**CPOE Clinical Governance**

The long term success of CPOE will require significant changes to clinical governance. “Clinical governance” refers to an organization’s systematic efforts to manage and improve the quality of its patient care. Oversight for the clinical processes are usually provided via a committee structure with primary oversight by a Medical Staff Executive Committee which is supported by other committees including a Pharmacy and Therapeutics Committee, a Medical Records Committee (or Electronic Medical Records Committee), a Quality Improvement Committee and many others. With the introduction of CPOE and its support for standardized orders and clinical decision support (CDS) there is need for oversight of the ongoing use and impact of CPOE. This section highlights governance structure and processes needed to achieve success with CPOE.

**CPOE Committee**

If the hospital did not create a CPOE Committee prior to implementation, one should be created post implementation. It is recommended to be a committee or council depending on the structure of the organization and not a temporary task force or work group as the CPOE Committee will be longstanding.

**Recommended Membership**

The committee should be multidisciplinary for several reasons. In general, health care is moving away from silos. And while CPOE refers to computerized physician/provider order entry, the effort involves other healthcare disciplines, especially nurses, pharmacists, and laboratologists. Meaningful use stage 2 provides further incentive for a multidisciplinary CPOE committee as the measurement for electronic orders is changing from percent of patients to a percent of total orders, specifically medication, laboratory and radiology orders. A team of multidisciplinary professionals will ensure that required orders are configured correctly in the CPOE system and that ongoing regulatory standards are met. Representatives from safety, quality and regulatory compliance should also be included to ensure CPOE meets respective requirements and to serve as a liaison with their respective committees or departments.

**Key Responsibilities**

1. Use data from the CPOE system to analyze and improve the practice of healthcare.
2. Monitor and encourage physician adoption, ensuring adoption reaches 100%.
3. Review and prioritize change requests related to content.
4. Review and approve changes related to the updates or enhancements of the technology.
5. Ensure that ongoing requirements of regulatory bodies are incorporated in CPOE.
6. Routinely evaluate system effectiveness by identifying, measuring and analyzing key CPOE metrics. (See web page on CPOE Metrics)
   * User satisfaction
   * System usability
   * Physician ordering trends
   * Changes to orders made in response to CDS alerts
   * Adherence to the formulary, best practices and evidence-based medicine
   * Data on patient safety trends that may have been or could be influenced by the CPOE system and ordering practices
7. Oversee the ongoing development of clinical decision support (CDS)
8. Ensure the availability of appropriate, effective training for end users (physicians, residents, interns, medical students, nurses, etc.).
9. Routinely communicate the status of CPOE to key stakeholder, including healthcare professionals and hospital leaders.

**Changes to existing Clinical Governance Committees**

While the creation of the CPOE Committee is the most important change in governance structure needed to support CPOE, all of the committees that have roles in clinical governance will need to make adjustments in order to properly manage and improve a clinical practice that is driven by data from computer systems rather than paper systems. There can be a tendency for committees to try to continue to manage paper-based practices that are less and less relevant to the way healthcare is actually practiced in the organization. Each committee needs to understand and evaluate how the capabilities of the CPOE system affect its work. A few examples are provided:

**Safety Committee**

Most hospitals have an organized safety committee. Once CPOE is live, the safety committee should have a standing agenda item regarding CPOE.

**Key Responsibilities with respect to CPOE**

1. Ensure non-punitive processes for reporting safety issues related to CPOE
2. Evaluate reports on the safety of CPOE, such as:
   1. Downtime (causes, occurrence, length of time, benchmarked, etc.)
   2. Medication errors and near misses that may involve CPOE
      1. Incorrect dosages
      2. Drug-drug and drug-allergy interactions
      3. Adverse drug events (ADE) and near misses
   3. Medications or diagnostic studies (lab and rad) on wrong patients
   4. Missed medications or diagnostic studies (lab or rad)
   5. ePrescription Incidents
      1. with injury to patient
      2. without injury to patient
3. Evaluate key threats to patient safety as identified by the Institute of Medicine[[1]](#footnote-1), such as:
   1. Poor user-interface design,
   2. Poor workflow, and
   3. Complex data interface
4. Review action plans and progress on reducing errors related to CPOE

**Pharmacy and Therapeutics Committee (P&T)**

Most hospitals have a P&T committee which seeks to evaluate and optimize the safety, efficacy, and cost-effectiveness of medication use in the hospital. This committee establishes the medication formulary. It monitors and analyzes drug utilization and practice variation and the timeliness and accuracy of the ordering and medication administration processes. It also monitors and analyzes adverse drug events and seeks to prevent medication errors.

With the implementation of CPOE the P&T committee has a better source of data about the medication ordering practices of its medical staff. It also has a powerful set of tools that can be used to provide the medical staff with knowledge and support in the ordering process, helping to ensure that its recommendations are followed when appropriate and detecting when they are not. These tools include order sets, alerts and the other CDS capabilities of the CPOE system.

**Quality Improvement Committee**

Most hospitals and healthcare systems have a Quality Improvement Committee or council which seeks to continuously improve the quality of healthcare provided by the hospital or system through implementation of an extensive quality improvement program. This committee provides coordination and direction for a broad range of quality initiatives, many of which relate to diagnostic and therapeutic orders and the fulfillment of those orders. With the implementation of CPOE the Quality Improvement Committee has a better source of data about the ordering practices of its medical staff. It also has a powerful set of tools that can be used to provide the medical staff with knowledge and support in the ordering process, helping to ensure that its recommendations are followed when appropriate and detecting when they are not. These tools include order sets, alerts and the other CDS capabilities of the CPOE system.

**Other Clinical Governance Committees**

There are many other committees involved in clinical governance activities. Each committee needs to understand and use the data generated by the CPOE system. Each needs to consider how it may use the capabilities of the CPOE system to provide knowledge to medical staff and influence their behavior through order sets, alerts and other CDS capabilities.

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1. Institute of Medicine, Committee on Patient Safety and Health Information Technology. Health IT and Patient Safety: Building Safer Systems for Better Care. http://www.iom.edu/Reports/2011/Health-IT-and-Patient-Safety-Building-Safer-Systems-for-Better-Care.aspx. Released November 8, 2011. Accessed March 23, 2012. [↑](#footnote-ref-1)