

Computerized Provider Order Entry

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CHAPTER OUTLINE

Key Definitions

What Is Computerized Provider Order Entry?

Why Is Computerized Provider Order Entry Important?

Key Considerations

Implementation and Maintenance Strategies

Unexpected Consequences and Unique Challenges

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KEY DEFINITIONS

Alert—a patient- and context-sensitive warning presented to the ordering provider at the time an order is being entered. Used to inform the provider of a clinical concern relevant to the patient and order being placed. Alerts are called “order checks” in some EHR systems.

Clinical Reminder—a context-sensitive electronic prompt to the provider to perform an intervention or procedure, based on the patient’s specific clinical data as applied to a set of logical conditions.

Computerized Provider Order Entry—direct entry of medical orders into a healthcare system’s EHR by licensed independent practitioners or other staff with specific ordering privileges, and not by clinical or administrative support staff.

Corollary Orders—orders entered as adjuncts to a primary order, e.g., orders for laboratory tests to monitor effects of a medication order, orders for special diets in preparation for a medical procedure.

Downtime—the period of time during which the healthcare facility’s computer system is unavailable and electronic order entry is not possible.

e-litrogenesis—patient harm caused at least in part by the application of health information technology.¹

Electronic Health Record (EHR) systems—software programs designed for use by healthcare systems to electronically place, store, and retrieve clinical orders, results, notes, reports, and other information related to the care of patients.

File Architecture—also referred to as the *medication masterfile*; a compilation of interconnected files and records that contain data elements that compose the medication and clinical information presented for use in an EHR system.

Notification—a patient- and context-sensitive prompt to the ordering provider, attending physician, primary provider, or care team to alert them of new information (i.e., abnormal lab result) or tasks in need of completion (i.e., unsigned order or note).

Chapter 1 Computerized Provider Order Entry

Anita R. Ground



Chapter 1 Computerized Provider Order Entry:

Making Computerized Provider Order Entry Work Philip Smith, 2012-09-19 Despite all the jokes about the poor quality of physician handwriting physician adoption of computerized provider order entry CPOE in hospitals still lags behind other industries use of technology As of the end of 2010 less than 22% of hospitals had deployed CPOE Yet experts claim that this technology reduces over 80% of medication errors and could prevent an estimated 522 000 serious medication errors annually in the US Even though the federal government has offered 20 billion dollars in incentives to hospitals and health systems through the 2009 stimulus the ARRA HITECH section of the American Recovery and Reinvestment Act of 2009 many organizations are struggling to implement advanced clinical information systems including CPOE In addition industry experts estimate that the healthcare industry is lacking as many as 40 000 persons with expertise in clinical informatics necessary to make it all happen by the 2016 deadline for these incentives While the scientific literature contains numerous studies and stories about CPOE no one has written a comprehensive practical guide like *Making CPOE Work* While early adopters of CPOE were mainly academic hospitals community hospitals are now proceeding with CPOE projects and need a comprehensive guide *Making CPOE Work* is a book that will provide a concise guide to help both new and experienced health informatics teams successfully plan and implement CPOE The book in a narrative style draws on the author's decade long experiences of implementing CPOE at a variety of academic pediatric and community hospitals across the United States

Computerized Provider Order Entry (CPOE) Anita R. Ground, 2008 **The Pharmacy Informatics Primer** Doina Dumitru, 2008-09-30 The information technology revolution has fueled the demand in hospitals and health systems for accomplished experts who can help select implement and maintain CPOE BCMA EHR and other systems As the use of IT in healthcare expands and the complexity of medication therapy increases there has been a correspondingly rapid growth in the practice of pharmacy informatics and a basic need for an understanding of key elements The *Pharmacy Informatics Primer* provides a foundational understanding and offers pearls of wisdom for pharmacy professionals involved in informatics This introductory resource outlines key concepts in understanding developing implementing and maintaining clinical information and automation systems This essential guide is designed for all pharmacists and covers an introduction to major concepts of informatics such as ePrescribing CPOE bar coding smart pumps and the pharmacist's role in EHR Chapter features include key terms and definitions and a comprehensive table of pearls specific to each subject to present a clear understanding of all concepts *Code of Federal Regulations*, 2017 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries **2017 CFR Annual Print Title 42 Public Health Part 482 to End** Office of The Federal Register, 2017-07-01 **"Code of Massachusetts regulations, 2015"**, 2015 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **"Code of Massachusetts regulations, 2016"**, 2016 Archival snapshot of entire looseleaf Code of

Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 The Massachusetts Register ,2017-04-21 "Code of Massachusetts regulations, 2014" ,2014 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *Schaum's Outline of Medical Charting* Jim Keogh,2012-08-03 Tough Test Questions Missed Lectures Not Enough Time Fortunately there s Schaum s More than 40 million students have trusted Schaum s to help them succeed in the classroom and on exams Schaum s is the key to faster learning and higher grades in every subject Each Outline presents all the essential course information in an easy to follow topic by topic format You also get hundreds of examples solved problems and practice exercises to test your skills This Schaum s Outline gives you 300 review questions with answers Comprehensive review of specialized topics such as patient rights charting narcotics medication administration workflow and electronic prescriptions Support for all the major textbooks for medical charting courses Fully compatible with your classroom texts Schaum s highlights all the important facts you need to know Use Schaum s to shorten your study time and get your best test scores **Harrison's Principles of Internal Medicine 20/E (Vol.1 & Vol.2) (ebook)** Dennis L. Kasper,Anthony S. Fauci,Stephen L. Hauser,Dan L. Longo,J. Larry Jameson,Joseph Loscalzo,2018-02-06 Publisher s Note There is a new edition of Harrison s Principles of Internal Medicine The 21st edition contains the most timely and comprehensive updates from the world s top experts MASTER MODERN MEDICINE Introducing the Landmark Twentieth Edition of the Global Icon of Internal Medicine The definitive guide to internal medicine is more essential than ever with the latest in disease mechanisms updated clinical trial results and recommended guidelines state of the art radiographic images therapeutic approaches and specific treatments hundreds of demonstrative full color drawings and practical clinical decision trees and algorithms Recognized by healthcare professionals worldwide as the leading authority on applied pathophysiology and clinical medicine Harrison s Principles of Internal Medicine gives you the informational foundation you need to provide the best patient care possible Essential for practice and education the landmark 20th Edition features Thoroughly revised content covering the many new breakthroughs and advances in clinical medicine that have occurred since the last edition of Harrison s Chapters on acute and chronic hepatitis management of diabetes immune based therapies in cancer multiple sclerosis cardiovascular disease HIV and many more deliver the very latest information on disease mechanisms diagnostic options and the specific treatment guidance you need to provide optimal patient care State of the art coverage of disease mechanisms Harrison s focuses on pathophysiology with rigor and with the goal of linking disease mechanisms to treatments Improved understanding of how diseases develop and progress not only promotes better decision making and higher value care but also makes for fascinating reading and improved retention Harrison s summarizes important new basic science developments such as the role of mitochondria in programmed and necrotic cell death the immune system s role in cancer development and treatment the impact of telomere shortening in the aging and disease processes and the role of the microbiome in health and disease Understanding the role of

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Terry L. Schwinghammer, Julia M. Koehler, Jill S. Borchert, Douglas Slain, Sharon K. Park, 2023-04-07

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