# CPOE EVALUATION TOOL

## FREQUENTLY ASKED QUESTIONS
### (FOR ADULT AND GENERAL HOSPITALS ONLY)

## TAKING THE TEST

1. **Can we take one test for our entire hospital system if all our units use the same CPOE system?**
   Because of differences in implementation and usage between separate hospital units or campuses, the test should be taken by each hospital unit consistent with Leapfrog's policy on multi-campus hospital systems. Results for each specific hospital are associated with that respective hospital's other survey results.

2. **Who should conduct your test?**
   You will most likely need a team of people who are familiar with the various systems to set-up the test patients. These folks will need access to the different environments and applications to enter registration, laboratory, and other information for the test patients. Once the test patients have been set up, the actual test should be performed by a prescriber (i.e. a physician, physician assistant, nurse practitioner) who routinely enters orders and is familiar with the formulary and order writing workflow to complete the process in a timely fashion. The individual entering orders should be very familiar with electronic order writing, and must have security rights to enter all types of medication orders, including controlled substances and antibiotics. Hospitals involved in testing have often involved an interested hospitalist or senior medicine resident to enter test orders.

3. **Can our pharmacist enter the medication orders during the test?**
   No. The test orders should be entered by one or more physicians who routinely write inpatient medication orders. Many hospitals have used the CMIO in this role.

4. **Can a resident enter the medication orders during the test?**
   Residents can prescribe medications under their own authority. Hospitals should include all resident- ordered medications in the numerator (section 2, question 4).

5. **Our CPOE system is designed so that certain alerts go to the pharmacist, not the prescriber. Can we use these alerts in reporting on the CPOE Evaluation Tool?**
   No, hospitals should only report on those alerts that were received at the point of order entry by the prescriber.

6. **Does a tester need to be a physician?**
   No, but physicians who routinely write inpatient orders should be the primary testers. Depending on your local laws and hospital policies on who may prescribe medications to your hospital's inpatients, other prescribers might include nurse practitioners, physician assistants, or others who routinely initiate orders.

7. **How do we enter a test or result that has an indefinite time parameter associated with it? e.g., "completed an iodinated contrast study 3 hours ago".**
   These events need to be entered into your other clinical systems or CDR, as appropriate, during Step 2 when you load in the Patient Information. Because they are time-sensitive, it makes sense to have this as the last step in setting up the test patients and shortly before conducting the test. A timestamp should be set for that event, say, 3 hours prior to the time you estimate that the subsequent  test orders for the patient will be entered into your hospital's CPOE system during Step 4 of the test.

8. **Can we use our test CPOE system for completing the CPOE Evaluation Tool?**
   Yes, but the test system must mirror order management and clinical decision support in the current production system. If the two are not in sync, either update the test system or plan to conduct the test in the operational system. (Some hospitals already use test patients in the production system; if this is not the case, make necessary arrangements to disregard orders and potential billing charges for test patients.) If you opt to use your production system, depending on your CPOE system (and its integration with ADT), you might need to have at least fifteen (15) open beds in order to simulate patient admissions for the test.

9. **Can a Women's hospital complete the CPOE evaluation?**
   Yes, if a Women's hospital would like to complete the evaluation, they will be able to if they keep all specifications for patients the same except for the gender.  The hospital would need to enter all male patients as female patients.

10. **How often should a hospital take a CPOE Evaluation Tool?**

    In order to be included in a hospital's scoring for the CPOE standard, the CPOE Evaluation Tool needs to be taken at least once per survey cycle (April 1 – December 31). Within a survey cycle, a hospital cannot retake a CPOE Evaluation Tool until at least 6 months have passed since their last test was taken.

11. **What level of feedback will the CPOE Evaluation Tool provide our hospital about our CPOE system?**
    Hospitals that complete the CPOE Evaluation Tool will be provided with feedback on those scenarios that include a potentially fatal order that their CPOE system did not correctly alert the prescriber. Due to the costs associated with developing the patients and orders for the tool, the database of

orders and patients is limited. Therefore, revealing all of the incorrect or missed alerts would provide hospitals that have taken the tool before a potential advantage over hospitals with recent CPOE implementations.

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**INTEPRETING THE RESULTS**

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12. **We didn't score 100% in some test categories but don't know which we got right or wrong. How do I find out which orders we got wrong in the test?**
    We do not provide test answer keys for any completed test. There are a finite number of patient-order scenarios in the test bed. Though test patients and corresponding test orders are randomly selected from the test bed, there is a reasonable likelihood that one or more test questions might be repeated in another test by the same hospital in the future or by a related hospital in a multi-hospital system, or that test questions and answers might become more broadly known among hospitals.

13. **How were the weights derived?**
    Weights were derived by the expert panel to identify the severity of the error if an incorrect response was entered.  At this point, weights differentiate nuisance, deception, critical/life-threatening, and all other errors from each other.

14. **Where can I find the weighting used for the individual test scenarios, the Medication Checking test categories, and the compositing of the Overall Score?**
    Weights are tied to each order so, as with the test orders and correct responses themselves, are not released.

15. **Why did we receive an Incomplete Evaluation score? We completed the test.**
    The Evaluation tool has a deception analysis component which checks for "false positives", i.e. orders that should not have generated any warning in the hospital's CPOE system. (See separate information on "Understanding Test Results" about how results are scored.) An Incomplete Evaluation score means the hospital did not pass the deception analysis and that no overall assessment can be made of the hospital's CPOE system using the Evaluation tool.