

CPOE & Clinical Decision Support

The organization must provide evidence of the prevalence of clinician use of computerized practitioner order entry (CPOE) and tools that mobilize data, assess, and track patient outcomes, and proactively identify risks to quality and safety outcomes supported with multiple Clinical Decision Support rules. Physicians should demonstrate how they use electronic orders (CPOE) and how aware they are about key system rules. Show examples of alerts and notifications that automatically fire when orders are placed.

ID	Stage	Y	N	Compliance Statement
Clinical Decision Support with alerts or reminders is in use for the following:				
91	6			Drug-drug interaction alerts are active
92	6			Drug-allergy interaction alerts are active
93	6			Drug-food interaction reminders are active
94	6			Drug-lab alerts/reminders are active
95	6			Dose range alerts (both high and low where appropriate) are active
96	6			Duplicate order alerts are active, including for all diagnostic testing
97	6			Cumulative dose alerts are active
98	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.
99	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
100	7			Clinicians can 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:
101	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.
102	7			Structured templates 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.
103	7			Clinicians receive actionable alerts enabling proactive intervention Clinicians receive actionable alerts to enable proactive interventions to reduce risks.