CPOE, Clinical Decision Support, Alerts and Warnings

The review team will dialogue with physicians/doctors about CPOE, alerts, alert fatigue and physician documentation with structured templates generating discrete data that can drive a rules engine. Further, we want to see and/or discuss examples of rules that fire and the physicians' awareness of other key rules and alerts. We will want a clear understanding of how this has improved consistency, quality, and safety.

ID	Stage	Y	N	Compliance Statement
171	6			**Nurses and AHPs receive eAlerts that prevent potential harm** Nurses and Allied Health professionals receive electronic alerts and warnings that prevent potential harm. (e.g., Change foley catheter, resite peripheral line, check central line dressing)
172	6			**Structured templates drive CDS or order sets** Structured templates generate discrete data used to drive CDS or order sets and populates the CDR as discrete data.
Clinical Decision Support with alerts or reminders is in use for the following:				
173	6			**Drug-drug** interaction alerts are active
174	6			**Drug-allergy** interaction alerts are active
175	6			**Drug-food** interaction reminders are active
176	6			**Drug-lab** alerts/reminders are active
177	6			**Dose range** alerts (both high and low where appropriate) are active
178	6			**Duplicate order** alerts are active, including for all diagnostic testing
179	6			**Cumulative dose** alerts are active

ID	Stage	Y	N	Compliance Statement
180	7			**Structured templates use discrete data to drive CDS or order sets** Structured templates use discrete data to drive CDS or order sets and populates the CDR as discrete data for all patient care programs.
181	7			**Clinicians receive actionable alerts enabling proactive intervention** Clinicians receive actionable alerts to enable proactive interventions to reduce risks.
182	7			**Meds are given upon protocol. Compliance & outcome is tracked** Medications are given in accordance with previously agreed group protocol clinical pathways or order sets. (e.g., simple analgesia, anticoagulants in VTE assessment, and pre-operative antibiotics.) Documentation of medication administration without an order present in the system is tracked and evaluated for standards compliance and outcomes in all clinical settings.
183	7			**Medication reconciliation processes at adm., DC, and all transfers** Medication reconciliation processes occurs at admission, discharge and all unit level transfers, including reconciliation with home medications to be taken/resumed after discharge.
184	7			**Clinical Order Management in place to track AE medication errors** The organization has implemented Clinical Order Management for the entry of all patient care orders in all care delivery programs. Rate and type of adverse events-medication errors associated with physician orders are tracked, and monitored for all patient care settings: provide aggregate data illustrating adverse events associated with physician orders for 6 and 12 months
185	7			**Clinicians are able to enter orders remotely, unless not allowed** Clinicians are able to enter orders remotely, unless not allowed by organization policy. Prevalence of remote Clinicians' order are:
186	7			**EB order sets are evaluated for quality and safety outcomes** Evidence based order sets (self-developed or third-party developed specifically for this organization) are evaluated by clinician leaders for quality and safety outcomes, and to personalize pathways to support quality outcomes.