consulting Group of Long Beach, Calif., which helps hospitals choose computerized systems.

Most hospitals making big investments today are focusing on computerized physician order entry (CPOE) systems, which can eliminate common causes of confusion: illegible handwriting, drugs with similar names, misinterpreted abbreviations and decimal points that are not noticed, resulting in patients getting an excessive dose.

He estimates that up to 10 percent of U.S. hospitals now have such systems.

Cooper Hospital-University Medical Center in Camden went to a computerized order entry system three years ago, and within two weeks made every doctor, intern and resident stop writing paper orders.

That has eliminated all errors because of illegibility, said Dr. Simon Simaha, a practicing physician who is vice president for information technology.

Bar-coding systems use handheld scanners — waved over bar codes on the nurse's ID badge, patient's wristband and medication packet — to link information from each with a computer database. That can catch everything from worrisome side effects and look-alike drug names to lab tests indicating the dosage should be changed.

Veterans Affairs medical centers across the country have implemented them. The VA hospitals in East Orange and Lyons, N.J., upgraded theirs with automated, continuous backup of all information onto personal computers, so if the computer system crashes, the medical staff has current information.

Robotic systems in pharmacies use conveyor belts, bar-coded stock in special cabinets and sophisticated software to pull medication doses based on orders a doctor or pharmacist entered into a computer. The robots sort drugs into bins for each patient before they are checked by a human pharmacist.

Besides reducing human errors, the systems give pharmacists more time to advise doctors on medication choices.

After the 1999 Institute of Medicine report on hospital errors, a number of organizations demanded action by the hospitals. In addition to the loss of life, the mistakes added an estimated \$2 billion to the nation's health care bill, the institute report said. A new study this year challenged the institute's numbers.

Since the 1999 report, the American Hospital Association has sent all 5,000 U.S. acute care hospitals a lengthy questionnaire that helps administrators spot every procedure that could lead to an error and determine the best way to change it.

Gas prices tumble

NEW YORK (AP) — Gas prices tumbled in many parts of the nation Wednesday, day after attacks on the World Trade Center and Pentagon, as government officials threatened action against price gougers and sought to reassure motorists of adequate supplies.

U.S. Energy Secretary Spencer Abraham said there is no indication of shortages that should justify price spikes to \$5 a gallon or more. "There's been no supply disruption to justify such prices," Abraham said.

He said the Environmental Protection Agency lifted summer clean air gasoline requirements on Wednesday to avert any supply shortages. The standards, imposed to ease air pollution problems during the summer, had been scheduled to expire Saturday.

Gas prices soared Tuesday on fears of shortages, prompting skirmishes at stations several states as motorists raced to get to the pumps. A 78-year-old man in Topeka, Kan., was arrested for aggravated assault after he allegedly pulled a pellet gun on another customer.

But gas suppliers backed off high prices Wednesday as many states said they would investigate reports of gouging.

Study: People with heart disease may extend lifespan by taking aspirin

CHICAGO (AP) — People who take aspirin regularly to reduce their short-term heart attack risk may also be substantially extending their lives, new research suggests.

The study of 6,174 adults with suspected heart disease found that regular aspirin users faced a 33 percent lower risk of dying during a follow-up period averaging three years than patients who did not take aspirin.

The findings extend the known benefits for heart patients in taking aspirin at least every other day, which previous studies have shown can reduce the risk of heart attack and the short-term risk of death in heart attack sufferers, said the authors, led by Dr. Patricia Gum of The Cleveland Clinic.

"Up until now it really had not been very well established" that aspirin had long-term survival benefits for heart patients, said co-author Dr. Michael Lauer, clinical research

director in the clinic's cardiovascular medicine department.

The study appeared in Wednesday's Journal of the American Medical Association.

Dr. Lynn Smaha, a cardiologist at Guthrie Clinic in Sayre, Pa., said patients often ask him if they should regularly take aspirin, which improves blood flow through the arteries by making it less sticky and less likely to clot.

For those who have had previous heart attacks, "it's pretty clear that that's an appropriate recommendation," said Smaha, past president of the American Heart Association.

The new study "lends credence to the possibility that long-term aspirin therapy may be of significant benefit" even for patients with no previous heart attacks, Smaha said.

Lauer stressed that patients should consult with their doctors about whether to start taking aspirin on a regular basis.

Study participants were male and female patients who underwent ultrasounds, echocardiograms and stress tests to evaluate suspected heart problems. Included were 2,310 people who were taking about a half aspirin daily or every other day at test and 3,864 nonusers.

There were 276 deaths during about three years of follow-up. While there were about equal numbers of deaths in both groups, the aspirin users were older when they were tested — aged 62 on average compared with 56 for the nonusers and had more diagnosed heart disease. Adjusted for those factors, the authors found aspirin users were 33 percent less likely to die than nonusers.

The greatest benefits were seen in patients who were physically unfit, aged 50 or who had known heart disease. Lauer said most of the deaths likely were heart-related, though exact causes were not available.

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