

## **Introducing CPOE and its Impact on the Hospital Organization**

### **CPOE's Premise & Conundrum**

To enable meaningful adoption of Computerized Physician Order Entry ("CPOE"), hospitals are actively seeking solutions to simplify the process for physicians to order medications. However, at CPOE's go-live, the hospital's pharmacy and nursing staffs are presented with significant and unexpected workflow challenges. In seeking to simplify a mission critical task for the physician it has simultaneously complicated the daily workflow of the nursing and pharmacy staffs. This conflicting situation is the CPOE conundrum.

### **Does CPOE actually work?**

Yes, when CPOE is properly deployed, it works very well. However, without including the key hospital stakeholders including clinical pharmacy and nursing staff in its deployment, hospitals will find it difficult to realize all the stated advantages. More serious, they are also likely to suffer unintended consequences and pitfalls that could negatively impact medication safety and patient safety.

### **CPOE's ROI - does it actually exist for the CFO?**

Yes, a CPOE return on investment (ROI) is possible and is, in fact, necessary for CPOE's long-term success. Hospital's are under ever increasing pressure to lower their costs while improving medication safety and, by extension, patient safety. Deploying CPOE in a narrow, tactical fashion is neither a cure-all nor does it guarantee a positive financial ROI. A successful CPOE deployment requires the entire hospital organization, including hospital's nursing staff, care providers, administrative, and executive teams, to accept and support the necessary changes that will ensure a clinically meaningful success and a sustainable ROI.

### **Avoiding CPOE's Go-Live Loopholes**

The overarching challenge for effective widespread adoption of CPOE resides within educating and guiding clinical end-user behavior, and ensuring the hospital's nursing and administration is making the right set of clinical support and training investments.

Post the CPOE go-live, given their understandable "in-the-moment" frustration with new clinical workflow rules, prescribers are finding "loopholes" in their CPOE system that allow them to circumvent the designed standard ordering restrictions or enter selected clinical comments for the clinical pharmacists to fix. These loopholes result in doubling the workload for the hospital pharmacist and can actually slow down turnaround times – this consequence is understandably vexing to the nursing staff and detrimental to the patient. With CPOE and the new complex pre-built order sets, pharmacists are now not only verifying an increased number of medication orders but are also responsible for entirely new medication order requests from other clinical departments that may have not had real-time 24/7 pharmacy oversight or had negligible medication order volume.

### **CPOE – Impact on Clinical Best Practices**

Patient-focused programs such as antibiotic stewardship, anticoagulation therapy, and post-discharge follow-up programs that are designed to increase quality-of-care are difficult to implement without adding additional clinical staff because of the increased workload that CPOE creates within the pharmacy.

## **Executing the Right CPOE Solution**

A successful CPOE solution requires that comprehensive end-user training resources are in-place. CPOE training doesn't end in the classroom or online. As with all new learned behaviors, clinical providers need to have the opportunity to practice CPOE in order to learn good CPOE habits and maximize its benefits.

The properly designed and deployed CPOE solution works with the hospital's clinical procedures and aligns with care provider behaviors. CPOE should not fundamentally change the way a hospital manages patient care but integrate seamlessly and in a constructive way in order to achieve fast and effective compliance.

### **At Go-Live – the reality**

Items will be missed. Even the best internal CPOE tactical planning will not catch 100% of issues. At CPOE go-live, hospitals should have in-place a real CPOE contingency plan whereby the clinical pharmacy department is given the proper support and investment. These investments include the right set of operational workflow resources in the clinical pharmacy to not only verify the higher volume of requested CPOE medication orders but to also handle all of the physician questions and concerns.

### **Post Go-Live – what really works?**

The first 60 days are the most critical to a successful CPOE implementation. If the organization is committed to teaching good CPOE habits, the benefits will be felt throughout the organization in the form of improved clinical outcomes, reduced costs and improved operational efficiency.

Hospitals should supplement clinical pharmacy staff to enable onsite pharmacists to walk the patient floors and be at the “prescriber's elbow”, showing them how to enter the complex orders and eliminating their initial frustration with CPOE. Hospitals should also invest in a dedicated CPOE telephone hotline staffed with system domain experts to guide a prescriber through medication orders whenever needed.

### **CPOE - Get a second opinion**

Bring in pharmacy workflow domain experts who have successfully deployed CPOE before to help guide the proposed pre and post go-live processes. Be patient. CPOE will create big changes for not only the pharmacy and nursing staffs but also for prescribers; it is a fundamental change that requires relearning clinical operational workflow.

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PipelineRx has successfully deployed CPOE at hospitals around the country and as their clinical partner, helped them improve medication safety, patient safety and the financial bottom line. To find out more, please contact PipelineRx and its team of Pharmacy Information System cutover and CPOE implementation clinical experts at 877-696-9101, or visit PipelineRx at [www.pipelinex.com](http://www.pipelinex.com). PipelineRx is a 24/7 clinical telepharmacy company dedicated to high-quality patient care and safety and extraordinary client service.