

Contents

- 1 Why the Concern for CPOE 1**
 - 1.1 Four Principles..... 2
 - 1.2 Key Points..... 7
 - 1.3 Fingernails on the Chalkboard..... 7
- 2 Vision: How You Start 9**
 - 2.1 Building Up from the Vision 10
 - 2.2 Managing Order Set Content..... 11
 - 2.3 Plug and Play 14
 - 2.4 Visual Anchor..... 15
 - 2.5 Project Plan and Scope 15
 - 2.6 Key Points..... 25
 - 2.7 Fingernails on the Chalkboard..... 26
- 3 Leadership and Governance 29**
 - 3.1 CPOE Policies 31
 - 3.1.1 Is CPOE Mandatory? 32
 - 3.1.2 Is Training Mandatory?..... 33
 - 3.1.3 When Is CPOE Required, and What Are the Exceptions? .. 33
 - 3.1.4 When Are Verbal or Telephone Orders Appropriate?..... 34
 - 3.1.5 What Is the Process for Entering Verbal
or Telephone Orders? 35
 - 3.1.6 What Is the Role of Rounding Nurses or Scribes? 37
 - 3.1.7 What Is the Process for the Reconciliation
of the Patient’s Medications (i.e. Meds Rec
or Medication Reconciliation)?..... 38
 - 3.1.8 What Is the Process for Direct Admissions
from the Physician’s Office to Hospital? 41
 - 3.1.9 What Is the Process for Admission
from the Emergency Department (ED)? 42

3.1.10	How Do You Manage Standing Orders and Protocols?.....	43
3.1.11	Standing Orders	44
3.1.12	Protocol Orders	44
3.1.13	Policy-Driven Orders	45
3.2	Physician Leadership.....	46
3.3	Key Points.....	46
3.4	Fingernails on the Chalkboard.....	46
4	Project Management Key Opportunities	49
4.1	The Product Phase	50
4.1.1	What Components Currently Exist in the EMR Platform?	50
4.1.2	Is the EMR Fully Integrated or Best of Breed?	51
4.1.3	Does the EMR Have a Physician-Friendly Order Catalogue?	51
4.1.4	Does the EMR Have Medication Integration in Place?	53
4.1.5	What Are the EMR Tools for Clinical Decision Support?...	55
4.1.6	Does the EMR Provide Electronic Documentation Tools for Providers?.....	56
4.1.7	How Do Charges Drop Through Orders and Documentation?	56
4.1.8	Is There a Content Process for Order Sets and Documentation?	56
4.1.9	How Do Providers Maintain Problem Lists?	56
4.1.10	How Will Providers Co-sign Verbal and Telephone CPOE Orders?	57
4.1.11	Testing of the CPOE System.....	58
4.1.12	Critical Success Factors for CPOE Pilot(s)	58
4.2	Key Points.....	59
4.3	Fingernails on the Chalkboard.....	60
5	Change Management	61
5.1	Key Events of the Change Management Plan	64
5.2	CPOE Change Readiness Assessment.....	64
5.3	Executive Preparation Call	65
5.4	Executive CRA Workshop.....	66
5.5	Leadership Interviews.....	66
5.6	Organizational Culture Survey	67
5.7	Leadership Workshop	68
5.8	Change Manager Activities	69
5.9	Communication Assessment	69
5.10	Learning Assessment.....	70
5.11	Stakeholder Analysis	70
5.12	Retention Assessment.....	70

5.13	Key Roles and Project Champions	71
5.14	Stakeholder Engagement	72
5.15	Communication	75
5.16	Training.....	78
5.17	Workflow	79
5.18	Performance Management.....	81
5.19	Employee Impact.....	84
5.20	Knowledge Management.....	84
5.21	Executive and Leadership Coaching	85
5.22	Patient/Community Engagement.....	86
5.23	Physician Engagement.....	86
5.23.1	Physician Champion Characteristics.....	86
5.23.2	Physician Champion Skills	87
5.23.3	Physician Champion Responsibilities.....	87
5.23.4	CMO/Medical Director.....	87
5.24	Key Points.....	88
5.25	Fingernails on the Chalkboard.....	88
6	CPOE Change Readiness Assessment.....	91
6.1	The Executive CRA Workshop.....	92
6.2	CRA Change Management Activities	98
6.3	The Denison Organizational Culture Survey.....	103
6.4	Examples of Organizational Culture	104
6.5	Key Points.....	108
6.6	Fingernails on the Chalkboard.....	109
7	Building Momentum.....	111
7.1	Physician Engagement.....	112
7.2	Physician Training.....	115
7.3	Staff Engagement	122
7.4	Key Points.....	123
7.5	Fingernails on the Chalkboard.....	124
8	Avoiding Common Pitfalls.....	127
8.1	Budget Assumptions for Planning for CPOE at a Facility	127
8.2	Estimating Physician Liaison(s) to Support CPOE.....	129
8.3	Characteristics of a Successful Physician Liaison.....	130
8.4	Care and Training of Your Physician Liaison(s)	131
8.5	Shields and Phasers	132
8.6	Watering Down Medical Decision-Making.....	133
8.7	The Impaired/Disruptive Physician	134
8.8	The Slow-Adapting Physician	135
8.9	“I’ll take my business and go elsewhere” Physician	135
8.10	Blaming the EMR for All Problems	135
8.11	Missing the Opportunity to Drive Performance Improvement.....	136

8.12	Giving Some End-Users a Pass on Training.....	136
8.13	Having Adequate Devices at Activation.....	137
8.14	Ensuring Physician Remote Access	138
8.15	Training Physician Office Staff	138
8.16	Leadership Absences at Activation	138
8.17	Key Points.....	139
8.18	Fingernails on the Chalkboard.....	139
9	Implementation	143
9.1	Activation Meetings.....	145
9.2	Other Activation Opportunities	146
9.3	Chart Audits and Activation Metrics.....	147
9.4	Key Points.....	148
9.5	Fingernails on the Chalkboard.....	149
10	Stabilization and Optimization.....	151
10.1	Stabilization	151
10.2	Optimization	155
10.3	Improve Access to Patient Lists	157
10.4	Enhance the Admission Process.....	158
10.5	Improve Medication Reconciliation	158
10.6	Improve the Transfer and Discharge Processes.....	158
10.7	Improve the Order Catalogue	159
10.8	Provide Enhanced CPOE Content	160
10.9	Improve CDS	160
10.10	Improve Electronic Documentation.....	161
10.11	Develop CPOE Dashboards.....	161
10.12	Report Physician-Specific Performance	162
10.13	Key Points.....	162
10.14	Fingernails on the Chalkboard.....	162
11	Putting It All Together.....	165
11.1	What Healthcare Has in Store	166
11.2	New Payment Models.....	169
11.3	The Four Principles Revisited	171
11.4	Key Points.....	175
11.5	Fingernails on the Chalkboard.....	176
Appendices.....		177
Appendix A: Roles and Responsibilities of CPOE Champions		177
Appendix B: Example of Knowledge Transfer Agreement		181
Appendix C: Employee Retention Plan.....		182
Glossary		183
Index.....		187