

*“If you don’t write it down, it hasn’t been done”*



*“If you don’t write it down, it hasn’t been done”*. That was a frequent admonition to me from my mentor and friend, Nick Davies. He, more than anyone else, is responsible for my entry into the world of medical informatics in the mid 80’s. As a green but enthusiastic internist at Piedmont Hospital in Atlanta, Nick took me under his wing. He first identified that I was an incorrigible geek. I can’t help it. I am one of only two siblings of 8 brothers and sisters to go through life without a graduate engineering degree. I quickly became the go to guy for all things in clinical technology at our hospital, which in those days was meant dial up connectivity for medline searches at the National

Library of Medicine, and lobbying the board of our 600 bed hospital to invest in Ethernet cabling throughout the hospital. A big deal in those days.

I had one of the earliest medline logins in the early 80’s, encouraged by Nick to use this nascent technology that was being initiated by the National Library of Medicine where he served as a board member. An early opportunity for this technology came when an adolescent boy presented to my office with a bizarre symptom, a numb chin. I hadn’t a clue what it was about, and immediately used my new found tool on my CP/M computer, a primitive Tarbell model, and found a reference to this symptom as a secondary phenomenon to a rare lymphoma in the ethmoid sinuses. I scheduled a CT that day, and found the identical lesion in my patient. A veritable hole in one diagnostically. Nick was so enthusiastic in finding a useful application of the technology that he insisted I write it up when I told him of the case. It was subsequently published, and Nick made certain that it was on display in the lobby of the NLM in Bethesda for many years after that.

Nick was an encourager. He subsequently had me appointed to the American College of Physicians committee on Medical Informatics where I met and worked with some of the giants of the field, men like G. Octo Barnett from Harvard, Clement J. McDonald of the Regenstrief Institute, and Stephen G. Pauker at Tufts-New England Medical Center among others. I became the token practitioner on the committee, and learned far more than I contributed. Nick was constantly there to nurture my career, and when the health policy debate reached its crescendo in the early nineties, Nick nurtured an organization called Georgia Health Decisions, which subsequently raised 6 million dollars for a grass roots health initiative in Georgia. As its president, I helped organize a board of 250 people across state who created the largest community based initiative in the country to understand the values of the people who would be served by a health system that met their needs. In typical fashion, Nick was there, but after helping to launch the project, quickly faded into the background to let its own leadership assume pre-eminence. I subsequently became a protégé of then senator Sam Nunn, and worked with the Democratic Leadership Conference in Washington to push a centrist agenda in health based on classic Southern Populist principals. Nick was always there, always encouraging, always pushing us on toward further accomplishment.

There was a tremendous sense of excitement when Nick was elected to the presidency of the American College of Physicians in 1994. He had a large coterie of people whom he had encouraged and nurtured along the way. I shall never forget the day when we received word that the plane on which he was traveling had crashed in Brunswick, Ga, killing all aboard. For all of us who knew him, it was as if the wind had been taken out of our sails. That next day arriving for work after a sleepless night, I still remember the lone white lillie someone had placed in his parking place. A simple reminder. More than one tear shed in the most unexpected of places, a parking garage. It is the simple things that generally strike you the hardest. And then he was gone.

Prior to his death, I had become chairman of the Informatics Committee at the American College of Physicians, and we had already started discussions about the formation of the Compute-based Patient Record Institute (CPRI) to stimulate the development of new automation products in the area of physician offices. We all recognized that using these technologies to enhance our patient's care was where we needed to go. But how do you move doctors from their cozy world, how do you get them to embrace technologies that may cause more work in an already crushingly busy professional life? And so we became one of the founding organizations for CPRI, which subsequently established the Davies award prior to its transferring its mission and mantra to HIMSS where it presently resides.

My primary care office became the first in our area to embrace an electronic medical record in 1998, and in no small part it would not have happened without the encouragement and continuing challenge of Nick Davies. It seemed fitting for us to finally apply for the Davies award, then. But remembering Nick's admonition that if you don't write it down, it isn't done, we spent the better part of four months documenting our project, compiling the metrics of its performance which we had so painstakingly documented for the prior 8 years, and the outcomes of its execution. It had to be right.

And so, the winning of the Davies award has special meaning this year. And it comes full circle, back to the same halls where Nick influenced so many, some twenty years after his death, and after a host of awards for Piedmont Healthcare where he spent his career: The 2006 AMDIS award, 6 Most Wired Hospital awards, and now the 2006 Davies award. None of which would have happened without his continuing encouragement, without his constant challenge to be better.

But most of all, I think that Nick would have been the most proud of the fact that we have documented a significant enhancement in the safety of the care we provide our patients.

Which is after all, what he and we should be all about.